ETHNIC TENSIONS AGGRAVATE NURSING SHORTAGE

Death threats against Zulu nurses brought in to relieve a chronic nursing shortage at the remote Zithulele District Hospital near Umtata led to them being sent home for their own safety while officials soothed the ethnic hangover.

Doctors spoken to by *Izindaba* reported the situation as 'tense' after Eastern Cape Health MEC, Dr Bevan Goqwana, flew in from Bisho to try and calm down the predominantly Xhosa-speaking hospital community on 26 October.

Bussed in in April, the 21 young Zulu nurses were described by the hospital's small band of doctors as 'enthusiastic, willing and hardworking'. However, local resentment against them, fuelled by joblessness in what is the country's poorest region (Oliver Thambo district) gradually mounted until death threats proved the last straw.

Said one senior medical officer who asked not to be named, 'It began with the cleaning staff saying they (the Zulu nurses) had come to take the jobs of their children and asking where their kids would find jobs when they matriculated'.

This coincided with a group of young men in the community 'gate-crashing' hospital board meetings and demanding that vacant posts be given to locals. 'They don't seem to have any appreciation whatsoever that it takes qualifications to secure a nursing post,' one doctor said.

Charge us and we'll kill you

When senior officials at the hospital recommended that the aggrieved Zulu nurse lay charges with police, more death threats followed, with the Zulu nurses finally demanding that the hospital lay charges on her behalf.

Speaking 2 days after a visibly irate Goqwana had dressed down the Xhosa hospital workers and surrounding community, saying he would not tolerate derogatory name calling (like *manyiwaziibasi* (those disgorged from buses) or death threats, the SMO reported working conditions as 'chaotic'.

'Things had recently improved so much, we had decreasing referrals and now suddenly this. I walked into my ward today ...there were no nurses and two dead patients – I couldn't tell when they had died.' She explained that while overnight deaths were not unusual, nurse observation might have prolonged the two lives, while the absence of nurses made death certification less accurate.

Nurses were running up to three wards since their Zulu colleagues left and 'even if they don't take lunch, they won't be able to give all the patients their medicines today'.

The loss of the Zulu nurses was initially aggravated by ongoing nurse absenteeism. 'It was an absolute pleasure to work with them, they injected so much energy into Zithulele ... this is really, really sad,' she added.

She described the nursing accommodation at Zithulele (witnessed as severely overcrowded during a visit by *Izindaba* there last year) as 'awful – they have no TV or any entertainment'. Some huts they used had no water or sewage and many nurses shared beds.

The hospital, recently extended and revamped, has 146 beds and runs at full capacity, with staff forced to treat and discharge all but the most seriously ill as quickly as possible.

Police escort Zulus out

Izindaba, in Umtata at the time of the crisis, confirmed that the Zulu nursing contingent was bussed out from Zithulele in-hospital patient transport vehicles, accompanied by a police escort. Goqwana guaranteed them jobs and security if they returned, promised a police investigation and said he was granting them leave because they had been 'psychologically affected'.

Zithulele's Chief Medical Officer, Ben Gaunt, told *Izindaba* that only time would tell 'whether we remain 20% down on our nursing complement', but he remained optimistic about the long-term possibilities at the hospital. He said there was 'a bit of a fortress mentality' after Goqwana hired extra security staff, resulting in 11 security guards patrolling the premises, day and night, 9 of them armed.

'Obviously province is concerned because of the implications for nurse recruitment across the province,' he added.

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One Zulu nurse who burst into tears shortly before boarding the bus back home said, 'I have a family, a baby and a husband back home. Can I tell them that it is safe to come back here?' She said patients and local taxi drivers had also used derogatory language against them, making continued work there virtually impossible.

One doctor at nearby Madwaleni Hospital, Will Mapham, said the extent of the poverty in the region was illustrated by 3 000 locals applying for just 20 nursing posts at his hospital recently. Speaking a fortnight after the crisis, Gaunt said some officially sanctioned 'moonlighting' by nurses had eased the crisis until all the Zulu nurses, with the exception of the one who received the death threat, had returned to work.

Nursing shortage continues unabated

On the broader stage, Health Minister Manto Tshabalala-Msimang, anxious to breach the dyke through which tens of thousands of South African nurses are 'leaking' to foreign countries, recently planned on meeting 'about 40' of them working in London. More than 200 arrived at the South African High Commission on Trafalgar Square in August, according to her spokesman, Sibani Mngadi.

