The Charles Hurwitz SANTA Tuberculosis Hospital is located adjacent to the Chris Hani Baragwanath Hospital in Soweto. It is a 350-bed, 13-ward hospital, aimed at treating newly diagnosed cases of tuberculosis, before down-referring the patients to clinics in their own original communities.

The split between males and females is two-thirds to one-third, and there are up to 20 children in the Sunshine Ward, most small infants, mainly brought in with sick mothers who subsequently die and leave them orphaned. The plight of these small children is heart-rending, as not all of them have a granny (“gogo”) to look after them when they’re discharged. Social workers’ workloads are heavily burdened, trying to trace family members, not only for the little orphans but for other patients, many of whom remain unidentified, or who are so itinerant that they have lost track of anyone in their former communities, to which they need to be discharged after their initial treatment.

It is also a shocking mark of the magnitude of the health crises in South Africa, that though originally this facility was an effective, full term treatment facility, providing inpatient treatment for up to nine months, the length of stay has been cut progressively to 6 months, then 2 months, and now they are only able to offer beds to patients for two weeks, due to sheer volumes of new patients contracting the disease as a result of HIV infection. In fact, well over 80% of the patients are HIV positive, the remaining 20% being mainly accounted for by children and old people.
It is a great pity that patients are no longer receiving full-term treatment (usually two or three courses of strong antibiotics, lasting for 3 months each), as when they are discharged to a community clinic, the onus of remaining compliant with treatments rests solely on the patient’s shoulders (though they are monitored as best as possible by social workers). The reality of long-term treatments in South Africa is that patients tend to default on clinic appearances, mainly because of financial constraints, and TB patients tend to be habitual defaulters, as witnessed by the presumed failure of their anti-retroviral treatment plans, added to the fact that typically an antibiotic gives a very false impression of wellness, and patients resist asking for yet another day off work if they do not appear to be as sick as they were at the beginning of treatment.

As a result, sporadic intake of antibiotics has led to a man-made condition known as drug resistant tuberculosis (multi-drug resistant TB, or MDR, and extensively drug resistant TB, XDR). Once a second, and then a third, antibiotic has failed to cure the resistant bacteria that they have cultured in their system, patients tend to be referred to facilities such as Sizwe (see separate report), and thereafter, treatment after treatment tends to fail.

BHCC is called upon to provide some assistance to patients at Charles Hurwitz, in various forms:

- Hospital comforts for the destitute and unidentified patients – toiletries, replacement clothing, toys and activities for the children
- Clothing for the children, as these suffer most with the cold in winter. Wards need windows to be kept open for ventilation of the germs.
- Transportation assistance, mainly for long-distance repatriation trips of patients whose communities are found to be “out of province”. It is vital to provide this assistance, to ensure a proper hand-over of the patients to their home community clinics, otherwise they tend to default at this vital stage of their treatment and contract drug-resistant forms of the disease. If they do develop resistance, and are left unmonitored in their communities, whenever they spread their disease, it is not the normal type of TB that they are now spreading – they are spreading the same killer form of the disease from which they now suffer, thereby passing on the same probable death sentence as they have.

We work closely with the social workers at this hospital, who keep us informed of the needs of specific patients, and we visit regularly to monitor how the aid is distributed.