

# Sri Lankan doctors speak out over coronavirus dangers facing health workers

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More than 100 COVID-19 cases have been reported in Sri Lanka and 255 people are under supervision in 18 hospitals.

Health workers are making a huge effort to treat patients as the number of cases rises daily. The protective gear they need, however, is severely lacking.

As the World Health Organisation (WHO) said on March 3, health workers face “real danger” due to the lack of protective equipment. The WHO statement warned that “without protecting health workers” COVID-19 “cannot be stopped.”

President Gotabhaya Rajapakse’s government, however, has ignored these warnings.

A doctor working at a public hospital told the WSWs: “Personal protective equipment (PPE) like eye masks, face masks and coats required for staff members at out-patient departments, intensive care units (ICUs) and wards for treating diabetes, asthma and fever were severely inadequate even before the pandemic crisis began.”

He added that the shortage has since taken a serious turn. Some hospitals have been forced to produce PPE using substandard materials. “Staff and patients have been put in severe danger by this situation,” he said.

The doctor explained that this state of affairs was not just created by the COVID-19 pandemic. It had developed systematically due to successive governments slashing the health sector. “Now, it has become a crisis.”

“Even the director of the Angoda Infectious Disease Hospital examined patients using a polythene coat made up by doctors themselves, until recently.” If a doctor was infected due to a lack of proper security, “he or she will have to quarantine for 14 days.”

The doctor added: “If large numbers of doctors are forced to quarantine, the situation will become

dangerous and other health workers will have an unbearable amount of work.”

Some health workers in the Colombo and Ragama hospitals have been quarantined for infection already.

“Standard PPE equipment must be made available to all the workers, from doctors to minor staff,” the doctor said.

Another public sector doctor told the WSWs: “The time from the 2nd patient to the 50th patient in Sri Lanka was seven days. In Italy it was 24 days. During the first week, 47 patients were reported in Sri Lanka. In Italy, it was three.”

He said the number of patients in the 3rd week in Italy passed 1,000 and all this data pointed to the dire risk of the virus spreading in Sri Lanka. To prevent that, “a proper and sufficient quarantine program is essential and mass testing must be carried out.”

This doctor said the 500 ICU beds in Sri Lankan hospitals were sufficient to treat only 3,000 patients a month. “Even during normal periods, finding an ICU bed for a patient is difficult.”

The available number of ICU beds in Sri Lanka per 100,000 people is just above 2. In Italy, there are 12.5 ICU beds per 100,000 but that has proved inadequate. If the pandemic worsens in Sri Lanka, a higher proportion of patients could die than in Italy because they won’t have access to intensive care treatment.

“Considering this situation as an emergency, the number of ICU beds in Sri Lanka should be increased at least five-fold,” the doctor warned.

Explaining the lack of facilities for testing, he said: “A person can be directed to testing only if that person suffers from the symptoms coming within government-provided guidelines.”

The WHO recommendation is to upgrade the facilities so all those suspected of being infected are

tested. Following that step, Japan and South Korea was able to reduce the curve of increase of infected patients.

The lack of essential protective gear is a major issue facing nurses and other workers, according to Menaka Priyanthi, the head nursing officer at Ragama Teaching Hospital. She said: “We face such a situation where sewing machines at home have to be brought here and used to sew protective dresses.”

There is deep and growing opposition to the government’s indifference to lack of protective equipment and the severe risk now facing health workers. Seeking to deflect health workers’ anger, the trade unions have issued a series of perfunctory, half-hearted statements about the lack of PPE.

Government Nursing Officers Association president Saman Ratnapriya told a press conference on March 20 that health workers had not yet received a “guideline” outlining steps to control the disease. Two days earlier Government Medical Officers Association secretary Haritha Aluthge complained to reporters that doctors and other health employees at district hospitals were working without masks.

These unions have systematically collaborated with successive Sri Lankan governments to implement health service cuts in line with International Monetary Fund austerity dictates.

The lack of PPE is a real danger facing health workers internationally. In China and Italy, even senior medical officers have died due to COVID-19. Out of the 627 people who died in Italy on March 22, 17 were doctors. And 3,654 Italian health workers have been infected.

These disastrous statistics reveal the utter negligence and unpreparedness of capitalist governments all over the world as public health services have been slashed to transform healthcare into a profit-making enterprise.



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