

On-the-spot report from Sri Lanka

## **Working with a medical team in Hambantota**

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As soon as the magnitude of the tsunami disaster became apparent, hundreds of Sri Lankan health workers, including doctors and nurses from Colombo's National Hospital of Sri Lanka (NHSL) immediately volunteered for medical relief work. The offices of the director and matron of the NHSL accident service coordinated the effort, while the Government Medical Officers' Association (GMOA) and a group of nurses dispatched medical crews to affected areas. But they were working on their own initiative, largely without assistance or coordination from government authorities.

GMOA leaders contacted the government's Disaster Management Centre on December 26, but discovered it had no effective plan to deploy medical personnel, even though it had cancelled all leave for public health workers. This meant that the volunteers were forced to hang around the relief service centre throughout the night. Some nurses were taken to the domestic airport at Rathmalana, in Colombo's suburbs, but they could not get a flight to any of the affected areas.

The following day, since it was clear that the government had no plan, the nursing and medical staff held a discussion in the cardio-thoracic unit about what should be done. A representative then met with the director to suggest that routine surgery be cancelled and staff deployed for emergency relief. The director hesitated, insisting that he had no directive from the government. In the end three nurses, including this writer, along with 16 other NHSL staff, were dispatched to Hambantota, in the south of the island, where the base hospital was desperate for assistance.

Our team, which included a physician, anesthetists, medical officers and nurses, managed to make it to Rathmalana airport by 11 a.m. All of us wanted to be in Hambantota as early as possible, but we had to wait until 4.30 p.m. for a flight. The air force had been

instructed to put us on hold to make way for a flight carrying Alavi Maulana, a key figure in the ruling United Peoples Freedom Alliance's (UPFA). Army relief personnel were also waiting to be flown out.

During our flight to the Air Force Base at Weerawila, 20 km from Hambantota, we first began to realise the scope of the disaster. Huge areas of the coastline had been obliterated. Thousands of houses and huts, railway tracks, train carriages, sections of the Colombo-Galle highway and the city of Galle itself had been swept away by the massive waves. It was a rather different and more fearful picture than we had been led to expect.

Travelling by vehicle to Hambantota Base Hospital, we saw dreadful scenes of the ruined town. Most of the houses, mosques and government offices had been washed away. Vehicles were overturned. Trees, house walls and roofs had been destroyed. Even though it was getting dark, exhausted soldiers were searching for bodies, and corpses could be seen scattered here and there. Among the most heartrending sights were people desperately searching for their family members and relatives. All of us thought the same thing: there should have been a warning.

The base hospital itself, situated on the highest spot in Hambantota, was untouched. Nearby houses and public offices were intact, but not too far away others had been completely destroyed. As soon as we entered the hospital, the stench hit us. We could see blood and mud everywhere. The smell came from hundreds of corpses laid out on one side of the hospital. The staff were obviously overwhelmed by the scale of the disaster.

One hospital worker described the situation: "We have lost a number of our staff including doctors, nurses and paramedics. Others have lost members of their family. Several have been unable to report for

duty as all their belongings have been destroyed. Even before this, the hospital was facing a lack of staff and facilities. We didn't know what to do, because the casualties starting arriving without a break. We only began receiving relief services sometime later."

Our medical team set to work at about 7.30 p.m. During our rounds of the wards, we saw patients screaming out in pain. All were in mourning over the loss of their loved ones. Many had lost their belongings. Patients were covered in mud and sand, with open wounds and dressed in torn and dirty clothes. Some were soaked in blood and lying on mattresses without sheets.

Many wounds were already infected and it was difficult to treat them. Even basic antibiotics like Gentamicin and Cefuroxime were not available. Most of the patients had not been inoculated against tetanus. Some wards did not have painkillers like ibuprofen and diclofenac sodium and patients were crying out in agony. In others, there were not even basic items like gauze, cotton and povidone iodine solutions.

Our team leader was confronted with the necessity of making impossible decisions. A patient with poisoning had to be taken out of the small Intensive Care Unit to make way for an injured patient who became critically ill. There were no other vacant beds. A nurse told me: "We do not have enough suction catheters, gloves, gluteraldehyde and other essential items. We do not have enough staff to keep up services."

We saw exhausted nurses and health workers who had worked long hours trying to ease the patients' suffering. People looking for missing family members wandered from ward to ward, pieces of cloth over their faces to stifle the terrible smell, searching patients' faces.

Squads of soldiers worked around the clock to remove the dead bodies. Someone explained that it was difficult to lift the bodies, because they were bloated and oozing. They had to be loaded onto vehicles with the use of hospital lifting machines and then buried in mass graves.

Volunteers visited the hospital handing out basic items such as food, clothing, and drinking water. An old patient complained that he was given children's wear. Others were grateful for anything. We all depended on these visits because the government was providing no food for health workers involved in

emergency relief.

Our surgical team faced severe difficulties. The hospital's generator stopped several times due to lack of fuel and urgent operations had to be postponed. During a break, doctors, angry at the situation, blamed the government for its lack of planning and assistance. "The government is requesting medical teams from other countries. But they still haven't sent the volunteer doctors from Colombo to places where they are needed."

On December 28, another medical team arrived to replace us. They had experienced similar delays—arriving late at night after setting out in the early morning. We worked through the night and were completely exhausted by the time we left the following morning. No transport was provided so we decided to travel by bus. The trip back was shocking. Dead bodies were still floating in a lake near Hambantota. People were gathering for food and water outside the refugee camps.

On the bus, a tracker from the wildlife department told us: "Today rescue groups found a seven-year-old boy with severe injuries at the Yala game sanctuary. And a man was found floating alive in the wreckage of a boat. Why doesn't the government send out more rescue workers to look for people who are still alive?"

Back in Colombo, we exchanged experiences with a medical officer who had been in Matara, another southern town. He warned that many more people could die if they did not receive treatment. "Scores of people still have open wounds. There are patients with diabetes, high blood pressure, heart disease and upper respiratory tract infections. In addition to the danger of epidemics, all of these conditions will get worse if left untreated."



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