

No home even a decade after the war

The Indian and Sri Lankan governments need to speed up voluntary repatriation of Tamil refugees



T. RAMAKRISHNAN

A recent order of the Madurai Bench of the Madras High Court, directing 65 refugees from Sri Lanka to apply for Indian citizenship, has again brought into sharp focus the need for the two countries to resolve a long-pending problem.

The problem concerns the future of about 95,000 refugees in Tamil Nadu who fled Sri Lanka between 1983 and 2012. Of them, around 60,000 are housed in 107 State government-run camps with substantial financial assistance from the Centre. The rest are called non-camp refugees. They live on their own and are required to report to the local officials at periodical intervals. Tamil Nadu provides accommodation to the largest number of refugees among States.

Sixty-five 'stateless persons'

The case before the Madurai Bench of the Madras High Court concerned 65 "stateless persons" who arrived in Tamil Nadu in 1983-85 following the anti-Tamil pogrom of July 1983 and were mostly put up at a refugee camp in Tiruchi. Their ancestors were indentured labourers who were taken to Sri Lanka during the British Raj to work in tea plantations. Their main demand was that they should be regarded on a par with repatriates covered under the bilateral agreements of 1964 and 1974. They did not want to be mixed up with the Tamil refugees from the Northern and Eastern Provinces of Sri Lanka.

However, the Union and State governments labelled them as "illegal migrants" as they had entered India without valid documents. The Centre said that the petitioners could not demand citizenship as a right even if they fulfilled the eligibility criteria. The authorities, however, assured the refugees in the early 1990s that they would not be forcibly deported.

While conceding that granting citizenship was within the "exclusive executive domain" of the Centre, the High Court asked the petitioners to apply for Indian citizenship. This



"Not every refugee living in Tamil Nadu is keen on acquiring Indian citizenship". Sri Lankan refugees return to Sri Lanka from India in 2015. •AFP

should be considered a moral victory for the petitioners as the judiciary has agreed, in principle, with their contention.

The court ruling has created an opportunity for the Centre to resolve the problem once and for all. And the problem is not just about granting or refusing citizenship; it is also about the absence of a comprehensive migration or refugee policy in India. There are over 2.25 lakh refugees in the country, including around 1.08 lakh Tibetans and 18,000 Rohingyas. The absence of a policy along with other factors has contributed to the slow pace at which voluntary repatriation of refugees from Sri Lanka is taking place, though 10 years have lapsed since the end of the civil war in the island nation.

Issues faced by refugees

According to one estimate, 60% of the people in the camp, including 90% of the minors, were born in Tamil Nadu. Even though there are a number of opportunities for young refugees to pursue higher studies, barring medicine, qualified persons have not been able to get regular employment as major companies are reluctant to hire refugees. To seek employment in other countries, these refugees require Sri Lankan pas-

ports, which they can secure only in that country. In view of the perception of this process being laborious, some refugees have attempted to leave Tamil Nadu illegally. Such attempts have invariably failed.

Apart from this, there are some other issues that haunt the young refugees. To which country do they belong: India or Sri Lanka? If the country where they were born, raised, educated and married is not theirs, then where is home? Should a country about which they have only heard from their parents be considered their country of origin even though it may appear to be alien?

The case of the refugees from Sri Lanka is unique vis-a-vis other South Asian countries as they are excluded from the ambit of a Bill tabled in Parliament early this year to amend the Citizenship Act of 1955. Only non-Muslims from Bangladesh, Pakistan and Afghanistan were covered in the Bill. The Citizenship Amendment Bill lapsed, but the government is firm that it will enact it.

Going back to Sri Lanka

Not every refugee living in Tamil Nadu is keen on acquiring Indian citizenship, however. Many want to go back. Some have decided to go back, even though the Sri Lankan econ-

omy, the lack of livelihood opportunities there, and access to quality education are genuine concerns for them. The Easter Sunday blasts this year temporarily halted the incremental repatriation, which resumed last month. The silver lining for the refugees is that the North, especially Jaffna, and hill country areas dominated by the Tamils are relatively safe, which encourages them to go back. As many as 7,818 refugees went back to Sri Lanka in 2011-18, according to a document of the Sri Lankan government. According to an official of the Tamil Nadu government, 367 returned this year.

