

Rampant dengue epidemic in Sri Lanka

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Fear is gripping people in Sri Lanka about an uncontrolled outbreak of deadly dengue fever spreading throughout the country. According to official statistics updated on Sunday, during the first six and half months of this year, 103,114 suspected dengue cases were reported. At least 290 people have died from the disease.

The reported number of cases island-wide is already 38 percent higher than the total number for last year, when 55,150 people were diagnosed with dengue and 97 died. According to the World Health Organisation, the toll is “4.3-fold higher than the average number of cases for the same period between 2010 and 2016.”

Dengue fever is a debilitating mosquito-borne disease that is potentially fatal, particularly for young children and the elderly. It was first reported in Sri Lanka in 1965 but has become a regular epidemic since 1989.

The rapidity with which the disease is spreading has caused serious concerns and discontent about the government’s inability to prevent it. Hospitals are being inundated with patients daily, with doctors warning of their increasing inability to cope with the situation.

Most of the dengue cases, around 42 percent, were reported from the Western province where the national capital Colombo is located. The most affected region, with 18,186 reported cases, is Colombo District, with 14 out of its 15 administrative areas identified as high-risk zones. The next worst-hit places are Gampaha (12,121), Kurunegala (4,889), Kalutara (4,589), Batticaloa (3,946), Ratnapura (3,898) and Kandy (3,853).

All the major hospitals in Colombo, including the National Hospital and the Infectious Diseases Hospital (IDH) are overwhelmed by dengue patients. Hospital authorities have stopped new admissions due to the lack of capacity. Similar crises exist in the other main hospitals across the island. Thousands of dengue

patients are in a grave danger because they have no access to treatment.

However, the government of President Maithripala Sirisena and Prime Minister Ranil Wickremasinghe has turned its fire on the population. It blames people for alleged “negligence” in clearing their premises and neighborhoods, polluting the environment by scattering garbage, and thus creating “mosquito breeding places.”

It was the same with the catastrophic floods and landslides in June, which claimed hundreds of lives, as well as the collapse of the Colombo garbage dump at Meethotamulla. The government blamed the victims, claiming they did not heed advance warnings of those disasters.

Despite the government’s claims, all these social disasters are direct consequences of the austerity policies carried out by successive governments during the past four decades. Public health cuts have resulted in poor public sanitation and a lack of preventive measures, creating the conditions for epidemics such as dengue.

The small allocation of 2 percent of gross domestic product on health that existed until the 1970s has plunged to 1.2 percent since the 1980s. Since the 2008 global financial crisis, the onslaught on social programs has intensified under the dictates of the International Monetary Fund (IMF). Training and public awareness programs have been curtailed in the public health sector.

Interviewed by the *Sunday Times*, Dr Ananda Wijewickrama, the IDH’s senior consultant physician, explained the shortage of manpower in his institution, the country’s main infectious diseases hospital.

“We don’t have enough nurses with proper training for our wards,” he said. “At present, we are working with trainee nurses awaiting appointments. We need at least 25-30 more trained nurses. Being a hospital which caters to patients from all parts of the country, filling

this vacuum, especially in providing emergency care for dengue patients, should be given priority.”

Successive governments have systematically dismantled local government allocations that were initially meant for limited social welfare services, including sanitation and public works such as roads and canals. Only some services have been maintained, as the means to deflect mounting popular anger.

When criticisms were levelled against the Colombo Municipal Council for its inability to clear garbage, Commissioner V. K. Anura told the media the council had only about 1,200 labourers and just 50 trucks, which were more than 20 years old, to collect rubbish in municipal areas. Since the 1990s, municipal authorities have hired private agencies, as part of the privatisation and running down of social services.

When the WSWs inquired, Dr Ruwan Wijemuni, the Colombo Municipal Council’s health division director, complained: “The higher authorities say that they are instructed by the government to reduce allocations due to the financial problems faced by the government.”

Instead of mobilising resources to fight dengue and other social disasters the government has used the epidemic for further police intimidation and militarisation.

Police and military teams are conducting house-to-house searches with government officials to find mosquito breeding places. More than 2,000 people have been fined under “dengue prevention laws” for allegedly creating breeding grounds.

According to the *Sunday Times*, the government is seeking to enforce laws permitting the military to “break into locked private premises.” Law and Order Minister Sagala Ratnayake and Provincial Councils Minister Faiszer Musthapha made the proposal.

“They want the Commanders of the Army, Navy, Air Force and the Police Chief to assign ten officers each to man an ‘Operations Room’ for this purpose,” the newspaper reported. “They also want to invoke powers under the Public Security Act to deal with the situation.”

According to the proposal, “legal action should be taken against the heads of all state institutions, including schools, and private institutions where mosquito breeding areas are found.”

These punitive measures have nothing to do with eradicating dengue and securing a healthy life for the

working class and poor. On the contrary, they are directed against the rising anger among the masses over the elimination of limited social services, including public health facilities and programs.



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