

Dr. Kamalika Abeyaratne: A Profile of Courage

By Manori Wijesekera

This feature was written by Sri Lankan writer and journalist Manori Wijesekera in 2003 based on an interview. An edited, more concise version of this was later published by Women's Feature Service, <http://www.wfsnews.org/>

Her bold public statement that she was HIV positive, caused a sensation when it was made in 1997. And her outspoken courage to battle bureaucracies and an insensitive society, have continued to cause waves.

But then, Dr Kamalika Abeyaratne was never one to give anything less than her all to the task at hand. A leading pediatrician who pioneered research in the fields of anti-malaria, undernutrition, diarrhoeal diseases and patterns of growth in Sri Lankan children, Dr Abeyaratne's life was one committed to making the lives of children - especially rural children - free of disease and other life-crippling ailments. In recognition of her 30 year long service to raising the healthcare standards of children through her research, she was among a select few Sri Lankan women who received a special award from the Ministry of Women's Affairs on International Women's Day in May 2000.

She was a remarkably dedicated doctor and researcher. In the early 1970's together with her husband Michael, a paediatric surgeon, they travelled to remote village hamlets, some accessible only by helicopter, to hold medical clinics for children from several dozen villages - for most children, this dedicated team was their only access to healthcare. During the uprising by the southern militant group, JVP, in 1988 and 1989, doctors and hospital staff were ordered by them to stay away from work in a move to cripple the government services. Kamalika Abeyaratne earned several death threats and direct confrontations with the militants, by being the sole paediatrician who continued to work, single-handedly coping with dozens of seriously sick children in Colombo's Government Children's hospital.

Following the assassination of several medical professionals who had similarly disregarded the orders of the militants, and knowing she was on their list of targets, Dr. Abeyaratne's family pleaded with her to leave Sri Lanka until the danger passed. She joined husband Michael, who was then working in Saudi Arabia, and worked there for four years before they returned together to start their own private practise.

Not content to limit her work to Colombo, she soon began a monthly free medical clinic in her hometown of Tangalle, in the south of the island. It was while on her way to a clinic in Tangalle in 1995 that she met with a horrific road accident. She was rushed to a leading government hospital in Colombo with 16 broken ribs, crushed lungs and broken legs. It was there that she contracted the HIV virus from a contaminated blood transfusion.

"My life came to a standstill. I went through the whole gamut of emotions, from shock and disbelief to anger and then finally a resignation to what had happened" said Dr. Abeyaratne. An official inquiry found the hospital guilty of neglect and responsible for her condition, and recommended that Dr. Abeyaratne's expensive drugs be funded by the President's Fund, a charitable fund.

But what shocked her more than contracting the disease was how the medical support system to which she dedicated life, let her down. Her initial HIV results were leaked by the laboratory staff, many of her colleagues shunned her and others refused to treat her, and to cap it all - during the official inquiry, the Sri Jayawardanapura Government Hospital claimed that Dr Abeyaratne had contracted the virus prior to her treatment at the hospital.

"It was the most horrific time of my life. It deeply shocked and hurt me that medical professionals who should be more sensitive to HIV patients, were so callous and cruel in their attitudes. Although I didn't appreciate it at the time, my own experience has given me the best platform from which to lobby for change".

According to figures released by the HIV/Aids Unit at the Ministry of Health, up to end August 1999, the number of HIV positive cases was recorded as 286, the number of deaths from Aids stood at 75 and an estimated 7,500 Sri Lankans are HIV positive. But Aids activists say almost two thirds of HIV cases go unreported. UN agencies estimate that there may be 80,000 HIV positive persons in Sri Lanka by 2005.

Following Dr. Abeyaratne's decision to give up her practise, she began to commit her time to work with Aids patients and lobbying for better care and support. "Giving up my work with children was the hardest decision of my life, but it was an inevitable decision. It left a huge void in my life, an emptiness that nothing can really fill".

But the courageous 66-year old decided that she would find purpose in her life again. "I found that being HIV positive need not constrain me. The only limits would be those I impose on myself. The support and care available for Aids victims is almost nonexistent, and I wanted to change that".

"Aids is a hidden phenomenon in Sri Lanka. It's a subject which evokes anger in people, not empathy or support. HIV positive people are afraid to talk about their disease, because of rejection by families and communities. There is a huge stigma attached to the disease". Dr. Abeyaratne candidly admits that because she contracted the virus from a contaminated blood transfusion, and not through unprotected sex, it made it easier for her to 'go public' with her story.

Together with other Aids activists, Dr Abeyaratne formed the Aids Coalition for care, Education and Support Services in 1997. The Coalition is made up of several non governmental organisations working in the field of providing support services and care for Aids patients, legislative lobbying, awareness raising on Aids and issues relating to HIV and Aids. Their main focus currently is on raising awareness on Aids, both ways in which the HIV virus can be contracted as well as positive attitudes towards those with Aids, among young people in schools through a provincial level program. "Education is the most vital area right now. With education, we can combat the spread of this disease".

The Coalition also provides support services for Aids patients and their families through hospital care (especially in instances where hospital staff refuse to care for the patient) and counseling. They launched Sri Lanka's first Aids hotline in early 2000, offering free advice to Aids patients and information on the disease. The Coalition also hopes to develop group therapy, and informal group meetings for HIV positive and Aids patients. "Loneliness is a hallmark of this disease. You can accept the disease, even face eventual death, but the loneliness can be unbearable" says Dr Abeyaratne, who admits she has been specially blessed to have a loving and supportive family.

"Because Sri Lanka is seen as a low prevalence country in terms of HIV/Aids, there is little attention being paid to the disease. Our complacency now can result in a horrifying future for our children. If we don't begin to develop support systems and facilities for Aids patients, we will condemn thousands to die of neglect and ignorance".

"But above all, we need to have a change of attitude towards those with HIV and Aids. Only we can remove the stigma of the disease. As long as these hostile and negative attitudes towards Aids persist, those with HIV and Aids patients will continue to suffer alone, in silence."

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