

## [For the Love of Lanka](#)

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### SERVICE

## For the Love of Lanka

A doctor takes high-tech skills back to his native land, devastated by war and water

Ganapathypillai Shanmugasunderam (62), known professionally as Dr. Shan Sunder, was born and raised in Jaffna, Sri Lanka. After immigrating to the US in 1969 and concluding his higher education in New York City, he moved cross country to Lancaster, California, where he has lived with his family and worked as a successful cardiologist since 1975. When an interim peace accord was signed in Sri Lanka on February 22, 2002, quieting the country's bitter, 20-year civil war, he began traveling back to his homeland to help rebuild its war-damaged health-care system. During a recent visit to Hawaii, Dr. Sunder shared with Hinduism Today some highlights of the three trips he has made to Sri Lanka thus far--and his plans for more.

Can you give us the overview of what you have been doing in Sri Lanka over the past three years? Since the peace process began in Sri Lanka, I have been studying the medical problems there--especially in the field of heart care. In this regard, I have been particularly interested in providing some portable and user-friendly technology necessary for more easily diagnosing and treating heart diseases in the poverty stricken rural areas of North and East Sri Lanka where such facilities are not readily available. In addition to providing these state-of-the-art tools, I am also trying to teach doctors and trainees there how to use them.

What has motivated you to perform this unique service? For years, I have heard from my colleagues and friends how the war has caused damage to the health-care infrastructure of Sri Lanka. I have always been inspired to go there and help rebuild these shattered facilities and also to bring in the latest technology. But mostly, I was motivated by Gurudeva (Satguru Sivaya Subramuniyaswami, founding publisher of Hinduism Today). When I asked him how I might best spend the later

years of my life, he told me, "Work in the charity hospitals of Sri Lanka." I took this very seriously as timely advice and great words of wisdom. Also I felt it was time to pay back for the many blessings I have received in this life.

Your wife says you come back from these trips looking young and happy? [Laughs] It has been a wonderful experience so far--mainly because of the people there. The helpers, trainees, health care volunteers, community servants, social workers and doctors I have been fortunate enough to work with are so tireless, dedicated and committed. They never expect payment or reward and work constantly, 24-7, serving and helping people in any way they can. I have not ever seen this kind of dedication anywhere else in the world. This has inspired me more than anything else. Of course, the people we help have lots of appreciation, and this is personally rewarding.

What goals did you seek to achieve on your first trip to Sri Lanka? On my first trip to Sri Lanka, my aim was to get a bird's eye view of what was needed, and also to get to know some of the people. I traveled extensively. There were ten clinics in the North, and I made it a point to visit them all. It became apparent that helping the poor was the number one priority. I made it my goal to set up hospitals in the poverty stricken rural areas.

How did you move and work on your last two trips? When you moved from place to place, did a team go with you or did you develop a new team in a new place? The people I worked with on my last two trips were mainly resident doctors and trainees. They already had mobile clinics and pharmacies resourcefully equipped to penetrate deeply into rural areas to accommodate certain basic preventive-care needs, such as providing food supplements, vitamins and medical advice. What I did first was set up a system whereby medics and health-care workers could screen large numbers of people for heart disease, then bring them to a strategic location where my specialized team could perform further investigation for the treatment of heart disease. On my first trip, I had learned that there was a lot of rheumatic fever, which effects the heart and the joints and also causes birth defects in the children of mothers affected by this disease.

Long-term poverty, a prolonged civil war and now the recent tsunami have left behind widespread malnutrition. Learning this on my first trip, I arranged to bring in appropriate state-of-the-art equipment on my second trip. This included an ultrasound machine, just released in US, which weighs only six pounds but costs

about us\$25,000. I also brought a portable electrocardiogram, some palm pilots and laptops complete with useful databases. I made it a priority to teach the people I worked with how to use all of this equipment, and they were all quick studies. On my last two trips, we have been able to move around quickly, screening and helping a large number of people.