A study by the Chennai-based Organisation for Eelam Refugees Rehabilitation reveals that approximately 28,500 refugees, all living in camps, are "stateless persons" and entitled to get Sri Lankan citizenship in the light of the Citizenship (Amendment) Act, 2003, and the Citizenship Amendment Rules of 2009.

There are also political compulsions for the refugees to return. The prolonged civil war and its adverse demographic impact on Tamils has had a direct bearing on the numerical strength of elected representatives of Tamils in Sri Lanka's Parliament (Sri Lanka follows a system of proportional representation). The Tamil National Alliance and Indian government should discuss the refugee problem.

Sri Lanka has said that it favours the return of the refugees. But mere statement of intent is not sufficient. It has to be followed up with action — the authorities in the Northern and Eastern Provinces should ensure that there are no illegal occupants of lands belonging to the refugees.

The governments of the two countries, aided by officials in Tamil Nadu and the Northern and Eastern Provinces, should plan ways of speeding up voluntary repatriation. This should include a package of assistance.

India and Sri Lanka should begin the spadework now so that the stage is set for the repatriation of willing refugees in a big way when Sri Lanka elects its President later this year. The two countries should keep in mind that the refugee issue has to be handled in a humane manner. There should not be any scope for the use of force.

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Healthcare's primary problem

It is imperative to promote community-based care rather than relying only on hospital services



SOHAM D. BHADURI

The deaths of 154 children in Bihar due to acute encephalitis syndrome (AES) has laid bare the precarious capacity of the State's healthcare apparatus to handle outbreaks. AES has been linked to two factors: litchi consumption by starving children and a long, ongoing heat wave. As promises of bolstering the health infrastructure are being made, it is important to analyse what could have formed the ideal line of action.

AES is largely preventable both before and just after the onset of the disease, and treatable with high chances of success on availability of medical intervention within 2-4 hours of symptoms. Therefore, the first signs of an outbreak must prompt strong prevention measures. These include, apart from a robust health education drive and replenishing primary health centres (PHCs) with essential supplies, extensive deployment of peripheral health workers (ASHA workers) and ambulance services to facilitate rapid identification and management of suspected cases. Vacant doctor positions in PHCs must be urgently filled through deputation. Furthermore, short-term scaling-up of the Poshan Abhiyaan and the supplementary nutrition programme — which makes available hot, cooked meals for pre-school children at Anganwadis along with take home ration for mothers and distribution of glucose/ORS packets in risk households — are imperative. Nearly every one of these elements lies undermined in Bihar.

Crumbling healthcare in Bihar

In Bihar, one PHC caters to about 1 lakh people rather than the norm of 1 PHC per 30,000 people. Furthermore, it is critical for such a PHC, catering to more than three times the standard population size, to have at least two doctors. However, three-fourths of the nearly 1,900 PHCs in Bihar have just one doctor each. Muzaffarpur has 103 PHCs (about 70 short of the ideal number) with 98 of them falling short of basic requirements outlined by the Health Management Information System. Bihar, one of the most populous States, had a doctor-population ratio of 1:17,685 in 2018, 60% higher than the national average, and with only 2% of the total MBBS seats in the country. There is also a one-fifth shortage of ASHA personnel, and nearly one-third of the sub-health centres have no health workers at all. While the State

reels under the highest load of malnutrition in India, a study found that around 71% and 38% of funds meant for hot, cooked meals and take home ration, respectively, under the supplementary nutrition programme, were pilfered. Meals were served for just more than half the number of prescribed days, and only about half the number of beneficiaries on average actually got them.

This is not all. Even those PHCs with adequate supplies remain underutilised. Perennial subscription to selective healthcare services by PHCs, like family planning and immunisation, have cultivated the perception that PHCs are inept as centres of general healthcare. This leads patients either directly to apex government hospitals situated far away or to unqualified private providers. This results in a patient losing precious time in transit and landing up in a hospital in a critical and often irreversible stage of illness.

