

**COLOMBO**  
**CSA COLOMBO CHAPTER**  
**MEETING**

**ON 24 NOVEMBER 2022**  
**AT OPA, COLOMBO**

**SPEAKER: DR GAMINI GOONETILLEKE**

**TOPIC: A SURGEON'S EXPERIENCE OF THE CIVIL WAR**

Dr Gamini Goonetilleke is a General Surgeon in Sri Lanka for four decades. He has gained wide experience in managing war injuries, both in combat zones and in hospitals elsewhere, during the three-decade-long conflict in Sri Lanka. He, is the only doctor from the South to have 'crossed borders' to enter rebel-controlled territory in the North, to work at the General Hospital, Jaffna, for short periods; and also, to teach and examine students of Faculty of Medicine, Jaffna. Dr. Gamini has authored two books, "*In the Line of Duty*" and "*The Extra Mile*".

EDITOR'S NOTE: This is a report of talk given by Dr Gamini Goonetilleke reported by **Dinuli Francisco** published in *The Daily Mirror* on 1 December 2022. *The Ceylankan* acknowledges the kind permission of *The Daily Mirror* (Sri Lanka) and Dinuli Francisco to reproduce the article in full.

**Dr. Gamini Goonetilleke A Surgeon who valued his patients more than anything**



"Knife before the wife is his mission statement", says his wife after I sat for tea at the end of the quarterly meeting of the Colombo Chapter of Ceylon Society of Australia (CSA), held last Thursday (24) at the Organization of Professional Associations (OPA).

Dr. Gamini Goonetilleke brought out anecdotes from his book "*The Extra Mile: A Surgeon's experiences*",

which were courage-filled and adrenaline-driven. The audience was at the edge of their seats, entranced by Dr. Goonetilleke's robust personality and absorbed by his thought-provoking and nerve-racking adventures.

Dr. Goonetilleke received his MBBS (Ceylon) from the University of Colombo and proceeded to the UK for further training and qualifying as a Fellow of the Royal College of Surgeons in England (FRCS), returned to serve his country in 1982. His first appointment as a Consultant Surgeon in Sri Lanka was to the Base Hospital Polonnaruwa, where he served as the only surgeon for a total period of six and a half years, catering to a population of 260,000 people, the majority being farmers.

Dr. Goonetilleke harnessed the bare minimal facilities available at the Base Hospital with unmatched enthusiasm and a strong commitment to the care of his patients. While we were sipping tea after the meeting, his wife Shalendra, with a bright smile, said, he valued his patients more than anything and everything.

"It was extremely difficult for me to adapt to a rural environment like Polonnaruwa after being in Colombo for some time. But I had to take that decision to support Gamini. Later on, we all developed an emotional attachment to Polonnaruwa. I can recall one incident where he valued his patients' care more than anything, and that was during Black July in 1983. My first son was schooling at that time; as I remember, he was somewhere between five to seven years of age. People in the whole town were running astray with the message that Tigers were entering the village. I called Gamini but could not get through to him quickly as mobile phones were unavailable then. I had to go through numerous landline codes to get to him. Finally, I got to him, and I told him to pick up the son from school, and his response was, 'I have patients to attend to'. I exactly cannot remember what my response was, but I had to run to the school to rescue my son. I couldn't drive during that time either", she recalled with a bittersweet emotion on her face.

Dr. Gamini began his guest lecture by recollecting that the Civil war compounded the surgical admissions to the Polonnaruwa hospital, with thousands of civilians and military personnel suffering missile and blast injuries brought from the conflict zone in the East and the villages bordering the conflict zone.

"The Base Hospital Polonnaruwa was virtually primitive in 1982; the operating theatre was dilapidated with basic equipment available; I was only 32 years old, having returned from the UK. I had never worked out of Colombo but decided to take the plunge, not knowing what my future would be. In the absence of junior doctors at the hospital, the WHO had to get down doctors from Burma along with a Burmese anaesthetist. I also established a special ward for military casualties and also an Intensive Care Unit. None of the doctors were willing to come to this area due to human-elephant conflicts and malaria", he said.

He elaborated that he was not trained to treat war victims as he had studied during relatively peaceful times. Therefore, the initial exposure to war victims was dreadful and horrendous.



