



Na Tree Foundation

NEWSLETTER FEBRUARY 2005

Diary of Charitable Work for Asian Tsunami 2004

26th December 2004

In the UK

Since the start of this charitable organisation, a steady flow of donors have enabled the initiation of grass roots funding for those affected by the Asian Tsunami. The Foundation's trustees worked tremendously hard in raising funds from the public. Field work was commenced immediately in Sri Lanka from the 1st of January.2005.

Field work diaries

5th January 2005

After I arrived in Sri Lanka on the 30th, I arranged to travel with a local charity group "Jayagrahanaya" to offer relief medical work in the north eastern province, near Trincomalee. This charity group usually run monthly rural clinics and have organised a really efficient set up of travelling 4-7 travelling doctors, 1-2 nurses, 2 pharmacists with medical drugs and a couple of logistical organisers, plus a few extra pairs of hands. The 31st of December was a national day of mourning and all parties had been cancelled, the country instead lit a candle throughout the night.

We set off on the 1st Jan, in a rickety old air-conditioned bus and a lorry full of relief including rice, coconuts, bed sheets, mats and cutlery. The bus company did not give us a good bus because of newspaper stories of alleged vehicle hijacking in the north off the country. The charity group wanted to specifically carry relief work to these areas to show good will and compassion to areas which had been affected by the ethnic conflict as a way of dispersing animosity. Our old bus developed a flat tyre in the middle of the jungle en route to "Trinco". However despite carrying the wrong type of car jack the villagers helped us and we completed the journey in about 6 hours.

When we arrived in Trincomalee, at the Fort, devastation of property was evident but we did not have time to really check it out in detail as we wanted to set up a couple of clinics in the rural areas via the local regional medical officer. We all thought that we would be put up in a school or sleep on temple benches, and were trying not to think of the lack of proper toilets or showers, whilst there. However fortune shone on us and the officials arranged for us to stay in Morawava police training camp, which had toilets and a shower...phew! The journey to this camp was a bit treacherous at night time on a rut

ridden rural road through jungle with fields of un-cleared land mines on either side.

The clinics were run at two refugee camps in the Nilavalli area where there had been more than 300 deaths....I believe many of the tourists and staff at the famous Nilavalli Beach hotel perished. There was potential for absolute chaos when trying to run the clinics. However, we set up four tables where each of us doctors sat and then a separate table with drugs for the two pharmacists in attendance. We organised the refugees that wanted medical attention to queue and register with a piece of paper containing a number, their name and their age. As an Obstetrician & Gynaecologist, I of course ended up seeing many of the women, I did lots of antenatal checks with my sonic aid and sphygmomanometer. However, it was also quite good for me to do a bit of primary care work for everyone, men and women alike.



There was a lot of partially healed physical trauma that required dressings, ointment and antibiotics. Understandably, there was also considerable psychological stress and upset. The usual chronic illnesses of poverty such as TB, scabies, worms and even a case of leprosy were there. Most people had fever, headache & generalised body ache. Having the pharmacists was so useful because if the patients needed any drugs, we could write the script on the patient registration slip, with out having to dispense ourselves. I am also a homeopath and acupuncturist and so I personally used a combination of both conventional drugs and/or homeopathy (where appropriate) to treat the patients that I saw. The alternative medicines were particularly useful for grief and shock and general immune boosting, however we were able to give intravenous antibiotics for festered wounds. The

other doctors were pretty seasoned Sri Lankan physicians. We were able to triage the serious chronic illnesses (eg TB, thyrotoxicosis, leprosy) that pitched up and tell these patients to go to the regional hospital for diagnostic tests and make contact with the medical teams there by writing referral slips. We couldn't treat every thing. Interestingly enough there was very little diarrhoea. In the end we saw 280 patients at different locations and offloaded the other supplies at an even more remote location that hadn't received much aid and then returned home.



There was evidence of a lot of aid (food etc) arriving at the regional centre Trincomalee, but there seemed to be a bit of a bottle neck there with regard to distribution. The situation was changing all the time and various groups were on reconnaissance trips to assess continuing needs. I hope that all the aid that has been pledged will filter through the official sources, without the endemic siphoning off of funds, which is seen in all developing countries. There are certainly very good local charities who aim to get housing and sanitation up and running as soon as possible, without the red tape of the larger organisations. News from other areas of the island is that in some places relief work is very well organised and in other places it is totally chaotic. I suppose that is to be expected.

