Released: 8 April 2020

Alarm bells ring as healthcare facilities are closed due to COVID-19

By Maria Van Driel

After a nurse tested positive for COVID-19, Duduza clinic on the East Rand in Gauteng was closed on 3 April. In KwaZulu Natal (KZN), following the death of three patients due to COVID-19, the Trauma Unit at Netcare St. Augustine's in Durban was closed. Today (8 April), 48 out of 66 healthworkers have now tested positive. All patients will now be tested, irrespective of what they came in for, and it has now been decided that the facility will be closed. These incidents raise serious questions about how South Africa is going to respond to the pandemic when it gathers momentum and highlights the lack of preparedness in the face of COVID-19 pandemic. Are we going to close all healthcare facilities when healthworkers test positive?

Do we have functioning systems of how to trace and test all those that came into contact with COVID-19 patients, as is the practice in this containment phase of the pandemic? Can South Africa even manage this phase of the pandemic, let alone when large numbers of people are infected? These are therefore warning signs that the South African government, despite President Ramaphosa's many promises, is not taking the pandemic seriously. While generally slow to get off the mark since the World Health Organisation's alert on COVID-19 in December 2019 – January 2020; the pandemic is taking its course without adequate preparation and intervention to protect already vulnerable working class communities.

A tale of two incidents

The Duduza clinic was closed on 2 April after a nurse tested positive for COVID-19. The nurse apparently attended the Divine Restoration Church in Bloemfontein on 10 March, where she was infected. She was eventually traced and tested on 30 March. Test results on 31 March were confirmed positive for COVID-19 and she is now under quarantine. The Duduza clinic is being sanitised and two mobile clinics have been installed to service the township. The municipality has tested the clinic's healthworkers and sent them home to self-isolate while they wait for their test results. However, no decision to screen and test the community has been made. A telephone number for assistance will be made available to patients who are sure they were exposed to the nurse at the clinic. From the little we know about COVID-19, this is a lethal approach. Basically, the community is being left to fend for themselves.

Durban's largest private hospital, Netcare St. Augustine's announced on 3 April that three patients had died from COVID-19; and 11 out of the 20 healthcare workers tested, were positive for the virus (now 48 out 66). Netcare's Group CEO, Richard Friedland confirmed that with the support of the Department of Health all healthcare and support workers who may have come into contact with the deceased patients were tested. In the meantime, the hospital's emergency unit was closed, and no new patients were being admitted. In-house hospital pharmacies were also closed to the public to prevent transmission to healthworkers.

One of the deceased, a primary school teacher in Isipingo, lived in Umlazi. Three people, including two youth, who came in contact with the teacher have tested positive and have been sent to Addington Hospital, a state facility, for treatment. Another teacher at the same school has also tested positive.

Health apartheid

From the two cases it's evident that the government, which is in charge of all responses to the pandemic, has handled the two cases differently. These differences cover the whole chain of responses to the pandemic, including tracing of the infected or potentially infected patients, testing of patients, tracing and testing of community members who are potentially infected, provision of treatment, and the level of preparedness of institutions in the private sectors compared to those in the public sector.

Healthcare in South Africa reflects most accurately the social class divides, the high burden of disease, chronic illnesses and high mortality rates. The differentiated healthcare systems express the deepening of racial capitalism most clearly over the past 25 years; in how wealth is distributed and the quality of social reproduction for the majority. Poor nutrition (and for some it's a question of whether you eat at all!), accommodation in overcrowded RDP and informal settlement homes, and the lack of access to basic services (water and sanitation) is a reality for the majority in South Africa. So while a key aspect of protection against COVID-19 is to regularly wash your hands with soap and water, this is a luxury for many, in the country with the best Constitution in the world.

The incidents at the two health facilities also reflect the disjointed approach and lack of determination to fight the COVID-19 virus. There is no consistent, identified and obligatory health protocols that are applied and implemented to combat the virus across all institutions, including when members of the public and healthworkers test positive at a healthcare facility.

Preparedness of healthcare facilities

The closure of healthcare facilities in the midst of a pandemic should send alarm bells throughout the country. These actions tell us a lot about the serious lack of preparedness of South African healthcare facilities for the pandemic. Under 'normal' circumstances township clinics are already stretched to the limit. Waiting times are long because public healthcare facilities are few and ill-resourced. Community healthcare workers, although treated as 'volunteers' partially compensate for this with their door-to-door visits in townships.

