

7

Health Impacts of the Tsunami



One year after the tsunami, Thailand had prepared a disaster response system, which should help reduce losses in the future. A mental health program was provided to 18,000 victims, 3,000 of whom suffer from Post-Traumatic Stress Disorder (PTSD). However, providing assistance to victims is a complex and multi-faceted task.



Grief Remains After One Year

One year after the tsunami hit six of Thailand's coastal provinces, no one has forgotten the events of December 26, 2004. To commemorate the deaths, and promote Thailand's image overseas, the government and public held seven memorial ceremonies on December 26, 2005. The ceremonies took place at Ban Bang Niang and Ban Nam Khem in Phang Nga Province; Patong Beach, Kamala Beach, and Mai Khao Cemetery, in Phuket Province; and Phi Phi Island, Krabi Province, and Chao Mai Beach in Trang Province. Over 300 million baht was spent on transportation and accommodation for survivors and relatives of the dead, including both Thais and foreigners.

The government had hoped that the event would help revive tourism. However, many foreigners refused to participate, saying it would bring back unhappy memories, and that the money for the transportation and accommodation belonged to Thai taxpayers. Many foreigners used their own money and came to Thailand after New Year.

When Helping Makes Things Worse

The government promised to provide equitable and sustainable assistance to victims. A total of 1,300 million baht was donated by the public, some of which was spent on building houses, alarm towers, and other facilities. On December 15, 2005, 170 million baht remained in the fund. However, many problems have occurred.

ABAC Poll, Assumption University, has conducted research on the economic and social impact of the tsunami in the six affected provinces. It found that the aid given to survivors had not met their needs. Shortfalls have been particularly apparent in the provision of credit, jobs, and titles to land. Among people surveyed, average incomes fell from 15,337 baht per month before the tsunami to 5,218 baht per month afterwards.

To complete the process as quickly as possible, different organizations were made responsible for house building in different areas. Some were built by the army, some by the air force, and some by the private sector. As a result, houses differ in different areas. Some critics have alleged that the houses were not designed according to local people's needs, and that the materials are insufficiently strong to withstand the rainstorms experienced in the region.

Although before the tsunami houses had been scattered, the new houses were built in long rows. People were uncomfortable moving into the new houses, with unfamiliar neighbors, and there were numerous conflicts. At the same time, many families remained living in temporary shelters, since their permanent houses were not complete or lacked running water and electricity.

Many fishermen lost their boats in the tsunami. Some of them have been able to resume working with new boats donated by the local administration organization. However, some fishermen who never owned a boat were given one, while others who had owned boats were given nothing, or were given boats but no equipment. Other people complained about delays, shortages, and unfairness in the compensation process.

According to research by the National Public Health Foundation, the problems were attributable to the absence of a systematic work plan for recovery in areas hit by the disaster. There were many kinds of aid, but the providers did not collect information on the needs of the victims, and local people did not participate in the decision making. Household-building projects were poorly managed, leading to problems once people moved in. Conflicts over donated goods were common. So many goods were donated to the sea gypsies and to children that other groups complained of unfair treatment. When poorly focused, aid itself became a source of conflict.

Disputes over Land

People in many fishing communities hit by the tsunami, including sea gypsies such as the Moken and Urak Lawoi, as well as Muslims and Buddhists,

have never had formal titles for their land. And as we now know tsunamis not only destroy people's lives and property, but also uncover serious problems about the land ownership.

In the year following the tsunami, the Subcommittee on Land Disputes in the six provinces received 56 complaints. In 53 of these cases, local communities and the government have reached agreements. However, in the villages of Laem Pom, Nai Rai, and Thap Tawan in Phang Nga Province, disputes between the communities and private individuals have yet to be resolved.

An additional 17 communities have asked the subcommittee to help settle disputes. Some communities have claimed land in national parks, reserved forests, or other types of public land. One example was in Phi Phi Island, Krabi Province, where a local community claimed ownership of land in a national park. The Organization for Sustainable Tourism Development ordered that Phi Phi Island be a special tourist zone and prohibited people from developing the area. Local people and businesses affected by this decision submitted complaints to the subcommittee.

Many disputes that had begun before the tsunami were exacerbated by the disaster. The subcommittee is unlikely to resolve disputes effectively unless it allows local people to participate in the settlement process.

Neglected Foreign Workers

Aid was not distributed equitably to foreign workers, who lacked legal identification papers. There were 60,000 migrant workers in the six Andaman provinces, including many unregistered migrants. Most were from Myanmar. Many registered migrants were told that their documents were unacceptable, because of problems with identification or because the permits had expired. According to the Provincial Employment Office, there were 22,668 registered workers from Myanmar in 2004, 7,000 of whom worked at Ban Nam Khem, including construction sites along beaches. The International Organization for Migration (IOM) estimates that 800 were killed in the tsunami.

Many legally registered migrants who died in the tsunami could be identified by their finger prints. However, it was not possible to send the bodies home for funerals because the Thai and Myanmar government had not been able to reach an agreement, and because no financial support was provided to the relatives. The needs of migrants who survived the tsunami have also been neglected.

According to the Identification Center of the Royal Thai Police, on December 21, 2005, bodies of 800 tsunami victims had still not been identified. Of these, 70 are foreigners, and 730 are Thais or Burmese workers. The majority of the 730 unidentified Thais and Burmese are presumably Burmese.

Twelve Months – Too Soon for a Recovery

The Department of Mental Health, Ministry of Public Health, has provided valuable services to survivors of the tsunami. Health officials began assisting survivors a few days after the disaster, and have continued until the present. They have set up a Mental Recovery Center for Tsunami Survivors at Kuk Kak Sub-District, Phang Nga Province, to care for survivors suffering from mental problems in the six provinces hit by the tsunami. In addition, mobile mental health teams have provided services to patients in remote areas and patients who are unable to travel to the centers.