*Performing an amputation on a victim of an antipersonnel mine*

“In July 1985, a landmine buried on the main road between Polonnaruwa and Batticaloa was exploded by the rebels at Punani, and the army jeep brought six victims. Three with mutilated bodies were dead on admission, and I tried my very best to save their lives first and then their limbs.”

“Once, a man of 30 years was shot on the left side of his belly, and his small and large intestines had come out instantaneously but his friends didn't have a vehicle to send him to the hospital immediately. Anyhow, the victim had said that he was hungry, and the friends who lacked first aid knowledge had given him King coconut, dhal, and meat curry with roti. He was admitted with a ballooned stomach, and his bowels were hanging out. This was a serious condition that I had never seen before or read about in any textbook or medical journal. There was no anaesthetist, and I had to also play the role of an anaesthetist. Once I had connected him to the anaesthetic machine, I requested the house officer to observe his vitals, as there were no monitors to do so. The stomach was later pushed into the abdominal cavity but the large bowel was damaged, so it was safest to keep that “part out” the audience was sucked into his horrendous experiences as they pondered the travails of a time with such little smart technology.”

He also recalled a galling incident concerning a politician and his secretary who had been subjected to a hand grenade explosion.

“Even though the victim was a politician, I had to apply the theory of “Triage,” which means sorting out the patient with severe injuries and treating them according to the seriousness of the injuries. Upali, the secretary of the politician, had his left leg mangled by the grenade blast as it had exploded near his feet. The main blood vessel in his left arm was damaged and impaired circulation to his arm. And also, a metal fragment had penetrated his left eye, and the eye was beyond repair. The politician did not require urgent surgery as he had no internal damage. But his political stalwarts were ravaging the hospital, and I got numerous calls to attend to the politicians first, but if it were so, it would be “curtains” for Upali. I told the radiologist to spend excessive time taking x-rays of the politician till I had attended Upali. I had to

amputate Upali's leg to save him, and he also lost one eye. By the time I had finished treating Upali, I was soaked in blood. So before attending to the politician, I went to change my kit, and to my surprise, while I was in my underwear, the politician's wife was just there kneeling and requesting, “Ane Budu Mahat-tayo, mage manussaya berala denna”. I was in shock, and meanwhile, there was immense pressure from the President's house to airlift him to Colombo, but I was determined to keep him one night at Polonnaruwa, and I did so. Anyhow later, he was dispatched to Colombo on a request by the higher powers. Upali remained at the Polonnaruwa Hospital; he had no regrets; he had lost his leg, job, eye, and his boss. He was completely disabled with no compensation. But he was sure that I would not desert him, I gave birth to him again and rehabilitated him. My advice is, do not get too close to politicians!”

The audience was smiling, divided between tears and happiness.

Furthermore, he said that he did not want the experience he gathered to go to waste. Therefore he volunteered to treat at the High-security zone in Palaly, Jaffna, where casualties from the Northern war-front were being treated.

“I knew flying to the Northern Warfront was a high-risk adventure, but I took the plunge for the service of the nation. I flew to the warfront not only with my healing knife but also with my pocket-size camera Olympus Trip 35mm, which captured the scenes that are of historical importance today. The armed forces lost large swathes of land in the Jaffna peninsula and were confined to only a few areas. The aerial route became the most important route for the transfer of men and material between Colombo and Jaffna. I flew to Palaly in a Chinese-built fixed-wing aircraft that could only accommodate 15 passengers. So the seats were removed, and many men and materials were taken. We had to sit on the floor, which was extremely difficult during take-off and landing. One time, I travelled sitting on metal barrels in the cargo compartment, later realising that those were lethal bomb barrels”, he smiled nonchalantly while the audience was enamoured.

Dr. Goonetilleke stated that the predominant weapons in the initial phase of the Eelam war were landmines and bombs. “The heightened conflict in the North-East of Sri Lanka resulted in many antipersonnel mines being buried in the region by both parties. Soldiers who stepped on antipersonnel mines had their feet blown or lacerated. Some had their foot hanging by pieces of skin or bone. Their cries haunt me even today. Many were unemployed village boys who had joined the army and they believed losing their legs would end their lives as they were the sole breadwinners of their families. But “Save life before limb”. The LTTE had their own antipersonnel mines in the jungle hideouts named the “Jony 95 or the Jony Mine”; the production cost of one was Rs. 250 then”, he sighed.

