Two high-profile doctor organisations have closed ranks and drawn political swords after the brief suspension of yet another senior rural doctor amid official AIDS treatment denialism and a stinging, racially loaded public attack on him.

The deputy chairperson of the South African National AIDS Council, Mark Heywood, has also asked the Human Rights Commission to probe the ‘racial tone’ of KwaZulu-Natal Health MEC Peggy Nkonyeni’s remarks and to curb her ‘harassment’ of Manguzi Hospital doctors.

Her latest target was Mark Blaylock, the hospital’s chief medical officer, who was suspended – and reluctantly reinstated -- just like colleague Colin Pfaff months earlier.

The department later dropped criminal charges against Blaylock for ‘damage to state property’ after police informed them that the framed image of the MEC was undamaged. It lifted his 1-month unpaid suspension – but failed to tell him in time to prevent him leaving to begin a month-long locum at the Lesley Williams mine hospital in Carltonville. He was persuaded to make the lengthy return journey just hours after arriving.

Nkonyeni, soon after the South African HIV Clinicians Society and the Rural Doctors Association of South Africa weighed in against her, rubbed Blaylock and other unnamed rural doctors during her annual budget speech in the provincial legislature on 29 April. She also listed the receipt of research donations counter to Public Finance Management Act and Treasury regulations, a lack of informed consent for research projects and the implementation of ‘international policies not aligned to both our government and departmental policies’ as examples of doctors ‘acting above the law’.

Pfaff’s transgression was the ‘premature’ roll out of dual therapy for prevention of HIV transmission from mother to child (using foreign funding). His suspension came 5 days after dual therapy became official national policy and set the Internet alight with outraged public service doctors.

Blaylock drew fire when, incensed by inflammatory remarks reportedly made by Nkonyeni to a World Cancer Day audience at Manguzi, he stuffed a framed picture of her into a waste-paper basket – and was suspended without pay for the outburst.

On a previous visit she had apparently demanded to know why only pictures of herself and President Mbeki were on the walls and not images of other local and national government luminaries.

Nkonyeni’s parting remark to the crowd was allegedly that the reason they weren’t getting food parcels was because of hospital management incompetence and dishonesty. In a thinly veiled reference to the Pfaff controversy, she also said AZT was toxic and ‘needed controlling’ and that ‘we have a problem with doctors who work in rural areas. It’s all about profit, not about caring for people.’

Confirming the pharmacy incident, Immelman said there were no anaesthetic drugs in the pharmacy. Blaylock had a patient on the operating table requiring emergency abdominal surgery (who later died). Blaylock smashed the window and received a written warning. The pharmacy staff were also disciplined regarding stock control.

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Some doctors ‘opportunist,s, promoting anarchy’

Labelling certain doctors as ‘opportunist,s, promoting anarchy’ she added that if action was taken against ‘these quacks (sic) doctors, are we going to be accused in the media of depleting our hospitals of these so-called sophisticated skills?’

She announced a wider probe into Blaylock, citing several previous incidents, all of which had racial overtones and seemed grave and legitimate.

That was until a factual, point-by-point rebuttal by Manguzi Hospital’s medical manager, stepping in for his vulnerable and publicly gagged colleague, rendered them almost farcical.

Etienne Immelman courageously responded to his political boss’s claims, dredged from Blaylock’s 6-year service file, as the two doctor associations strengthened their public and moral support of the beleaguered Manguzi doctors.

Despite all incidents having been dealt with by hospital management, Nkonyeni publicly listed these as Blaylock having:

- assaulted radiographer Clifford Mdunge, who needed stitches
- used an operating theatre to operate on a dog while patients were waiting
- broken a pharmacy window, attempted to assault pharmacy staff, and
- called striking health workers ‘baboons’.

She later added to these, claiming Blaylock was reluctant to give patients food parcels and that he hit a gardener with a stethoscope.

Immelman said radiographer Mdunge had ‘numerous written warnings’ for being drunk on duty and that on the night in question he was ‘unavailable for hours’. When he eventually arrived he was too drunk to perform his duties and was ‘very aggressive’, calling Blaylock’s wife a ‘cheeky bitch’. A ‘pushing and pulling’ altercation with Blaylock ensued during which the radiographer fell and cut himself, later laying a charge that was dismissed in court where the judge lectured the radiographer for drinking on duty.

