

GaRankuwa Baby Deaths

Victimise, Absolve, Justice Ever Evade

Glenda Gray

For workers in the public sector, 1990 was a historic year. More than 25 000 general assistants at state hospitals across the country went on strike for better wages and working conditions as well as recognition of their unions. From April to May that year, more than 12 000 hospital workers went on strike at 18 different hospitals in the Transvaal.

At GaRankuwa Hospital, 24 babies in the neonatal unit died during the strike. At various stages during the next 3 years, the Transvaal Provincial Administration (TPA) blamed the National Education, Health and Allied Workers' Union (NEHAWU) for these deaths and victimised NEHAWU shop stewards at the hospital. Shortly after the strike, it set up a commission of inquiry to investigate whether the deaths occurred as a result of the strike. It appointed Wessels, who was favourably disposed to the TPA, to head the commission. Later that year, he duly found NEHAWU responsible for the deaths of 11 of the babies and recommended that NEHAWU shop stewards at the hospital be charged with murder.

More than two years elapsed, but, in March this year, the TPA charged 5 shop stewards with the murder of the 11 infants. The shop stewards had been employed at Ga Rankuwa for many years. These people were committed health workers, who worked under bad conditions. Despite their length of service, they were still temporary staff, on low wages, without adequate benefits. In November, the TPA did an about turn and withdrew the charges.

SABAX and Severe Infections

A review of the bed letters revealed a common thread connecting the 11 infants. They all received AFS solution produced by SABAX and they all died of severe infections. The babies were stable from a medical point of view before they developed the infections. In fact, two of the infants were in the discharge area, another was in the heating room. Significantly, none of the critically ill babies, such as the babies on ventilators in the neonatal intensive care unit (ICU), died. In other words, there were no deaths amongst the infants one might have expected to die if services had broken down due to the strike.

All 11 babies were on AFS solution prior to the discovery of the first signs of septicemia. All died within 48 hours of obvious signs of infection. One of the doctors who worked in the neonatal unit at the hospital, who gave evidence to the 1990 commission as a witness on behalf of the TPA, said she had not considered AFS as being involved in the deaths, "because most of the children were dead already and I would not be able to trace all those hyperaliminations." In other words, she rejected the solutions as the cause of death on the grounds that it would be difficult to prove, rather than that it was an unlikely explanation.

Deaths Before and After Strike

The same doctor reported that, several weeks later, a number of babies died with signs of severe infection, and that bags of AFS were shown to be the source of this infection. The unit, furthermore, strongly considered the possibility of contaminated solutions in relation to deaths that occurred before the strike, in December 1989 and February 1990.

During this period, there was an investigation into the cause of death of a number of babies in a private hospital, who also received SABAX solutions. It was discovered that the strain of bacteria that was responsible for the deaths of the babies in the private hospital was identical to the bacteria in the bags of AFS in GaRankuwa. Therefore, the bacteria must have come from the same site. Notably, after these tragic events in 1990, SABAX was sufficiently concerned about their product to withdraw it from the market.

Professor Cooper, head of Paediatrics at Baragwanath Hospital, gave evidence to the commission in which he drew attention to the uniformity of the clinical pictures of the babies who died during the strike, after the strike and in the private hospital. He concluded that the strongest possibility was that all the babies died of a similar source of infection. The available evidence pointed to the AFS solution.

Wessels, however, ignored Cooper's evidence about the SABAX solution. He disregarded the deaths in GaRankuwa in December 1989, February 1990 and shortly after the strike. He did not take the deaths in the private sector hospital into account. He simply asserted that it was unlikely that the use of contaminated solutions coincided with the strike period.

Poor Conditions for Patient Care

Hay, a doctor at the hospital, and Ellis, head of Neonatology, gave evidence to the commission that the neonatal ICU at GaRankuwa is more poorly staffed and

equipped than most equivalent units in the country. The unit has a high overall mortality rate. In their report, Hay and Ellis document their ongoing problems, including electrical power failures; failures in supply of medical air and oxygen, resulting in deaths; oil contamination of the air supply; inadequate levels of equipment and poor maintenance; problems with lab results; difficulty in obtaining supplies of emergency blood for transfusion; and inadequate numbers of trained staff.

In 1988, the head of Neonatology sent a letter to the chief superintendent in which he pointed out that there were 87 patients in the neonatal ward, meant for 40. He stated, "My staff and I cannot be held responsible for any misdiagnosis, inappropriate or inadequate treatment rendered in the neonatal service and we hold the authorities responsible for any legal action which may arise." At the time of the strike, conditions had not improved and the ward was still overfull.

Wessels made no attempt to compare the service provided during the strike to that under "normal" conditions at GaRankuwa. Instead, he demanded "ideal standards" during the strike that even the best neonatal wards and ICUs in the country cannot achieve. Having dismissed the likelihood that contaminated solutions were the cause of death, he found that the level of care did not meet up to his unrealistic standards and concluded that this was due to the strike.

Trying to Weaken the Union

The commission and subsequent events raise a number of questions. Why did Wessels find Nehawu responsible in the face of so much evidence to the contrary? Why, once Wessels had paved the way for the TPA to charge the NEHAWU shop stewards, did the TPA not do so for two years? Why did the TPA eventually decide to press charges in 1993?

NEHAWU reached agreement with the TPA to end the 1990 strike on condition that the two parties meet to discuss NEHAWU's demands. The discussions broke down and NEHAWU's demands remained unfulfilled. This resulted in further strike action for an extended period of time, from June to October 1992. The TPA employed scabs to replace striking workers and resisted efforts to resolve the dispute for 4 months in a deliberate attempt to weaken the union. Perhaps the TPA took the GaRankuwa shop stewards to court in a further attempt to weaken the union. Public sector workers also won the right to strike under the Public Servants Labour Relations Act. It may be that the TPA wanted to win this case to set a precedent and thereby undermine any future strikes by threatening to press charges for neglecting essential services.

Why did the TPA do an about turn and decide to withdraw charges in November? Did the TPA suddenly realise that it would be impossible to prove that the workers were directly responsible for these deaths? In recent months, there has also been a general improvement in relations between the TPA and NEHAWU. Is the TPA trying to improve its image in the hope of securing a future for itself beyond the elections next year? Or is this an attempt by Rina Venter to regain some popularity?

However, one thing is abundantly clear. The TPA did not set up the commission and take the shop stewards to court in order to find the real cause of death and improve patient care. If the TPA really had the welfare of patients at heart, it would have investigated the deaths before and after the 1990 strike as well. It would have examined the potential danger of the SABAX solutions. It would have made an effort to improve the inadequate conditions under which the neonatal services operate. It would have provided reasonable working conditions for hospital staff and done everything to ensure the existence of acceptable dispute resolving mechanisms. During strikes, it would have made every effort to maintain emergency services.

During the 1990 strike, NEHAWU offered to make staff available so that critical areas of the hospitals could continue to function adequately. This was met with resistance by the hospital authorities and crucial services broke down. In 1992, the TPA's intransigent attitude was primarily responsible for the long duration of the strike. Only emergency surgery took place. Cancer patients, for example, were not treated as they were not viewed as emergency cases. Lots of patients requiring surgery were sent home.

A Victory for NEHAWU

Clearly, on scrutinising and reviewing the TPA's allegations against the NEHAWU shop stewards, there is no way that a case for health worker negligence could have been proved. The dropping of this case should be seen as a turning point. Workers will no longer be glibly blamed for the inadequacies of a poorly staffed and badly equipped hospital. The withdrawal by the TPA should be seen as a victory for NEHAWU and all health workers who have fought to improve working conditions in state and privatised hospitals in this country.

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