“After the LTTE's capture of the Jaffna Fort in September 1990, the entire Jaffna Peninsula was under the control of the LTTE, except for the High-

Security Zone in Palaly, Jaffna, and Elephant Pass at the neck of the peninsula. LTTE imposed tough regulations for travel in and out of the peninsula, and people from the south were barred from entering and leaving. I received a phone call in early September 1994 from the only consultant surgeon Dr. M Ganesharatnam inviting me as an external examiner at the final MBBS examination for the Medical student at Jaffna University. He knew that I was keen to visit Jaffna, but I was concerned about my security going to a rebel-controlled land. Then he said that he would get the approval of Prabhakaran, and thus my safety was assured. My appointment as an external examiner was confirmed via the International Committee of the Red Cross (ICRC)", Dr. Gamini said.

The rest of the story is better from what I gathered while sipping tea with Dr. Gamini's wife Shalendra. "I dropped him at the ICRC. He did not look at me as he knew it was an unbearable situation. After he left for Jaffna, there were days when he sometimes went on for more than 15 days without any contact. I had to rely on whatever information ICRC gave me. Most days, I was anxious and tense, not knowing whom to believe and whom to contact. Those were heavy days", she exhaled.

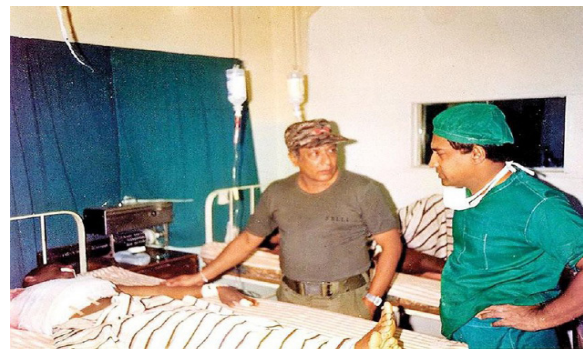
Back to Dr. Gamini's side of the story. "I was the first Sinhala doctor to enter the Jaffna peninsula after the onset of the civil war in 1983. Those in control had no objections to my visiting Jaffna, others were taken to a separate counter for immigration and customs clearance. No one checked me or my luggage for any prohibited items. I did not have newspapers or liquor with me but I had my precious camera. I was cleared in quick time in a special red carpet lounge. I cannot forget the Subhas Tourist Hotel that gave me accommodation. I was the only guest in a 30-room guest hotel. The next day the owner of the hotel brought "*Ealanatham*" the official newspaper of the LTTE, which indicated the arrival of Professor Gamini Goonetilleke in Jaffna. The people living in Jaffna were kept informed about an outsider in the city of Jaffna who was a Sinhalese doctor", Dr Gamini gave a bright smile.

Dr Gamini was met with another surprise when he found Somaratne while he was examining patients. Somaratne was a fisherman who had drifted to the North-Eastern waters off the coast of Mullaitivu which was in control of the LTTE. He and his friend were arrested. Ranjan had been assaulted, and his face was swollen. Somaratne had developed severe pain in the abdomen and Dr Gamini revealed that he was suffering from kidney stones. "I gathered their details and they were elated to have found someone from the south who could communicate in Sinhala. I promised them that I would do my best to get them released from the custody of the LTTE. Although they were receiving treatment at the hospital, they were to be released from the ward and sent back to the LTTE prison.

I wondered what their fate would be. That evening I went with the determination to liberate them. I approached the Head of Mission of the ICRC

and pleaded with her to hand over the prisoners to me so that I could take them home with me on my return. I sent a message to the head of LTTE via the ICRC. The LTTE hierarchy acceded to my request to release the fishermen from their custody. However, they could not release the fishermen directly to me; only through the ICRC, they could release them. So the ICRC handed the prisoners to me at the Point Pedro Jetty", he said with a sparkling smile.

Dr Gamini's "*The Extra Mile*" is an immense inspiration that teach us all the value of commitment and perseverance. His manuscript takes the readers through realistic scenarios combined with never seen photographs. It is an essential read that reflects on war and humanity and a doctor's quest to genuinely care about the people of his country.



**With late General Denzil Kobbekaduwa at the Base Hospital Palaly 1990**

### Northern theatre of war



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