

Windows of Opportunity after a Disaster: The Case of Sri Lanka

Natural or man-made disasters occur regularly, bringing destruction and death. Devastating effects of a large-scale disaster is felt more strongly among vulnerable populations, especially in developing countries.

In December 2004, a powerful tsunami struck the shores of many Southeast Asian and South Asian countries. The five-year anniversary of this terrible tragedy was a main theme in global media coverage. Sri Lanka was one of the worst affected countries in the Asian region with an estimated 40,000 deaths and many thousands of people losing families, loved ones, houses and livelihoods.

Half a decade later, it can be said that this vast tragedy had opened “windows of opportunity” in improving many neglected areas in the developing nation of Sri Lanka. The sudden and vicious impact of this disaster challenged society, healthcare and the coping ability of the whole nation. However, the natural resilience of the population in the face of adversity acted as a strong protective factor. During the rebuilding and reconstruction phase in five years, houses and businesses have been rebuilt, livelihoods have been resurrected, and schools and other administrative apparatus have been re-established.¹ In addition, developments in other disaster-related and non-related areas such as healthcare, disaster mitigation, forensic science, bioethics and disaster research have taken place.

Many clinical interventions and research projects were initiated and carried out after the tsunami by local and international researchers.² Some of them were needed and brought help while some were not needed and one-sided in the context of only serving researcher agendas. Only some of the research was carried out adhering to international ethical guidelines while a majority was not. Even the ones that were carried out according to international norms were locally inappropriate in certain situations. This led to variable exploitation of

the population already made vulnerable by being victims of the tsunami, and enabled “parachute researchers” from mainly western countries to conduct research without proper ethical standards.³

Evidently, less empirical research is available on the ethics of research in middle and lower income countries, while the extent and nature of ethical problems in ethics of disaster research is virtually unexplored in these countries. In the post-tsunami period, this prevailing situation has led to a close scrutiny and debate about disaster research ethics which is applicable to developing country settings.⁴ Academics and researchers from the South Asian and Southeast Asian region affected by large-scale natural disasters have got together to formulate ethical guidelines with a developing country perspective.⁵ It is imperative that research involving disaster-affected populations must adhere to universal humanitarian principles of alleviating human suffering, and preserving human dignity while protecting and respecting human rights regardless of race, culture, creed, nationality or political belief.

A National Mental Health Policy did not exist in Sri Lanka before the tsunami. This gap created many difficulties in the disaster aftermath in terms of the provision of psychosocial services to the affected populations.⁶ Mental healthcare was mostly based on an institutionalised approach and lacked multi-disciplinary, primary care and a public health based approach. After the tsunami, many people experienced psychosocial problems and there was an increase in mental health problems. The lack of a clear and coherent national policy made it difficult for proper service provision in this backdrop. However, a National Mental Health Policy was formed with the support of the World Health Organization in 2005, with special attention to providing mental healthcare in post-disaster situations.⁷ This has led to improved service provision to not only those affected from the tsunami, but also the general population.

Sri Lanka also did not have a National Disaster Management Plan at the time of the tsunami. This was common for most of the worst hit countries in the region. The lack of a plan to counter natural or man-made disasters of massive proportions had a telling effect on the immediate and distant aftermath of the biggest natural disaster in the modern history of Sri Lanka.⁸ It effected coordination between relevant governmental and non-governmental organisations responsible for relief provision, law enforcement agencies, health authorities and other organisations. This led to a lack of communication and chaos at this critical time.⁹ As lessons were learnt the hard way, steps were taken to correct mistakes in this sphere by enacting the Sri Lanka Disaster Management Act, paving the way to establish a Disaster Management Center (DMC, 2006). This centre now acts as the hub for coordinating early warning systems and pre/post-disaster actions of various stakeholders. A Disaster Management Plan was

also formulated, which includes important areas such as mobilising various networks, the establishment of forensic services, a focus on mental health aspects, and others.