The treatment program includes elderly people, working-age adults, and children, including 1,671 orphans. Of the orphans, 1,203 live in the affected provinces. Immediately after the incident, many of the children were severely traumatized. Six months later, however, many were able to live normally. Children with continuing problems are closely monitored by psychiatrists.

Most adults also recovered, though 10% developed alcoholism, partly because of problems receiving financial support from the government. Among older people, the main problems were insomnia and stress. Psychiatrists have paid particular attention to old people living alone, and have organized activities to help them avoid feelings of loneliness.

In the year since the tsunami the Department of Mental Health has assisted 18,697 survivors, 9,736 of whom were in Phang Nga, the worst-hit area. Across the six provinces, 4,815 patients were prescribed drugs for mental conditions (see chart), including 3,000 people with Post-traumatic Stress Disorder (PTSD). In January 2006, 300 patients were still receiving continuous monitoring.

Tsunami PTSD patients were used as subjects in the Project of Genetic Research on PTSD carried out by Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, and the Rajanukul Institute, Department of Mental Health, supported by the Bio-Sciences Center of Thailand, in the Office of the Prime Minister. The research on people in the six provinces began in February 2005. Between December 2005 and early 2006, personal data and blood samples were collected from 3,000 PTSD patients. DNA samples from the patients were stored at three research institutes.

Dr. Wirayut Prapanpoj, a project researcher, has noted that the number of adult patients has fallen over time, including PTSD patients, but the number of child patients has remained constant. The research team is not sure why this has happened.

The project has the largest collection of DNA data of any research project in Thailand. But some people have questioned the ethics of the project. They allege that volunteers may not have provided informed consent and have asked about research ownership and protection of privacy. At present Thailand does not have a law regulating research on human subjects.

Treatments for Tsunami Survivors Suffering from Mental Problems, by Province, as of January 27, 2006

Provinces	Type of Services Provided (Number of Treatments)			
	Number of Patients	Prescribed drugs	Consultations	Medical Examination
Krabi	3,617	839	1,966	1,312
Phang Nga	9,736	3,110	6,334	3,626
Phuket	2,600	634	2,052	995
Ranong	1,484	178	1,115	278
Satun	646	48	167	532
Trang	614	6	594	0
Total	18,697	4,815	12,228	6,743

Note: Some individuals received more than one treatment
Source: Mental Health Service Unit, Department of Mental Health, Ministry of Public Health
[http://www.dmh.go.th/dmh/mcc/dmh_tsunami/snm10-1.asp]

Post-Traumatic Stress Disorder (PTSD)

- Post-Traumatic Stress Disorder (PTSD) is a condition in which people suffer serious mental effects from an unexpected incident. It can affect all age groups of people, including children and elderly people. It can affect not only direct survivors, but also witnesses, relatives, and volunteers who worked in the disaster area.

- Generally, PTSD symptoms occur within three months of the incident. In some cases, the symptoms may occur up to a year later. Some patients recover without treatment within six months, but others suffer for long periods or until treatment is given. PTSD symptoms include tremors and hallucinations. People with PTSD always avoid talking about the incident or visit the location. They tend to be absent-minded, easily alarmed, moody, insomniac, inattentive, paranoid, and can develop negative behaviors such as alcoholism and risk-taking behavior.

Source: Dr. Prasert Palitpolkarnpim. "What is PTSD?" Matichon Weekly, January 12, 2005.

The Tsunami Early Warning System

A National Disaster Alarm Center (NDAC) was established on May 30, 2005 to provide warnings about all kinds of natural disaster. This will instill confidence in Thai and foreign tourists. Thailand is the first of the countries hit by the tsunami to establish a center of this type.

Sixty-two alarm points have been set up along the Andaman coast in Ranong, Phang Nga, Krabi, Phuket, Trang, and Satun provinces, and most are now in operation. A radio receiver at each station receives a signal from a transmitter station in Bangkok. Power is provided by batteries recharged by solar cells. The system is entirely automatic.

When an earthquake occurs that could precipitate a tsunami, the NDAC control center will transmit an alarm signal via satellite to receivers installed in the alarming towers within two minutes. Sirens that can be heard within 1 – 1.5 kilometers will sound, followed by warnings in Thai, English, German, Chinese, and Japanese. The NDAC will also broadcast the alarm through the television station Channel 5 and through text messages.

Channel 5 has a system of green, yellow, and red dots, to be shown at the top right of the screen in the case of incidents that may affect people's lives and property. A green dot means no incidents occurring or predicted. A yellow dot means a minor incident predicted or occurring, and requiring news broadcasts. A red dot means a serious disaster, emergency news programs, and continuous monitoring. Channel 5 will broadcast news from the NDAC as soon as it is received.

To complement the high-technology alarm system, an evacuation training program has been developed for the people in at-risk areas. The program has already been launched by the Department of Public Disaster Prevention and Mitigation in Patong Beach, Phuket; Laem Sak, Krabi; Ban Nam Khem, Phang Nga; Pak Meng Beach, Trang; Praphat Beach, Ranong, and Ban Pak Bara Beach, Satun. The government has ordered district and the sub-district offices in other areas to work with local administration organizations in preparing evacuation plans and providing training. In addition, warning and evacuation signs in many languages have been posted around communities and tourist areas hit by the tsunami.

Although the grief has not faded a year after the disaster, measures such as these can help local people and tourists feel safer. Natural disasters will continue to occur. We must seek to understand their causes, and accept that there will always be a risk of further tsunamis. However, because Thais have learned from the previous tsunami, we can hope that those in futures will be less damaging.