Merely strengthening the tertiary care sector will be inefficient and ineffective. Most attention was focused on the poor state of the Sri Krishna Medical College and Hospital in Muzaffarpur, with 600 beds, already functioning beyond its full capacity. Hospitals in Muzaffarpur have a bed occupancy of over 300%, three times the full occupancy. In such a case, even a significant addition of hospital beds and ICUs won't solve the problem. ICUs can only deal with the most advanced cases. A narrow focus on the hospital sector will wastefully increase costs, ignore the majority of cases, increase the number of cases that are in advanced stages, while continuing to overstretch public hospitals.

Revamp primary health infrastructure

The solution lies in building more functional PHCs and sub-health centers; scaling-up the cadres of ASHA workers; strict monitoring of nutrition programmes; and addressing the maldistribution of doctors and medical colleges. The resultant robust primary care system can then be geared towards being more responsive to future outbreaks. We should also bolster our technical capacity to better investigate the causes of such outbreaks and operationalise a concrete long-term strategy.

Policy documents, while emphasising on financial and managerial aspects of public health, fail to address the aberrant developmental paradigm of our health services. Decades of hospital-centric growth of health services have eroded faith in community-based healthcare. In these circumstances, even easily manageable illnesses increase demand for hospital services rather than PHCs. There is need to work on inculcating confidence in community-based care.

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Why policemen kill themselves

Long hours of work, no holidays and large vacancies in the force cause stress and depression

M.P. NATHANAEL

On May 11, 2018, senior Maharashtra IPS officer Himanshu Roy committed suicide in Mumbai. He was suffering from cancer and resultant depression. Another IPS officer, Surendra Kumar Das, committed suicide in Kanpur in September 2018 due to "family issues". Ajay Kumar of the Delhi Police, who was suffering from depression, chose to end his life in New Delhi on April 4 this year.

Reasons for suicide

These are just a few instances of suicide in the police. Over 940 police personnel committed suicide in the five years till December 2018. This includes personnel of the Central Armed Police Forces. As many as 54 Delhi Police personnel chose to end their lives in the last four years. In Tamil Nadu, 166 policemen took their lives between 2010 and 2014, while in Maharashtra and Kerala, the figure was 161 and 61, respectively. In the last three years, 105 personnel of the Central Reserve Police Force, entrusted with the onerous responsibility of looking after the internal security of the whole country, committed suicide.

The reasons for suicide among the police are manifold. Police personnel have no fixed hours of duty. They are considered to be on duty all the time. This deprives them of the luxury of spending time with their families. They are frequently made to work for anywhere up to 16 hours a day. Families are ignored and this leads to familial conflicts. Festivals are given a go-by as they have to be on duty to ensure peace in their areas. K. Annamalai, a 2011 batch IPS officer of the Karnataka cadre, who resigned from service recently, said that though he enjoyed the challenges of being a police officer, he missed many important functions and "the small things in life".

Denial of leave is another sore point that affects the efficiency of the police and leads to frustration. Though no superior generally likes to deny leave to his or her subordinates, operational requirements most often warrant a full-strength force to deal with varied law and order problems.

While it is easy to apportion blame on the officers for suicide or fratricide, it is the system that stands to be incriminated. Due to large vacancies in the police forces, a huge responsibility rests on the available personnel to maintain law and order.

The health of police personnel has taken a toll because of erratic working hours and lack of physical exercise. Many of them are known to suffer from stress-related diseases such as depression and obesity. Unable to cope, they end their lives.

Filling up vacancies

To arrest the growing incidence of suicides, the government needs to take multi-pronged steps with urgency. An acute shortage of personnel in the police has to be of immediate concern. In 2014, there was a short-



age of over 5.6 lakh personnel against the sanctioned strength of 22.8 lakh. An in-depth study of the requirement of police personnel over the next decade would be conducive to plan recruitment and training in a phased manner.