In a context where we are combatting coronavirus, instead of closing facilities, additional facilities such as hospitals and quarantine centres (and mortuaries) need to be built. To effectively combat the coronavirus we need to learn from the experiences of China, Spain and Italy. Once the virus passes its incubation period, there is a steep demand for hospital beds, ICU facilities and ventilators. With these experiences in mind, closing clinics and hospitals are not options, all public facilities are needed to combat the virus. (Similarly, in the south of Durban, the Folweni Police Station was closed after one of its members tested positive for COVID-19.)

Although the President declared a National State of Disaster, it is clear that little or no work has been done to prepare facilities for the pandemic. It is now nearly two weeks into the COVID-19 Lockdown, and clinics have not been sanitised and prepared for this lethal virus. There is certainly a need to consistently sanitise facilities – Duduza Clinic and the Trauma Unit – but these facilities must be kept open. Given South Africa's poor public healthcare, St. Augustine's should be thoroughly sanitised and prepared as a designated COVID-19 facility. The KZN Health MEC, Nomagugu Simelane-Zulu, reported that all districts in KZN have confirmed cases of COVID-19. But KZN is far behind the curve in addressing the pandemic.

Screening and Testing

While president Ramaphosa promised the nation on 29 March that "mass testing" would take place, this is just another promise. In the Duduza alert, only health workers were tested with no provision made for the community who are expected to decide for themselves if they have been exposed to the virus at the clinic, notwithstanding the common knowledge that the virus is 'invisible', spreads through droplets, door handles, surfaces etc. and spreads rapidly. The government's approach is irresponsible. Its inaction is facilitating the spread of the virus. The municipality of Ekurhuleni has promised to re-open the clinic, with the results of about 10 out of 55 staff still outstanding. Although a circular issued by the Gauteng Department of Health claims that there was mass screening in the community of Duduza on Friday, 3 April, community healthcare workers (CHWs) and members of the community said no screening had taken place. Similarly, no media house has reported any mass screening taking place in Duduza on 2 April.

In contrast, at St. Augustine's private hospital, Friedland said that *with the support of the Department of Health*, healthworkers and patients were tested. He also said that provision is being made for ongoing daily screening of all hospital staff and contract workers. The case of Duduza and St Augustine's may be a shape of things to come: a private sector that draws on the resources of the public sector to implement its COVID-19 programme and COVID-19 obligations, and a public sector that fails to implement any serious COVID-19 programme. The effect of this will be to reinforce the notion of the 'efficiency of private health', and so turn public opinion against any National Health Insurance, no matter how mild.

Also, basic screening that uses international travel is no longer sufficient. The virus is now being transmitted locally, and whether people have travelled internationally or not, is no longer a factor. Under these conditions, maintaining hygienic precautions all the time and the necessity of frontline healthworkers to wear Personal Protective Equipments (PPEs) is vital. Although the president talked about door-to-door educational campaigns on COVID-19, this was another unfulfilled promise. In many clinics, the Khanya Forum educational pamphlet on COVID-19 was the only educational material available for distribution to healthworkers in clinics and communities.

Tracing

In both the Duduza and Umlazi townships, communities need to ensure that those who attended the facilities, and may have got into contact with the infected persons are traced and tested. While in the later phases of the pandemic tracing will play a lesser role, in the early stages, what is known as "containment", tracing plays a very important role. Tracing people takes time and is difficult, especially when it comes to informal settlements and backyard accommodation. South Africa also does not have a reliable address database to allocate people. Poor township infrastructure has also caught up with the pandemic: people don't all have cell phones, data or stable wifi; and load shedding and poor electricity connections make communication difficult. Notwithstanding these challenges and difficulties, proper preparation by the government, well in advance of when the COVID-19 was already declared a pandemic (on 11 March), was needed. This includes the way information of people attending clinics could have been kept, and a more serious approach to preparing CHWs, with the right protective gear, to upscale their tracing (they do this work on a daily basis). This could have made it

possible for the people who visited the clinic in Duduza to be traced. This would also have allowed government to separate the elderly, who are particularly susceptible to the coronavirus, from children who are possible 'carriers'.

On Saturday, 4 April, screening took place in Section Q of Umlazi, but only 210 households were screened. This is but a drop in the ocean. Time is against us and this must be radically upscaled with thousands of healthworkers. Consistent screening (and testing) has assisted countries like Germany (which has the lowest deaths in Europe) and South Korea to curb the spread of the coronavirus, and keep down the number of deaths. Given township conditions of overcrowding and poor infrastructure, mass screening and testing is imperative. Alongside the screening and testing, government needs to rapidly set up additional healthcare facilities for self-isolation, quarantine and especially more hospitals.