The dog incident happened 4 years ago at 07h30 on a Saturday in the outpatient department where no patients were waiting. Blaylock put a chest drain in a dog owned by a member of the community (not his own, as Nkonyeni claimed). At the time, the hospital had a policy of treating pets as there were no veterinary services in Manguzi. However, this was not supposed to happen in the outpatient department, and after a complaint the hospital ruling on Blaylock was ‘counselling as a discipline’.

Then Director-General of KwaZulu-Natal Health, Professor Ronnie Green Thompson, however, referred a complaint to the HPCSA, where Blaylock was cleared. The HPCSA ruled that doctors were allowed to use their medical skills for animals in the event of no skills in the vicinity.

No anaesthetic drugs ordered, patient dies

Confirming the pharmacy incident, Immelman said there were no anaesthetic drugs in the pharmacy. Blaylock had a patient on the operating table requiring emergency abdominal surgery (who later died). Blaylock smashed the window and received a written warning. The pharmacy staff were also disciplined regarding stock control.

Blaylock denied calling staff ‘baboons’ during an altercation with strikers who were preventing a busload of patients from entering the hospital, and was backed by hospital security staff on duty at the time. Intimidation had been the order of the day with protestors shouting ‘drain the apartheid blood’ and referring to staff who continued to work as ‘rats’.

Thami Mseleku said that, contrary to popular belief, the morale of rural doctors was ‘very high’. Izindaba is impeccably informed that Pfaff, Blaylock and 4 other senior doctors plan to leave Manguzi before the end of the year.

Blaylock threw his stethoscope ‘to get the attention’ of a labourer who was part of a noisy chain-saw gang clearing forest for hospital ward extensions. The hospital had only been allocated 1 500 food parcels and as these would run out within a few months, hospital management, not Blaylock, had decided that they should be allocated strictly according to people with a body mass index of less than 20. Nkonyeni was told this when she visited the hospital in February but persisted with the claim.

In a letter apologising to the provincial health department for his ‘inappropriate action’ (specifically the rubbish bin incident) Blaylock said he had given his ‘heart and soul’ to the busy, under-resourced hospital, working ‘far beyond my designated duties for the past 6 years’.

He lost numerous friends and colleagues to AIDS through delayed investigations and stigma-delayed treatment and his wards were full of AIDS patients. In this context ‘we cannot afford to have someone with such a high profile undermining the programme,’ he said.

National health minister, Manto Tshabalala-Msimang, prompted by journalists to respond to the saga, said the dustbin incident ‘smells of anarchy’, while her Director-General, Thami Mseleku, said that, contrary to popular belief, the morale of rural doctors was ‘very high’.
**Izindaba** is impeccably informed that Pfaff, Blaylock and 4 other senior doctors plan to leave Manguzi before the end of the year. A hospital worker who declined to be identified told *Izindaba*: ‘Dr Mark is like Dr Colin, they stay, not like the other doctors who just come and go. He is even helping one person with their education.’

Rudasa and the HIV Clinicians Society said the farce depleted staff in a hospital that served over 10 000 people and could be ‘directly measured in lives lost. We do not understand how a minor incident over a photograph of a politician could ever justify this.’

**Crude attack painted doctors as racist**

The organisations described Nkonyeni’s attack on Blaylock as ‘wildly exaggerated, out of context and crudely constructed to make him and other doctors appear to be racist’.

They demanded his immediate reinstatement, an assurance from Nkonyeni that she give Manguzi Hospital staff her ‘active, constructive and ongoing support’, and that she meet urgently with them and publicly clarify her comments.

Their letter of protest was copied to ANC president Jacob Zuma, the ANC’s national executive committee’s health and education sub-committee (Zweli Mkhize), South African National AIDS Council (SANAC) chairperson, Ms Phumzile Mlambo-Ngcuka and SANAC deputy chairperson, Mark Heywood.

*Manguzi Hospital has been using dual therapy for PMTCT, the drugs purchased with directly donated United Kingdom funds, since August 2007. By December last year the hospital had rolled dual therapy out to all of its 10 clinics where 88% of women with high CD4 counts were starting AZT before delivery. Manguzi has had no single HIV-related maternal death for 18 months.*

Chris Bateman