After the tsunami, identification of victims became a nightmare as sufficiently developed forensic and genetic services were not available.¹⁰ Also, most victims were unceremoniously dumped into hastily dug mass graves without proper cultural rituals due to the fear of epidemics. During the immediate aftermath, these graves were again opened to identify bodies of foreigners (mainly tourists who perished) through DNA testing as requested by US and European governments. Unfortunately, local bodies were not identified by using DNA techniques, which again showed resource imbalance between developed and developing countries. The disaster management plan was called in to establish a comprehensive Disaster Victim Identification (DVI) plan including expanding genetic capabilities.

These are a few developments that took place during the past five years after the great tragedy, showing that every cloud has a silver lining. As we face an uncertain future that may bring even worse natural disasters due to climate change, these little improvements may stand in good stead for the future. Nonetheless, it must be stated that various other areas need prompt and proper attention for improvement such as human resources, capacity building, infrastructure development, policy development, public awareness and political will.

It is ironic that just after the five-year anniversary of the Asian tsunami, the world was made to witness a repeat of many similar situations when an earthquake of magnitude 7.0 hit Haiti on 12 January 2010. The trauma of the natural disaster, lack of a disaster management plan, absence of disaster victim identification and long-term health implications were all on display through global media. It can be assumed through past experience that proliferation of unwanted, inappropriate interventions and research will follow. The international aid effort was admirable, but evidently fraught with many gaps. Haiti's past troubles had already added up to make it a country without basic infrastructure at the best of times, and a disaster of this enormity completely overwhelmed it.

It would be up for the rest of the world, especially poor nations with low resources and higher risk of natural disasters, to take this tragedy as a lesson and start preparations, by increasing awareness among the populace, by changing policies and implementing new ones, and by courting international help, to prevent the sad loss of human lives. The developments in Sri Lanka can be considered as a perfect example in this context.

Sri Lanka has fought and overcome major setbacks to its people's lives, economy, culture, health and other areas due to the tsunami. Rebuilding and

reconstruction has brought unexpected results in many areas which stand to do good for the country and its people for time to come and stand as a classic case study for developing countries.

Chesmal Siriwardhana

Notes

1. Sivananthan, P. (2006) After the wave: The immediate and long-term effects of the tsunami on the health of the people of Sri Lanka, *University of Toronto Medical Journal*, **83** (3), 175–8.
2. Sumathipala, A. (2006) Bioethics in Sri Lanka, *Eastern Mediterranean Health Journal*, **12** (1), S73–S79.
3. Sumathipala, A., and S. Siribaddana (2005) Research and clinical ethics after the tsunami: Sri Lanka, *Lancet*, **366**, 1418–20.
4. Op cit.
5. Siriwardhana, C. (2007) Disaster Research Ethics — A Luxury or a Necessity for Developing Countries? *Asian Tribune*. Available at <http://www.asiantribune.com/index.php?q=node/4524>.
6. Institute for Research and Development (IRD) (2009) National Mental Health Survey Report, Colombo. Ministry of Disaster Management, Disaster Management Center (2010) Colombo. Available at http://www.dmc.gov.lk/index_english.htm [accessed 8 May 2010].
7. World Health Organization (2010) National Mental Health Policy of Sri Lanka. Available at http://www.searo.who.int/LinkFiles/On-going_projects_mhp-slr.pdf [accessed 8 May 2010]; and Saraceno, B. (2005) The WHO's mental health response to the Asian tsunami, *World Psychiatry*, **4** (2), 66–7.
8. Sumathipala, A. (2006).
9. Op cit.
10. Perera, C. (2005) After the tsunami: Legal implications of mass burials of unidentified victims in Sri Lanka, *PLoS Med*, **2** (6), e185; and Sumathipala, A., S. Siribaddana and C. Perera (2006) Identification and management of dead bodies as a component of psychosocial interventions after the Tsunami: a view from Sri Lanka, *International Review in Psychiatry*, **18** (3), 249–57.