Underlying weaknesses of private health

In both Duduza Clinic and St. Augustine's, there is an indication that hygiene and preventive precautions were compromised. Despite government's promises and regulations for public healthcare, for PPEs and sanitisers for healthworkers and patients, this has not materialised, a result of 'financial' or budgetary constraints and a mean government who refuses to increase its budget to respond to the pandemic. The Gauteng Community Health Care Forum has consistently campaigned for PPEs and other equipment, and unions like DENOSA and NEHAWU have also complained about this. In the past three weeks solidarity organisations like Khanya College and Casual Workers Advice Office have provided CHWs in clinics with much needed bleach (disinfectant) to at least sanitise their hands regularly.

While private hospitals like St. Augustine's cannot complain of the lack of resources, they are oriented to increasing their profitability, and somewhere along the line their healthcare provision was compromised. Newspapers report that the 47-year-old Umlazi teacher was admitted to St. Augustine's in early March with abdominal pain. She was discharged two weeks later, and was later readmitted and diagnosed with asthma. According to one report the South African Democratic Teachers Union (SADTU) alleges that the teacher contracted the virus when she was first admitted to the hospital.

After the deaths of the three patients and 11 health workers testing positive, Netcare CEO Friedland said that 'considerable initiatives' were being taken to reinforce infection control precautions and regular formal monitoring of all precautions. The question is why this was only done after three patients died, when WHO alerts were released in January 2020, and the first case of coronavirus was on 5 March, in KZN? Private healthcare in South Africa is highly profitable, and government regulations have enabled them to self-regulate which often means only minimums of regulations are observed. In many industries, profit motives tend to override health and safety. In the health "industry" the pressure for profitability has seen even the most developed countries compromise their healthcare systems; often shutting down hospitals and thus exposing the system to stress in times of pandemics like COVID-19. In South Africa, the private healthcare system appears to be efficient and well run. This is rather a result of serving a diminishing population against the context of oversupply of healthcare facilities. Yet, at the first hurdle posed by COVID-19, a private hospital has revealed all the underlying weaknesses. More importantly, the COVID-19 incident at St. Augustine's revealed the underlying dependence of private health on the public health system.

Training

The cases of both health entities raises issues of what training and knowledge of the virus, if any, healthcare workers have received to respond to COVID-19. Again, experiences of CHWs in Gauteng indicates that training was inadequate and there was no equipment to demonstrate at the training. According to Friedland, the three deceased patients were tested for COVID-19 on admission (between 9-13 March) but had showed no symptoms of the virus. They had not recently travelled abroad or been in contact with anyone who was COVID-19 positive.

Neoliberalism guarantees defeat by COVID-19!

The cases of Duduza Clinic and St. Augustine's hospital have shown that the South African government has no plan and no preparedness to meet the challenges posed by the pandemic. The reason for government's lack of holistic and determined campaign to combat COVID-19, is its stubborn adherence to neoliberal economic policies, and its servitude to white monopoly capital. This mean government has refused to make additional resources available to combat the coronavirus. This is especially evident in its response to implementing a clear set of obligatory healthcare protocols in a singular campaign to combat the pandemic. Underlying these are political and social choices reflected in maintaining the status quo and the split healthcare systems: an impoverished cash-strapped public healthcare for the majority, and private healthcare for the wealthy. Behind private health stand the investors and shareholders in health, big pharmaceutical companies, laboratories, technology and private hospitals, and a government ready to support this sector. Hence the government's refusal to control the prices of masks, sanitisers, gloves, etc (and much need food). More importantly, it reveals the state's policy of abandoning the working class to a healthcare system that will certainly lead to a very high number of fatalities.

Whether we successfully combat COVID-19 will depend on working people and their allies organising and mounting a campaign to defend themselves through self-initiatives in communities while forcing President Ramaphosa to act urgently. We are sitting on a time bomb and government must roll out door-to-door screening and testing in all townships, provide PPEs to all healthworkers and provide much needed infrastructure. Clinics, hospitals, laboratories, food for townships and other infrastructures are needed to win this fight. This must include the temporary nationalising of private healthcare and related companies to co-ordinate production, centrally consistent with the needs of the campaign, (already being done in countries like Spain). If we don't, the South African government will allow working people to succumb to the pandemic, and its many public relations promises will not hide the high fatality rate that will engulf this country.

This article was written on 5 April 2020, and was then later updated on 8 April.