On-the-spot report

Hospital staff in tsunami-hit eastern Sri Lanka speak of their experiences

M. Aravindan, Sarath Kumara
18 January 2005

From the earliest hours of the Indian Ocean tsunami disaster, the medical staff in the hospitals of Sri Lanka's eastern Ampara district—doctors, nurses, paramedics, health workers and cleaners—engaged in remarkable efforts to provide urgent treatment to the victims in the country's worst hit region.

Across the district, 10,436 deaths were officially recorded, 120 people were injured, with 821 missing and 103,285 displaced. According to eyewitness accounts, however, many more—up to 25,000 people—may have perished.

Ampara General Hospital, the district's main hospital, had to take the brunt of the burden. Located around 20 kilometres inland, it was not damaged. But five hospitals along the coast—Palamunai, Ninthavur, Karaitivu, Saindamarudu and Maradhamunai—were destroyed by tidal waves. Two others—Kalmunai North base hospital and Ashraff memorial hospital—were unusable because they were filled with dead bodies.

In the first few days, Ampara hospital treated 927 patients. The hospital's medical superintendent, Dr. Lankathilaka Jayasinghe, said they had to transfer some of the patients to small hospitals such as Inginiyagala district hospital and Vadinagama rural hospital. "We have only 357 beds and the facilities are not enough to cater for 1,000 people," he explained. While patients with minor injuries were sent to other hospitals, his staff treated the seriously-injured patients, including performing surgery. "We were able to do this because they worked more than 72 hours without any rest," he stated, praising his staff.

G. Iranganee, a nurse, was at the duty desk when the tragedy occurred. "We worked continuously for 72 hours," she explained. "When the news reached the hospital that a tragedy had occurred at around 9.15 in the morning we prepared for the emergency and sent ambulances with doctors and nurses from the hospital around 9.30 a.m. We also prepared the blood bank, operating theatre, intensive care unit and the wards. The first group of patients started arriving at around 12 noon. They were all small Tamil children.

"Terrified children had urinated and defecated on their clothes. Some couldn't even speak due to the shock. Our staff became mothers to them. The admission of the patients—old and young—continued till 2 o'clock the next morning. Only then, we realised that we had reached next day. We hadn't time to think about ourselves. Looking back, we are surprised that we could do that much work.

"We didn't know the names of the patients. So we tied a tag with a number to their hands to identify them before sending them to wards. We have faced crisis situations before, but we didn't expect one of this magnitude. All the wards accepted patients without any categorising—medical, surgical etc. Because of the dedicated work of our hospital staff, only four died after admission."

W. Wedage, a hospital chief clerk, told us: "It was like a war situation. Some had lost everything, including their personal belongings. So we provided them with clothes. One foreigner, brought to the hospital, told me, pointing to his trousers: 'these are not mine'. They didn't even have slippers. I went to the nearby shop and bought slippers for them. We did everything that we could do."

Wedage's daughter's house at Matara on the southern coast was destroyed by the tsunami and she was in a refugee camp. When asked about it, he said: "My daughter survived and she will manage. I have to be at Ampara. What I am doing here is more important."

When asked about the civil war between the government and the Liberation Tigers of Tamil Eelam (LTTE), he said: "I think the war has to be stopped. The spending of money on the war by both sides should now be stopped. Money has to be diverted to rebuild the country—to restore houses, education, and health facilities."

Dr. Champika Boraluwa, from the Out Patient's Department (OPD), said: "Because it was Sunday most of the doctors were on holiday. But after we learned of the disaster, we informed the doctors whom we could contact. They came. We thought around 50 to 60 casualties would arrive but they came like a stream. On the first day, we received around 1,000 casualties. Some were treated at the OPD. There were babies as young as two months and some were unconscious. We felt very sad. When we put in the engy [neso-gastric tube], stones came out with water from patients' stomachs. Some had to be put into ventilators.

"The work couldn't be done by the medical staff alone. Most of the patients were vomiting. They had nearly drowned. Some, especially the children, had diarrhea. When we aspirated them, the place became dirty. When the patients were transferred to the wards from the ETU [Emergency Treatment Unit], the place had to be completely cleaned. The cleaning staff did it immediately. Otherwise, others would have been infected.

"The victims were mostly Tamils and Muslims so we had a language problem. Though the Tamil and Muslim staff helped us, most of the time we had to assess only by observations. Luckily, most of the patients had visible injuries or had almost drowned."

Saman Bandara, a male nurse, said doctors, and even surgeons, pushed the trolleys. The medical superintendent, consultants, the visiting obstetrician and gynecologist and surgeons sorted out the patients at the hospital entrance.

Yasawathie, an operating theatre attendant, told us: "Now we are proud of what we did. We worked for 24 hours without changing our theatre gowns or even taking a meal. Nobody was concerned about meals. Our only concern was to treat the injured."

Even the loss of their loved ones and property did not prevent the staff from carrying on. B. Sudarnandi, a nurse, was on duty when the disaster struck. Her house in Karativu was destroyed by the tsunami. She lost her

© World Socialist Web Site

mother and an uncle.

She told the WSWS: “When I heard the news that the sea was coming ashore, I became very afraid because we lived not far from the sea and my mother was sick. My friend Sumitha and I started crying. But we worked continually. At that time, we were not sure what had happened to our house or my parents but then we understood that crying would not help. All the staff got together and worked.

“In the evening my father and two sisters came to the hospital to inform me that my mother was dead. I was very sad, but thought I had to attend to other patients. I felt it was my duty. Now everybody is helping us. The medical staff are providing clothes and food. My sisters are staying with me and my father is staying with a friend. My family members lost everything.”

