Doctor discusses desperate situation at Sri Lankan COVID-19 treatment hospital

Our reporter
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The World Socialist Web Site (WSWS) recently spoke in Sri Lanka with a Colombo doctor who works at a hospital dedicated to the treatment of COVID-19 patients. The following edited interview, being conducted as part of the Global Workers Inquest, reveals the disastrous impact of the Sri Lankan government’s “herd immunity” policies and the rundown state of public health.

We are not using the doctor’s real name. Last year the Sri Lankan health ministry issued a circular banning all health employees from freely speaking with the media. The ban is an attempt to hide the catastrophic situation created by the pandemic.

WSWS: You have worked in a COVID hospital since the beginning of the pandemic. Can you explain some of your experiences?

Dr. Inoka: If we compare the situation now to during the first COVID wave I feel the situation has deteriorated badly and we have fewer necessary minimal facilities.

During the first wave, health workers were self-motivated to face the pandemic and determined to stop its spread. We formed groups and gathered all the available scientific knowledge. We planned and implemented this to the best of our ability in order to convert the hospital to deal with COVID-19 patients.

Although we lacked adequate facilities, we didn’t wait for the government to supply things like personal protective equipment (PPE) or provide us special allowances. We bought, or arranged this with our own money, or obtained some funds through philanthropists because we regarded the pandemic, and curing our patients, as a challenge.

Medical knowledge about the pandemic was minimal during the first wave and the health of some patients worsened instantly, but we were determined to deal with the issues. Patients who recovered and were discharged showed their gratitude by providing some equipment to the wards, such as fans and toilet requirements, and even a meal for the patients and staff, etc.

WSWS: Can you speak about the government’s role during this time?

Dr. Inoka: The government had no plan whatsoever and just pushed us to face the situation. It took advantage of the motivation of health staff and the general public to fight the pandemic, and it played the role of a bystander.

We gradually realised that the basic necessary facilities were insufficient to deal with the increase of patients during the second wave. For example, we had to arrange treatment for about 200 patients coming from all over the country but we only had five ICU [Intensive Care Unit] beds. To our dismay several patients died because of the lack of proper treatment.

Due to scarcity, we sometimes had to change oxygen from one patient to another, according to the acuteness of their infections. We weren’t able to follow the right medical procedures because of insufficient facilities, and what was available was not properly maintained and in a dilapidated condition. Patients couldn’t be given what they needed and deserved.

We were frightened when seriously ill patients were admitted because we didn’t know how to deal with them under these circumstances. We were embarrassed about this and many of us suffered from Post-Traumatic Stress Disorder. Other workers also faced this. We were even fed up with our jobs.

WSWS: How did you cope with this in regard to your family?

Dr. Inoka: We were afraid and wanted to avoid taking the disease home. We therefore took several showers each day—at the hospital and after coming home. Even if I arrived at home from work at midnight, I would have to have a bath. Due to fear we also cleaned our vehicles after each trip.

WSWS: Can you speak about Long COVID?

Dr. Inoka: We see symptoms such as non-specific body pain, joint pain, shortness of breath and other problems. Even physically fit people do not fully recover from COVID-19. Some patients I know will be dependent on domestic oxygen supply machines for their lifetimes; they’re a different stream of patients who will need separate medical attention.
WSWS: The government reopened the country in mid-April, while maintaining some restrictions. It removed some of these restrictions, however, even as the Delta variant loomed. Delta then took tens of thousands of lives in Sri Lanka. Can you comment on this?

Dr. Inoka: We were disgusted to see the removal of more and more restrictions. Some families were wiped out by COVID-19 and we had to take the brunt of the government’s brutal decisions. I had one specific experience. When we attempted to hand over a recovered old, elderly patient to their family, we discovered that all the other family members had died from COVID-19.

The government decision to impose a second lockdown only happened when the hospitals were overwhelmed with the patients and the situation was beyond our control. Health workers held protests demanding a lockdown as well as more tests and health facilities. The government only declared a second lockdown because this opposition was developing.

Many people struggled to get their ailing relatives admitted to a government hospital. When the government allowed the private sector to treat patients, we received the financially-ruined patients and their families.

In Sri Lanka, there are lots of kidney patients who need regular dialysis and have to frequently visit the hospital. This meant they got infected and some lost their lives.

I’ve experienced situations where patients have had to travel around the country to find ICU beds. One was sent to Badulla, around 200 kilometres away, another transferred to Jaffna, 300 kilometres away, so you can understand the terrible situation facing those patients. Some COVID patients died while travelling from faraway places, such as Anuradhapura, Trincomalee and Vavuniya, to a specialised COVID hospital in Colombo.

WSWS: Can you speak about the situation facing health workers?

Dr. Inoka: Because of the acute shortage of doctors and nurses, internship medical officers, without any experience, were deployed into COVID wards. In most instances, however, they could not make critical decisions. On the other hand, the limited number of experienced health workers meant they had to work for between 24 and 36 hours at a stretch.

WSWS: What do you think about the international situation?

Dr. Inoka: Like Sri Lanka, most countries have implemented “Let the virus spread” and similar policies. These policies are disgusting and must be rejected.

WSWS: What do you think about evidence from medical scientists showing that the pandemic can be eliminated?

Dr. Inoka: I agree with this. When we treat COVID patients we are always being exposed but because we take precautionary measures, the virus is limited to those particular patients. I think this shows that the pandemic can be eliminated. However, our current facilities are very limited and Rapid Antigen Test (RAT) kits are limited.

Until recently, a patient would only be admitted to hospital after his/her RAT result was positive. That norm is now different, with patients only given a RAT if he or she is highly suspicious.

This is happening on the eve of another COVID-19 wave, this time with Omicron, and now the entire country has been opened with fully functioning schools. The number of patients is once again going up and we are now admitting around five patients to the hospital every day.

Testing, contact tracing and isolation are needed and the health system must be dramatically developed. These things, however, are not going to happen presently.

WSWS: Have you seen any initiatives by the trade unions regarding this?

Dr. Inoka: I don’t see any initiatives from the trade unions, other than shouting like demagogues to just silence members. I don’t see them working for the well-being of their members. They don’t care about issues such as developing a public health system for the people.

WSWS: What do you think will happen with the pandemic?

Dr. Inoka: If it is normal influenza or typhoid, you can live normally after being cured, but COVID is not this sort of disease. Once you are infected, and even if you survive, you have to live with illnesses like long COVID for a long time and probably have to depend on medicines for the rest of your life. Therefore, there’s no such thing as being cured of COVID-19. So, the most correct answer is we need a zero-COVID policy and elimination of the pandemic.