Having had a couple of days of rest, I hope to go out to Matara/Galle to see what mother and child medical endeavours are required. The first floor of the Maternity Hospital was reportedly engulfed by the tidal wave.

I personally will channel all charity money that I receive to the grass roots organisations that I encounter, who are doing genuinely good work. I will be in Sri Lanka for one month. The whole response from the Sri Lankan community and the international community has been outstanding and heart warming.

Amali Lokugamage

13th January 2005

Well two weeks after the tsunami, the government of Sri Lanka has been pledged lots of money for restoration. The President Chandrika Bandaranayake Kumaratunga has been on TV saying that she wants to have a highly

organised program for redevelopment and all donated money should go to the treasury. She is also requesting for people to consider adopting or sponsoring the orphans. This is laudable.

However my experience of the government response thus far, is that the bureaucratic tardiness has truly prevented emergency disaster management. Around the island (except a few lucky easy-to-access pockets), coastal villages such as Arugam Bay and Tangalle remain un-cleared of collapsed buildings and tsunami debris and are infested with flies. Tangalle has also got a big cockroach problem. I have recently been concentrating relief effort in Arugam Bay helping a British nurse called Sue Sivarajah (ne. Cooper who is an ex-natal nurse from the Whittington Hospital) Her friends in Ireland and England have raised £38,000 for Sue's private charity to help restore Arugam Bay (AR). AR is a remote area on the South east coast of the island, near Pothuvil, and is a fishing village and low key surfing resort. It took us 10 hours to reach there by bus, and 90% of the coastal part of the village was destroyed. There was no good water supply. We found the villagers just sitting in the debris of their home, look lethargic and forlorn. The road suspension bridge that crossed the estuary from Pothuvil to AR had been destroyed by the tidal wave and there was now a small boat ferry service to help people cross the water. A military barracks was situated 100 metres from the bridge and was functioning.

There were only a few random police and army personnel wandering around town and helping food relief distribution from a local school, but two weeks after the tsunami there was still no official clean up response.



It seemed at that point, that the despondency of Sri Lankan rural people did not enable them to have the initiative to lead themselves out of their mess, but they needed to follow a good lead. There were some military helicopters in the air doing arial surveys, but no-one had instigated cleaning and sanitising the area. Ten Tamil and Sinhala people had died there but the Muslim fishing community had lost 300 people and were the worst affected group here. The French Red Cross had set up a small clinic in the village, where I ended up doing a few clinics in "Français"!

When we arrived in Arugam Bay Sue and our team set up meetings with the local that she already knew, so that we could survey the damage and speak to the towns people to determine there immediate needs. It was

apparent that we needed bulldozers/ diggers/ excavators to clear the area pronto. We then were able to liaise with the police to organise 4 diggers to be hired from a Monaragala, a town 2 hours away, to arrive the next day and be paid for by the charity funds. Once the members of the relief team (3 English and 2 Sri Lankans) started rolling up their sleeves and moving the lighter debris, the towns people joined in and started to clear their lots. It was a great moment of joy to see the diggers arrive! The excavation team was told to be careful because there were still thought to be 10 missing bodies.



We also brought, in association with the rotary club, 10 tents and hurricane lamps in a lorry with us and were able to pitch tents for the destitute to be near their land to help with clearance. One such family had been so stunned by the catastrophe that they were sitting around their property dazed, grieving and hungry because they couldn't work out how to register for relief aid. The husband asked me to see his wife, Rasneen, who had been silent for 10 days with her grief at losing her baby and 4 other members of her family. Apparently she remembers seeing her mother and sisters being washed away by the first wave and a huge wall collapsed on her making her let go of her baby who also then got washed away. Then the second wave lifted the wall off her and she floated to the land where she had clung onto a tree. I had to give her some treatment and console her. When we finally left the village and we saw that this family had shelter and food, it was again an immense unexpected spontaneous pleasure to see this woman smile at us and say in her broken English that she loved us.

And so the work goes on.....The team that I have recently worked with have said that on their travels around the island they have hardly seen a UN presence except and the posh Lighthouse Hotel in Galle, when Kofi Annan came to visit. We have seen some Red Cross teams, but at the moment until the big organisations get their acts together, it seems that the smaller charities who work through personal effort and zeal are delivering immediate aid. I do hope the vast amounts of money needed for relief will filter through to the people.