Sudarnandi spoke about her family. Her elder sister had a degree in management from the Eastern University. Still unemployed, she is attending the government’s unemployed graduate training program. Her younger sister is undergoing teacher training at the college of education in Batticaloa. Her father, a diabetic, did not have a job, so they depended on the pension received by her mother, a retired teacher.

“None of them want to go back home. I feel the same because I have lost my mother. Some people say there were dead bodies inside destroyed houses. We are scared but somehow we have to rebuild the house. What else can we do? Otherwise we won’t have a place to live.”

Athula Liyanage, who works for the private cleaning agency in the hospital, told us: “We have 64 members on our staff. All worked continuously for more than 60 hours without sleep. Nobody is expecting overtime payment for this work. Those who were on the duty roster will get their basic salary. Others won’t get any payment. We didn’t even sign the attendance book. It was only taken out of the cupboard after three days. In the end our family members came looking for us [because we hadn’t returned home].”

The inpatients, the majority of whom were Sinhalese, also helped. Except for the seriously-ill patients, they were discharged to make room for the most Tamil and Muslim tsunami victims.

Sumana Karunaratna, a 63-year-old retired school principal, said: “I had a urine problem. After an operation, I was using a catheter. When I heard about the tragedy from the ward doctor, I told the other patients that we should give beds to serious patients. There were around 70 of us”.

Sumana took all the patients outside and sat them under a mango tree. She helped the nurses while carrying her catheter. After attending to tsunami victims, she went home without even waiting to be officially discharged.

Medical staff from other areas responded to Ampara hospital’s calls for help. Surgeon Sumudu Kumarage said that when the magnitude of the crisis became clear, they could not handle all the surgeries alone and sent an appeal to Badulla General Hospital, in adjoining Uva province. A medical team arrived within four hours. A surgeon from Nawalapitiya hospital, in central province, came on December 28 and remained for two days.

“I was able to learn some Tamil language [by interacting with patients] within days. One problem I saw is that kids were not getting things like a piece of chalk, drawing book, cricket bat or a ball. These are necessary for their well-being,” Kumarage said

Apart from the physical injuries, survivors faced many psychological problems. Dr. Binoka Premaratna, an eight-months pregnant mother, worked from the morning until 8.30 at night on December 26. “Some mothers were crying continuously. They had lost their babies. Lots were complaining about breathing difficulties, fits and headaches, and refused to eat. But in the end, we found it was not due to physical problems, but psychological effects. Most were depressed.

“Mothers who lost their babies had blank expressions. In some cases, the babies were washed out of the mothers’ hands. The situation with the young girls was worse. They have just started their life and now the whole future seems bleak. One 20-year-old girl came to me complaining about headaches and her lips were trembling all the time.”

She gave another example experienced by a doctor at Karaitivu hospital. “Doctor Prasad’s eight-year-old nephew was caught in the waters at Karaitivu. He is now afraid to see the sea. He insists that they have to leave their house at Panadura on the western coast, though it was not affected.”

The Ampara hospital is not equipped to deal with psychological problems. When we spoke to Dr. I. S. Jayasinghe, Ampara’s deputy regional health director, he admitted that there was not a single psychiatrist for the entire district, but said that health officials had no solution to offer.

At the beginning there were 75 babies in the hospital without parents. Later some parents came and found their babies. When we visited the hospital on December 30, still there were two three-year-olds without a parent. One girl had become so familiar with a female attendant, Irasha Dayani, that she refused to leave Dayani for a moment. Dayani went home only after feeding the baby and getting her to sleep.

We also spoke to Dr. K. Muruganandhan, the medical superintendent of the Kalmunai North base hospital on December 29. He said most of his staff had been affected and the hospital’s medical supplies were inadequate. “We informed the government but still didn’t get a response. We are also attending mobile camps at the refugee centres.”

He added: “There are five refugee camps in schools in the area but these have to be evacuated to other places because children have to go to school. The government should think about the permanent settlement of people.”

Dr. Fazal, Kalmunai hospital’s medical officer of health, explained that for the whole of Kalmunai north there was only one public health inspector. Disease prevention measures had “not been properly started,” he complained, emphasising that this was essential and urgent. One case of cholera could affect the whole area.

“Most people in this area were using well water. Now nearly all the wells are spoiled. Administering chlorine to the water is urgently needed but there is still no government arrangement to supply chlorine.” He personally traveled to Ampara town to collect chlorine.

His father had been seriously ill and was admitted to the hospital before the tsunami struck. Fazal explained: “On the morning of December 26, I received a call from the hospital that my father was in a serious condition and came to the hospital. My father died at 8.48. Five minutes later the water reached the hospital and then the casualties started to arrive. I was crying. In five minutes, I realised that I had to attend to my duty as a doctor. I cried more for the victims than my father. There was even a one-month-old infant.

“With the help of other doctors, I started to select the patients to send to the wards, or to the emergency unit. Some were transferred to other hospitals and there were dead bodies to be sent to the mortuary. Though I had to stay with my mother, the next day I came to the hospital for a few hours.” His house was also damaged by the tsunami. He said some staff members were coming from refugee camps to work.

Asked about the civil war, Fazal was emphatic: “We don’t want the war. We don’t want any such havoc again. All the way we have suffered.”

Doctors from the district’s destroyed hospitals provided basic medical care from school classrooms and other places, providing basic medicines. Mobile clinics also operated. In the first four days of the crisis, more than

© World Socialist Web Site

300 doctors and around 1,000 other medical workers from government hospitals visited the district. Over 100 foreign medical team members were working in Ampara. One doctor said: “We are even prepared to work 24 hours a day.”

In contrast to the official indifference, the most striking feature of the tragedy has been the overwhelming reaction of ordinary people, including the medical staff. This has not only been the greatest disaster to occur on a single day in post-independence Sri Lanka, but also the biggest relief operation organised by the masses, Sinhala and Tamil alike.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site