What is the current state of Sri Lanka's medical technology? In the North and East of Sri Lanka there is very little advanced technology--and what is there is not available to the poor. The poor there have always been deprived, not only of advanced medical care, but of the most basic necessities of health and hygiene. Minimum health care is a basic human right that many of these people have never known. These are the people who are most vulnerable. And these are the people that we want to help.

Rampant malnutrition and infection especially affects mothers during pregnancy. I was astonished to find that at least 50 percent of the children that I treated had been afflicted with congenital and rheumatic heart disease. By US standards, that's an astonishing number.

Are there other people doing this sort of service-oriented work? Yes, there are a lot of physicians coming in from the US, Australia, England, Canada, Malaysia and Singapore--especially after the tsunami. They work as individuals and as teams. One of the greatest resources we have is the Tamil diaspora. We easily have 5,000 qualified Tamil physicians spread all over the world. And a great many of these highly trained people are ready to help right now. In England alone there are at least 2,000. This is a tremendous potential resource for us. One of our biggest challenges will be to coordinate the efforts of all these physicians. Of course, they must volunteer. This will certainly be a key factor in our success.

I firmly believe that we will soon create something really great in Sri Lanka as a result of these relief efforts. Our Tamil diaspora working in coordination with their Western counterparts could build a health-care system like the world has never seen.

How do you plan a tour? Generally, I communicate with the Sri Lankan physicians and medics I will be working with from the US before I leave. Through their web

sites I am able to see what their basic needs are. Then each time I go, I take with me one or two pieces of modern equipment that I know will be of use in what they are already doing. All the travel plans are provided by health care personnel of the Health Department in North and East Sri Lanka.

Can you describe a day in the field? Generally my trip will be advertised on the radio and in the newspapers. This makes it possible for people to come on their own to a predetermined location. Sometimes they travel as far as 75 miles. Typically, we start at eight in the morning and go until about nine o'clock at night, with only a short break for lunch around two in the afternoon. It is not uncommon that some people will arrive in the middle of the night needing immediate attention. This can make it very difficult. I might personally see as many as 80 patients in a single day.

Can you summarize the overall plan for your tsunami relief efforts? Yes, coming to the tsunami relief, phase one started twenty minutes after the tsunami hit. The Tamil Relief Organization was mainly responsible for all the emergency work accomplished during that phase in the North and East. Their efforts were exceptionally well coordinated and efficiently accomplished, even to the astonishment of the Western world. This phase was funded by the the Tamil Relief Organization and the diaspora of Tamils living around the world.

The second phase consisted of immediate resettlement, including the building of temporary shelters. The people needing the most help here were the fisherman. Great efforts were made to get them new fishing boats and nets so that they could go back to work. Again, this was well coordinated by the Tamil Relief Organization.

Phase three started with the establishment of permanent housing, health care, education and basic living facilities at a community level. This work will go on for decades. Again, the Tamil diaspora can play a key role in this phase.

How is religious life being sustained in Sri Lanka during these difficult times? I was amazed the first time I went to North and East of Sri Lanka. Despite the war, the temples all around were fully functioning. Festivals were going on. This was truly magnificent. The people were rebuilding the temples even before they were rebuilding their homes. Their spirituality and religious belief have definitely helped them survive. They won't ask for help for themselves or their families, but they will

beg for the temple. I met one temple priest who was deaf from a bomb blast that demolished his temple. Yet he was busy rebuilding his temple. He was 75 years old and not thinking about himself even a little. This is the kind of person that survives misery and tragedy with faith and spirituality.

What have you learned from all of this? The tsunami has underscored the damages of war and made them impossible to ignore. I think world communities need to learn a spiritual lesson from all of this pain and misery. That lesson is this: "War is bad, peace is good. War is destruction and peace is harmony and progress." If we have not learned this, we have learned nothing at all.