Amali Lokugamage

29th January 2005

Theresa Freeman Wang and Dave Savva joined the Na Tree Foundation field work program on the 22nd Jan in Sri Lanka, for a week of very intensive work. Theresa joined Amali in doing primary health care medical clinics as this seemed more of a priority than obs and gynae alone. Dave, a film maker, used his skills to make a video documentary. We all set out with a Sri Lankan local charity group called the Thawalama Development Foundation for a reconnaissance and aid trip. We first went deep into the interior of the island to Aranthalawa which was an area ravaged by the recent war. Thawalama had started a regeneration program of the area by restoring an ancient reservoir (tank) for irrigation, and had built several low cost houses to allow re-settlement of previously abandoned areas. We had hoped to attend the opening ceremony of newly built houses, but the arduous 7 hour drive from Colombo into this remote area was delayed by a wild elephant holding up traffic for 40 minutes near the Victoria Dam, until it decided to lurch back into the jungle! However we arrived in time for a deliciously cooked simple lunch prepared by the villagers for the charity workers as their way of thanks. Whilst there it became apparent that the villagers were really in need of a blacksmiths to be able to sharpen their agriculture tools, instead of having to walk 25 km for this facility. The Na Tree Foundation was able to donate monies to set up a black smith's service. Progress on this project will be fed back to us by the Thawalama group. We then set off to Arugam Bay which was another 6-7 hours gruelling drive.



We reached Pothuvil around sunset, and were able to cross over to Arugam Bay once again by a combination of boat and 4 wheel drive. The bridge still stood broken, but a pipe line of clean water now lay across the structure and stretch of water, had been set up by other international aid workers. We also saw two British donated amphibian craft working in the area. We stayed at a house at the edge of Ullah, the village previously visited by Amali. This beach house had been hit by the tsunami up to the level of the ceiling of the first floor and the water mark was apparent. However the first floor of the house had been untouched by the tidal wave and was able to house our caravan of charity workers, dormitory style, on mattresses. The car that had been parked in its garage when the tsunami hit had been swept onto the top of a palm tree and had hung there for a few days before dropping to the ground in a crumpled

state. By complete coincidence we realised that this was a hire car used by Amali and her father 2 years ago, once we had a look at its number plate! That was a chance in a million!



The next morning we set out through flood waters for the nearby village of Panama to do our medical clinic. Theresa and Amali saw 140 patients non-stop that day, with the help of the other charity workers, Wimala Kumaraage, Nirmala Ratnapala and Sunil Lokugamage translating for us. We did not have any pharmacists this time so T and A had to do their own dispensing. The villagers there lived in abject poverty.



Other members of the charity team went into the jungle to survey the remains of the town's ancient reservoir with the intention to make plans to restore it. After the clinic we returned to the house and also went to inspect Ulla. We were very pleased to find out the bulldozers (organised during Amali's second field trip with Sue Sivaram's charity group) had performed an amazing clearing up job and the plague of biting flies that had been there had gone. We revisited the woman patient, Rasneen, who had sat silently on the beach in shock.....she was far more talkative now and we treated her 5 year old niece, Sifa, who had acute asthma. Dave was able to film the area. Later we returned to a wonderfully simple but delicious evening meal at the beach house, eaten under the light of the first full moon since the full moon of the tsunami day. It was an extremely eerie yet beautiful experience seeing the moonlight glint off the calm sea and we reflected on the

powerful and humbling potential forces of nature and our sheer fortune to be unharmed, alive and able to help.



The next day we visited one of the local schools, Maha Vidyalaya, whose building had been completely washed away. The school was conducting classes under a tarpaulin. Here we were able to give donations of clothing and money to reconstruct their water tank for sanitation. As a considerable amount of the money brought over by Theresa, had been raised by school children, we pledged to buy this school all of its missing books acting through the Thawalama Foundation. We intend to help build a link between the UK schools who donated this money and this school in Arugam Bay. Further mother and child projects will be funded through the Na Tree foundation once project proposals and costs are submitted to us. The projects that we decide to fund, will be facilitated by local charity groups by liaising with village inhabitants at grass root level according to local needs and priorities.

