

No Goodbyes

by Danushka Wanduragala



Years ago my father found himself in the hospital with pneumonia. It was a very hard time for my family because my mother had advanced colon cancer, and at the time was undergoing chemotherapy. It left my sister and me scrambling to care for the both of them and navigate the healthcare system with little prior experience. My parents hadn't really ever gotten sick before. So when my father was admitted to the hospital, he was already under a great deal of stress and worry. This all changed as his initial diagnosis of pneumonia led to a series of hospital stays. My mother could not visit him in the hospital because of the chemotherapy.

Many of the hospital staff made a difficult time for my father so much harder for him. The people who were caring for him would speak with me and my sister normally, and then speak and respond to him much differently – as if he were a child who couldn't understand. He had an accent and we didn't, and they would address us instead of him. Christian clergy would visit his room to speak with him and attempt to convert him despite his desire to remain Buddhist. He felt disrespected and disregarded. My father was an intelligent man. He was a veterinarian in Sri Lanka –and earned a PHD in veterinary science at the University of Illinois. He was also a proud man, and his emotional health declined as his frustrations with the way he was being treated continued. It was startling sometimes the way they would talk to me in front of my father, as if I was the parent. I still wonder at how hard it must have been for him, being a prideful man from a culture with deep respect for elders, to be so disrespected in front of his children. He was knocked down by illness, isolated from my mother, and they were pushing him even lower. When his friends would visit they would call him doctor, especially when hospital staff were in the room. They thought if the nurses, doctors, and other staff knew that my father had a PhD, they would treat him better and with more respect

We began alternating sleeping at the hospital, so one of us would always be around. One day he suddenly started complaining about his stomach hurting terribly. I called the nurse, and while engaging me and my sister, she spoke dismissively to him. Rather than ask him about what was going on, and trying to understand, she put a medication into his IV that put him to sleep almost immediately. After a little while, she returned with a doctor who scolded her for putting my father out, saying “how can he tell us what’s wrong if he’s asleep?”

20 minutes or so later, I looked up from my book and saw that my father was very still. He wasn’t on a heart monitor, but after several seconds I felt like something was wrong. I called the nurse, who came in and started examining him. She couldn’t find a pulse. She hit a big blue button – and then a multitude of staff rushed into the room. They escorted my sister and me, in deep shock, to a room down the hall. From there we watched more staff run into the room, pushing machines and carts with them. They tried to revive him but failed. He had died of a stomach hemorrhage while my sister and I had sat just feet away from him, unaware. No warnings. No goodbye.

My sister and I were in a state of shock, and all we did was sign everything they handed us. We just had to get home to tell my mother in person. She was home alone, an hour drive away, recovering from her latest chemo session. There was no comfort in arriving home – just dread.

The experiences in those months are what drove me to work in immigrant and refugee health – I am now the International Health Coordinator with the Minnesota Department of Health. People should get the best care possible regardless of background. Now working in public health, I see how there are some major issues in power when it comes to immigrants and refugees, in particular those that are Limited-English Proficient, and how that difference in power can have very real implications on the health of individuals and families.