

On-the-spot report

Sri Lankan government fails to rebuild tsunami-destroyed hospitals

M. Aravindan, Sarath Kumara
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Being one of the most economically backward regions of Sri Lanka, the infrastructure was poor in the Eastern Province even before the December 26 tsunami. Coming on top of two decades of civil war, the tidal waves dealt a severe blow to the health sector along the coastal Ampara district.

When the WSWs team visited the district from June 28 to July 2, we found that President Chandrika Kumaratunga's government has not taken even initial steps to rebuild the hospitals. Four government hospitals—Ninthavur, Karaithivu, Sainthamaruthu and Maruthamunai—three dispensaries—Periya Nilavanai, Komari and Ullai—and one Ayurvedic (indigenous medicine) dispensary were devastated by the tsunami. All were located within 200 metres of the sea (where the government has since banned any construction) and have to be rebuilt elsewhere. In the meantime, temporary hospitals are being shifted from one place to another.

So far, the government has only allocated land for Karaithivu hospital. Villagers themselves have donated a plot of land for the Periya Nilavanai central dispensary and maternity hall. K. Slevanayagam, chief clerk at the Deputy Provincial Director of Health Service's office in Kalmunai told the WSWs: "Some non-government organisations (NGOs) have come forward to construct hospitals if the land is provided. But so far the government has allocated no money to buy land for hospitals. The government or the health department didn't ask us how much money has to be allocated."

Despite the government's attitude, hospital employees, including doctors, nurses, attendants and other staff members, are doing a remarkable job in maintaining the temporary hospitals and providing essential medical services under extremely taxing conditions. At the same time, ordinary villagers have taken initiatives to assist the hospitals.

Hospital employees told us that the government has provided only medicine and salaries. When the tsunami struck, most medical equipment was destroyed. The hospitals now operate with equipment provided by NGOs.

The case of Ninthavur district hospital is instructive. After the tsunami, it was shifted to Al Mazar Girls High School. When that eventually created problems for the school, it was moved to a few canvas tents provided by Médecins Sans Frontières (MSF) on a plot of unused land owned by Faizal Hassim, a Sri Lanka Muslim Congress (SLMC) parliamentarian. According to the hospital staff,

patients were unwilling to use the site because of the intense heat inside the tents.

A group of young people decided that the hospital had to be relocated so that ordinary people could use it. They brought some tractors, loaded the equipment and transported it to the K M As Safaa Vidyalaya (school). A hospital employee said that once the hospital was shifted from his land, Hassim lost interest in it.

Dr A.M. Jabeer commented: "It is only because of the initiative of local people that this hospital is functioning. The previous place was burning hot and open and we could not treat patients there. So some youth forcibly transferred the hospital here. They transported hospital furnishings and instruments, arranged temporary electricity connection, repaired the damaged water pump and provided the water supply. One NGO built the toilets and bathrooms and another one is constructing male and female wards."

He said that without residential facilities, patients faced many hardships. "Those who must stay indoors have to come here daily from their homes for treatment. Some have to come three times, especially for injections. We can't keep them under observation as required. This is not the proper way to treat patients. Apart from that, they have to pay for three-wheel taxis every time they come here."

About three-quarters of the 40,000 local villagers are agricultural labourers or small farmers who own small plots of land. Another 10 percent are fishermen. To pay 60 or 70 rupees (\$US0.60 or 70 cents) for a single taxi trip is a heavy burden.

Kanapathipillai Chandradevi, who was at the hospital seeking treatment for her seven-month-old baby, said: "This is my third visit to the hospital. I come from Karaithivu, 4 km away from here. I have to come at night again to get the next injection. The required medicine is not available here and I have to buy it from outside for 78 rupees. It is difficult."

Hospital staff members explained that they have not been able to start a maternity ward because there are no sterilisation facilities. Pregnant mothers have to be transferred to other hospitals, but that is also a problem. The 20-year-old ambulance tends to break down along the way. One nurse, M I. Sithyraheela, complained: "We don't have enough instruments to provide basic treatment." Another nurse, M I. Inulrila, said all their uniforms were washed away by the tsunami, yet the government had not provided any

replacements.

We also visited Karaithivu hospital, which is temporarily conducted in a small building. Bahirathy Thamilvanan said: “We don’t have enough facilities here. Before the tsunami struck, there were two medical officers. But now there is only one medical officer. One nurse and an attendant were killed by the tsunami, but have not been replaced. From 60 beds, now there are only 17 beds.”