The Association of SA Nurses based in London requested the meeting to air concerns they said were stopping them from returning home – like being re-hired at lower entry-level positions and facing dismal former working environments.

This anecdote from Mngadi was offered among several others as proof of the government's good faith in the face of a seemingly damning Democratic Alliance (DA) report on conditions at what it

'Creative' storage at Umtata General Hospital.

singled out as the 'five worst' local hospitals.

Research by the Health Systems Trust found that by 2001 more than 23 000 South African-born health care professionals were working in the UK, US, Canada, Australia and New Zealand.

'Damning' DA report

The hospitals report, collated by DA parliamentarian and health spokesperson, Dianne Kohler-Barnard, purports to show a public health care delivery system on the verge of collapse, let alone blatantly flouting the Patients Rights Charter.

The DA said it chose the worst hospitals based on 'personal unannounced visits and discussions with hospital staff, information supplied by provincial DA representatives and a survey of media reports over the last 5 years'.

Isolating the 'one factor most affecting the ability of each hospital to deliver a reasonable quality of care,' it reported:

- Unsustainable staff shortages at the Rob Ferreira Hospital – a 67% vacancy rate for doctors' posts and 50% for nurses. The hospital needed 12 pharmacists but had only 1, and had only 4 of the 20 specialists required.
- The Mthatha General Hospital failed to focus on ensuring a regular supply of basic hospital requirements, with regular medicine shortages, non-operational facilities and a lack of 'basic requirements' like gauze.
- Extremely dilapidated facilities at the Cecilia Makiwane Hospital – failure to carry out regular basic maintenance and rubbish clearing, and a 'complete absence of security'.
- Ongoing allegations of poor management at the Natalspruit Hospital, which was causing 'major dissatisfaction' among staff. It did not appear that 'any serious effort has been made to investigate complaints'.
- Severe overcrowding in the maternity ward at the Mahatma Ghandi hospital. The maternity section allegedly had only 10 delivery beds, but saw 11 000 babies delivered a year – an average of 30 a day.

Kohler-Barnard said patients at these hospitals spent hours waiting 'just for a file', brought their own linen, stayed in wards 'infested with vermin and reeking of human waste' and often shared beds with other patients.

'Exaggerated' say officials

Mngadi and Dr Thabo Sibeko, Chief Director of Hospital Services, conceded that conditions were not up to required standards, but labelled the DA report 'exaggerated, outdated and unscientific'. They said using sensational media reports accumulated over 5 years ignored work already done to address problems at the hospitals.

They accused the DA of 'stigmatising' the hospitals while undermining the morale of those trying to improve service delivery. 'The issue for us is that it doesn't bring any benefits to declare a health facility as the worst,' Mngadi said.

He cited the publicity surrounding Mahatma Ghandi Hospital, where lack of hand hygiene and multiple dosing of an intravenous glucose preparation contributed to a *Klebsiella* outbreak that claimed the lives of 21 infants in late May this year.

'Other than that, staff are now working quite well – it was built for the old House of Delegates community but now drains several township areas,' he stressed. Plans were complete to build two more hospitals in KwaMashu and Inanda to relieve the strain that Mahatma Ghandi was taking.

The department's national human resources plan was 'nearing finalisation' and would boost the number of nurses being trained, had identified nursing colleges to be re-opened while medical assistants would soon be trained and come on stream.

Mngadi said the DA had used no clear criteria and 'failed to use even a simple questionnaire' so it could accurately compare facilities.

In an arrangement made 'well before' the DA report, Tshabalala-Msimang had met on 20 October in Pretoria with the CEOs of every public hospital in the country to discuss 'management and other limiting problems'. (*Izindaba* discovered this to be the annual Hospital CEO forum).

Sibeko contended that some of the staff shortage percentages, such as those at Rob Ferriera Hospital, cited by Kohler-Barnard were 'simply not true'. He called for the DA to 'interact with management on the ground and solve problems there and then, instead of historically accumulating problems and then generalising with unscientific research'.

Sibeko said he had called for a detailed report from every province in order to weigh the DA claims. 'It seems they've all gone a long way to correct matters. They explained everything to me and it seems the DA report is exaggerated,' he concluded.

He conceded however that bringing the matter to national attention helped exert pressure on individual provinces and that 'we are delivering a service and they should hold us accountable. I'm still not happy with the quality of our service and we're putting corrective measures in place,' he added.