Senior officers need to identify personnel with deviant behaviour. The Delhi Police has taken a step forward in this direction to identify personnel with psychological disorders to put them through counselling sessions. Frequent interactions between officers and subordinates will help subordinates air their grievances freely. Solutions can be jointly worked out. Even if the grievances are not immediately redressed, it will be soothing for an officer to share his or her problems with a senior officer. It might even forestall a suicide attempt.

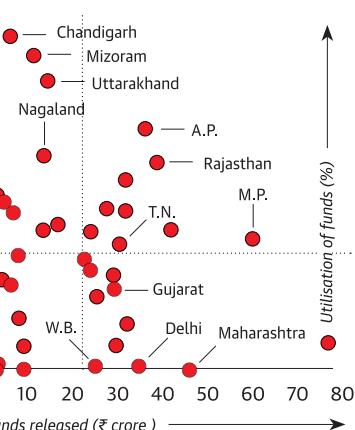
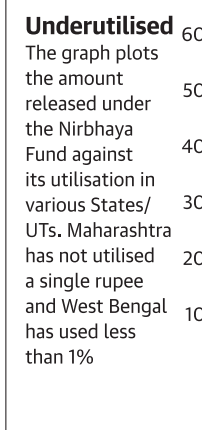
The writer is a retired Inspector General of Police with the CRPF



DATA POINT

Safety last?

Delhi has used less than 1% of its Nirbhaya Fund despite registering 160 incidents of crime against women per 1 lakh female population in 2016, the highest in the country. A look at how States and UTs have utilised the amount released to them under the Nirbhaya Fund, which was announced in 2013 to support initiatives for the safety of women across the country. By Sravya C. and Sumant Sen



Scheme-wise expenditure

The table lists States from section A of the second graph and the % utilisation under different schemes*. Even the small amount that Delhi and W.B. have spent has been on victim compensation

State	Emergency response system	Universalisation of women's helpline	Central victim compensation fund
Delhi	0	0	3.41
Assam	0	22.59	35.47
Odisha	0	73.32	0
Telangana	2.61	0	0
West Bengal	0	0	1.58
Kerala	45.96	41.56	0
Maharashtra	0	0	0
Tripura	0	0	0
Sikkim	0	40.81	0

*Under the Nirbhaya Fund there are six major schemes

Source: Lok Sabha, NCRB 2016; Fund utilisation data till March 2019

FROM THE ARCHIVES

FIFTY YEARS AGO JULY 3, 1969

Big Four warning to Israel

The Big Four powers warned Israel yesterday (July 1) to refrain from taking measures that might change the status of Jerusalem. The warning came from the delegates of the four countries in the Security Council on the second day of a debate on a Jordanian charge that Israel was planning the total annexation of the Holy City. The U.S. Ambassador, Mr. Charles Yost, said the Israelis had "no right to make changes in laws or in administration other than those which are temporarily necessitated by their security interest." Britain's Lord Caradon said that to prejudice the future of Jerusalem would bar the door to peace and make another conflict inevitable. Mr. Alexei Zakarof of the Soviet Union backed Jordan's proposal that a world-wide arms embargo be applied against Israel while France's M. Armand Bernard said any measures or legislative decisions taken by Israel to modify Jerusalem's status were invalid. The 15-nation Council session came as the Big Four powers broke off their top-level talks on West Asia pending the outcome of bilateral discussions between Moscow and Washington. The four-way talks are expected to resume next month.

A HUNDRED YEARS AGO JULY 3, 1919.

Indians in South Africa.

(From an Editorial)

The South African papers received by the mail bring further particulars of the debate in the Union Parliament on the Asiatics (Land and Trading) Bill. It would appear that two most reactionary amendments to an already very unjust and obnoxious Bill have been adopted in Committee by the House. One of these, we note, was passed in spite of the opposition of the South African Government. This amendment was passed by 45 votes to 31, whereby the authorities in the Transvaal, who had the issuing or authorising of trading licences, might, without reason assigned, refuse the application of any Asiatic who was not engaged in trade on the 1st instant. Speaking on the amendment, the Minister of Justice uttered a warning against panic legislation such as the amendment would be. The amendment, he said, would throw on the Government the responsibility for issuing further general dealers' licences. Moreover, it would work a great hardship on Indians born in that country.