There are just two wards—one male and one female. Small children are in the female ward alongside patients with infectious diseases. When we visited the ward, it was overcrowded, with two patients in every bed. A young mother, A.R. Rajani, who was nursing her small child with a fever, said that because of the congested conditions, “diseases spread among the patients”. She also complained about the lack of toilet facilities.

Because there was not enough space in the temporary building, the dressing room consisted of an outside tent. But it was so hot inside the tent that wounds were dressed under the shade of a tree.

Maheswary Thedsanamoorthy, a Family Health Officer (FHO), said: “All my personal belongings were destroyed by the tsunami, together with my house. But I came to work four days after the tsunami. My husband and I are still living in temporary shelter with two children. Without any basic facilities it is difficult to come to work. There is no place at the hospital to even change uniforms.”

She complained that the government had done nothing to rebuild their lives. It had promised to lend one year’s salary to public servants affected by the tsunami. “Though we applied, still we didn’t get it.”

When the waves struck, ambulance driver Mohanakumar was taking a seriously-ill patient from Karaithivu hospital to Kalmunai hospital, even though he was not on duty. “If I had been at home, I could have saved my wife and daughter. The ambulance was saved but not my family. Yet, our [health] department is doing nothing to improve our situation.” He said it was not easy to look after his surviving two school-age children on his monthly salary of 8,000 rupees (\$US80).

At Sainthamaruthu district hospital we found that there was no medical officer, only two RMOs (registered medical officers). Dr M.A.H. Sharook, a dental surgeon, was the acting DMO (district medical officer). The hospital was temporarily conducted in a building belonging to the Kalmunai municipality—its third site in six months. Earlier, it was shifted to GMMS School and then a mosque, Sinna Palli.

Before the December 26 disaster the hospital had four wards, with 80 beds catering to around 50,000 people. Now it has just three beds and only the outpatients department is functioning. The dressing room is conducted in a tent.

Dr Sharook said: “All the medical equipment was destroyed, along with the hospital, by the tsunami. The government has only provided an ambulance. We still don’t have a place to rebuild the hospital. The municipal commissioner said he had no objection to providing a piece of Kalmunai municipal ground to rebuild the hospital. But official approval has to be given by the governor of the northeast provincial council. Still we haven’t received it.”

If the government does not allocate this ground, it will be

difficult to find an alternative site. There is no unused land available, only paddy fields. Acquiring and refilling them will be costly.

L.M. Niyaz, a male nurse, told us: “After the tsunami, the regional health administration attempted to close the hospital. One officer said that Ashorff Memorial hospital was near and could be used by the people around here. It is only because of the local people that this hospital re-opened. They organised the place. But without a medical officer, only the outpatients department is operating. It is six months from the tsunami, but neither the government nor any politician has taken any action to restore the proper functioning of the hospital.”

Mental health is another area of official neglect. Many psychiatric disorders are developing among the victims of the tsunami.

Dr Fazal, the medical officer of health (MOH) at Kalmunai district hospital, said: “Tsunami victims have many mental health problems that should be addressed immediately. Otherwise they will face more problems. Many more patients are coming to our mental health unit, which is the only one operating along a 65 km coastal belt, than before the tsunami.

“When people are crowded together, when one family—husband, wife, children, father-in-law, mother-in-law—is living in one room, it makes them mentally depressed. These issues should be addressed. There should be more community centres and mental health centres to help elderly people, women and children.

“People have started to develop Post Traumatic Stress Disorder (PTSD), which comes six months after facing a major tragedy. Unconsciously, people are trying to avoid facing the same situation. Some don’t want to see the sea. They have flashbacks of tidal waves, nightmares and cry or wake up at night.

“Usually the victims won’t come to clinics. Their friends or relatives have to bring them. When people have flashbacks and nightmares they start to behave in strange ways. Most of them can overcome this with counselling, but there are only two or three trained counsellors for about 400,000 people in the region. We don’t have a single psychiatric consultant here, and only one mental health doctor.”

Dr Fazal added: “Our mobile clinics are getting a lot of psychosomatic patients—those who complain of various illnesses but do not have any physical symptoms related to their complaints. We have treated about 50-60 such patients at a mobile clinic in one refugee camp.”

“According to WHO criteria, 5 to 10 percent of the affected population will develop mental illnesses. When you consider the affected population, this is a large number. But only two or three PTSD patients have come to a clinic. We have done research and found that many patients are seeking the help of faith-healers. The suicide rate is also rising. As far as I know, there have been 10 reported cases of attempted suicide and two deaths.”



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