Manto's outrage echoes DA's

His sentiments seem to have been echoed by his minister, who lashed out at appalling conditions she encountered during a surprise visit to the Chris Hani-Baragwanath Hospital in Soweto in late September. Tshabalala-Msimang saw

scores of patients sleeping on stretchers without linen and covered only in ragged blankets and demanded a report on why the required bedding that had been budgeted for was 'stored away somewhere'.

After encountering a queue of about 200 outpatients at the hospital's Glynn Thomas pharmacy, she confessed to local journalists, 'I always tell people to use public hospitals, but from what I saw today I would also hesitate to come here'. She was quoted as expressing shock at the sick people in long queues, and having added, 'why would we allow our people to suffer like that?'

Kohler-Barnard vehemently denied quoting any out-of-date staff shortage percentages, saying these came directly from answers given in Parliament by the health minister. 'If she's given me out-of-date figures I need to know because then she's lied to parliament,' she added. She also cited a live 'call in' to an SABC TV programme in early October in which 87% of the callers said public hospitals in South Africa were 'a disgrace'.

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SAMA weighs in

The new secretary general of the South African Medical Association (SAMA), Dr Aquina Thulare, told Parliament's Portfolio Committee on Health in September that 21% of doctors left the public sector to work overseas or in private practice because they were abused or treated with disrespect by management. Other reasons for emigrating included poor salaries, poor working conditions and a lack of the 'basic necessities' that their work required.

The London-based South African nurses would almost certainly also have raised the unprecedented control that the imminent Nursing Bill gives the minister over their Nursing Council back home and other impending regulations reducing their domestic professional autonomy.

The bill, due for passing next year, also brings in a year of compulsory community service for newly qualified nurses, with no legal obligation on the state for supervision or for taking their geographical preference into account when being allocated a post.

Chris Bateman

COULD A SNIP IN TIME SAVE LIVES?

Could the acronym VCFC (voluntary counselling for circumcision) one day become as familiar an acronym as VCT (voluntary counselling and testing) in South Africa's battle to contain the HIV/AIDS pandemic?

The debate has landed squarely in the public arena since the first known prospective study, conducted at Orange Farm outside Johannesburg, found that medically circumsised men were 65% less likely to contract AIDS than those who were not. Responses among specialists in various HIV/AIDS disciplines canvassed by *Izindaba* differed, ranging from outright scepticism through cautious optimism to barely contained excitement.

One of the first HIV/AIDS clinicians to respond was Dr Francois Venter, Clinical Director of the Reproductive Health and HIV Research Unit at Witwatersrand University. Venter said that 'if the country had a vaccine that was this effective, we'd probably roll it out tomorrow'.

Reservations

He cautioned that he would first want the results confirmed by other studies currently underway in central Africa, followed by rigorous interrogation of medical circumcision as an HIV/AIDS prevention tool.

'Is it culturally appropriate, practical, what would the costs be, could we do it across the country, do we incentivise it, boys only or also adults? In other words, do we want this and is it practical?' he stressed.

Led by a team of top French and South African researchers, the study was of more than 3 000 healthy, sexually active men between 18 and 24 years and took place between 2002 and this year. Half of the volunteers were circumcised by medical professionals and the rest remained uncircumcised. All received ongoing counselling on AIDS prevention methods.

After 21 months 51 members of the uncircumcised group had contracted HIV, while only 18 members of the circumcised group got the disease.

Why this is different

This is the first prospective study since a host of earlier cross-sectional studies met with muted derision in the HIV/AIDS scientific community. Said Venter, 'It's a very well designed study – doing it prospectively allowed them to control for confounders which was the main criticism of previous studies in sub-Saharan Africa'.

One of the lead researchers, Dr Adrian Puren, deputy director of the National Institute of Communicable Diseases (NICD) told *Izindaba* that his team controlled for the majority of confounding factors and had obtained full ethical approval.

Although there was some condom use, it decreased in both groups as the study went on. He emphasised that the study would be followed up on many different levels. 'We need to say up front that this is not a panacea, but can be seen as an important tool. Our view is that we wait for additional studies to come through before we either say aye or nay. If it's aye, it will bolster the argument for a policy review and take the debate to another level,' he added.

The debate over circumcision status and HIV in the medical literature began in 1986 when the *New England Journal of Medicine* published a letter from the late Aaron J Fink, a Californian urologist and outspoken advocate of circumcision.

The Cochrane review of the medical