On return to Colombo, in the remaining days, the Na Tree group working with Indunil Abeysekara (a Sri Lankan philanthropist), donated new clothes, children's books and mosquito nets to local refugee camps according to their needs. Links were set up by Theresa, Dave and Indunil with the Maharagama Cancer Hospital children's ward for the purposes of non-tsunami related charitable aid in the future. We would like to acknowledge the charitable work of Sonia Kottegoda and the charity group that she currently leads, Seva Vanitha. Amali and Sonia did a medical clinic in the Hikkaduwa area seeing 120 patients, under the banner of her organisation.

At the end of January a lot more areas had been cleared by overseas agents such as the US and Canadian marines. A few housing projects had been initiated by the Sri Lankan government. However this will be a slow process of resettlement as the wheels of standard bureaucracy turn. The Na Tree Foundation will continue international charitable work, through its local connections. We want to fund regenerative projects that are sensitive to local needs.

Theresa, Amali & Dave

Acknowledgements for assistance: We would also like to thank Ranjith Ratnapala, Dr Kottegoda, Lucky Sri Nandalochana, Anthony Dupont, James, Saman, Tushara; Lilamani Lokugamage; Yubraj Sharma; and the Whittington Hospital.

The Na Tree

This indigenous tree is grown in parks because of its majestic beauty. Botanically it is called "Mesua Nagassarium" and in English it is called the Iron Wood tree. The Na Tree is very hard and durable. The wood is used in building Sri Lankan temples

Aims of the Charity

The Na Tree Foundation works within a "Mind-Body" framework. We wish to promote:

- Charity eg. Tsunami relief regardless of ethnicity, or class
- Educational links between children from developed and developing nations to further global awareness
- Research into mind-body medicine eg. psychoneuroimmunology, integrative medicine
- Nutrition eg. Promoting the healing properties of food for the developed and developing world. There is the potential to use GIS software to map poverty and potential traditional local low cost nutritional interventions ie. immune enhancing plants in AIDS epidemic areas
- Low cost housing in areas of poverty whose simple safe structures promote wellbeing via the expertise of architects and exploring sacred geometry principles

About the Na Tree Trustees

Amali Lokugamage:

Consultant Obstetrician & Gynaecologist, Epidemiologist, UK.

Theresa Freeman Wang;

Clinical Director Women's Health, Whittington Hospital, UK, Consultant Gynaecologist.

Dave Savva:

Independent London film maker, UK.

Crispin Chetwynd:

International Chef and Artist, UK

Diana Chetwynd:

Homeopath and Healer, UK.

Video Documentary

Our web site will show short documentaries describing our charitable activity.



Children and Schools

We hope to help establish links between UK schools and Sri Lankan school for the purpose of charity and exchange of knowledge.

Houses that promote wellbeing

The term "sacred geometry" is used by archaeologists, anthropologists, and geometricians to encompass the religious, philosophical, and spiritual beliefs that have sprung up around geometry in various cultures during the course of human history. It is an all encompassing term covering Pythagorean geometry and neo-Platonic geometry, as well as the perceived relationships between organic curves and logarithmic curves .

Vitruvius, an ancient Roman architect, saw that a ratio in the human body – $1/\pi$ (1.618) – existed in every part of nature. This divine ratio, or divine proportion, has been called the building block of all life. Sacred geometry is the belief that numbers and patterns such as the divine ratio have sacred significance. Many mystical and spiritual practices, including feng shui, begin with a fundamental belief in sacred geometry.

From the pyramids in Egypt to the new World Trade Center tower in New York, great architecture uses the same essential building blocks as your body and all living things. Moreover, the principles of sacred geometry are not confined to great temples and monuments. Sacred geometry shapes all buildings, no matter how humble. Believers say that when we

recognize these principles and build upon them, we create dwellings that comfort and inspire.

Evaluating ancient knowledge for health

The vast cost of allopathic drug in areas of poverty in the developing world is a continuing problem and subject of debate. We would like to promote projects which research historical local knowledge about the property of plants which could be used for improving health as a low cost adjunct to conventional therapy.

Competitions

We hope to launch a competition in schools for a child to do the voice over for a documentary about children affected by the tsunami. We would like to launch a competition for architects to design simple, low cost housing for tsunami restoration work.

Invitation for Donors

If you are interested or inspired by our aims, objectives or projects, please contact any of the Na Tree Foundation Trustees.

Non-tsunami related charity work

We would like to establish a link with the Maharagama Cancer Hospital, Sri Lanka and British cancer centres.

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