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ILLUSTRATION FRANÇOIS SMIT

Dirt and dedication

A documentary series about Chris Hani Baragwanath hospital praises those who work there, writes Fiona Forde

'Affectionately known as Bara, Soweto's only hospital sprawls over 173 acres (70 hectares), has 429 buildings and 10km of corridor. "With more than 3 000 beds, it serves a population of about 4 million people. Named after Cornish settler Johan Albert Baragwanath, the hospital added the name Chris Hani in honour of the ANC activist, murdered in 1993."

These are the opening lines of an eight-part documentary series that scours the wards of Bara to tell the story of life and death as it filters through the hands of its 6 700 staff every day of the week.

Produced by Lisa Henry and Shaheen Anderson in conjunction with Al Jazeera English, *Saving Soweto* might not be for the faint-hearted but it is, without doubt, a heart-warming homage to the human compassion of the hospital's caring staff.

Bara is now the world's largest hospital and a magnet for medics from all over the country and beyond who are drawn to its wards for the invaluable experience it gives them in the gory side of medicine.

With an acute shortage of doctors, nurses, space, equipment and budgets made worse by an increasing demand on its vital services by a largely poor and very needy population, one day in Bara can be as insightful for young doctors and nurses as one month or more elsewhere in the world. The hospital threw open its doors in 1941 and 14 years later Professor David Blumsohn joined as an intern. He never left.

"The situation was dreadful, deplorable, despicable, disgusting through the apartheid years," he tells the camera. "And to my sadness it certainly hasn't improved."

"Somebody once said never despair. And if you do, work on in despair," Blumsohn continues to tell the camera in episode two.

"And many of our people are doing just that."

And it was the experiences of medics like Blumsohn that fed Henry and Anderson's curiosity almost a year ago.

"We wanted to walk in the shoes of the doctors," Henry explains. "They can choose to work anywhere in the world but instead they chose to work in Bara," a hospital that's home to each and every one of South Africa's social ills.

"And we wanted to know what motivates them to do it."

For many of the medics, Bara has become a compelling place to work, a place where they feel fulfilled.

One has a deep sense of being needed by those who suffer without complaining

"I love the way it works. I love the way it doesn't work," says Dr Tina Ingrata. "And I think if it worked well, I wouldn't appreciate it as much as I do."

"One has a deep sense of being needed" by those "who suffer without complaining," said Dr Alan Peter.

Compounding the patients' humility is their resilience. "The patients are my heroes actually," says Blumsohn. "They are wonderful people."

The first episode was screened on the international channel and beamed into homes all over the world on January 9. The fifth episode will be screened this afternoon and the eighth and final instalment will go out on February 27.

Each episode is repeated 10 times in a week before being uploaded onto YouTube, where all the earlier episodes are now available.

For a directorial debut, *Saving Soweto* is an excellent piece of work by Henry and Anderson, a compilation of rare footage the likes of which has not been seen before.

The series opens in the trauma unit, one of the world's busiest, which attends to about 3 000 people every month.

It's early on Saturday morning. Yesterday was pay day, and today its cubicles and corridors are packed with victims of alcohol abuse, many of them still in a pathetic state of inebriation.

"It's 10 o'clock in the morning and already we've used up all our ventilators," Dr Patrick MacGoey explains. "Now there's not a single ventilator left in the hospital ... And we've got Saturday night's festivities still to come."

Three hours into his shift, the young doctor is forced to close the unit for a few hours to relieve the backlog. He is surrounded by chaos and blood-soaked bodies. Many of them have been stabbed, others badly beaten.

One woman looks distraught as she sits up in a bed nearby. A blanket covers her body from her waist down. Her once white bra is splattered with blood. Her upper torso is riddled with cuts and wounds. Her head is wrapped in bandages. What we can see of her face is a mess. She was raped and badly assaulted a few hours earlier.

"A woman born in South Africa has more chance of getting raped than learning how to read," the narrator – Henry – cuts in.

"Because we have such a shortage of doctors here, our interns are left unsupervised an awful lot of the time," MacGoey continues.

"Most of the time there's someone more senior around to supervise but occasionally they will just have

to do this without supervision."

The corridor outside is lined with wheelchairs carrying patients waiting to be diagnosed. "In the UK we have to get 95 percent of patients discharged or admitted within four hours," MacGoey says. At Bara they can spend up to 36 hours in his care.

The day lingers. The casualties continue to arrive. The clock strikes 11.30pm and there are still no ventilators. The queue is growing but there are no more beds left in the intensive care unit.

The unit is forced to close its doors again. But Soweto is only beginning to rock.

By 7am on Sunday morning when their shift ends the staff has dealt with 15 attempted murders, two rapes, two deaths and severe burn injuries.

But life goes on. Over at the maternity unit about 25 000 babies are delivered each year and the staff there also shares the burden of too few resources; not enough nurses and not enough beds.

"Push, push, push, mama," Dr Sharon Bilankulu tells 19-year-old Lerato, who has been in labour for 36 hours. Outside the cubicle tens of women are scattered along the benches in various stages of labour.

Lerato finally gives birth to a baby boy and while the infant is being attended to, the new mother is wrapped in a sheet that's caked in her own blood to recover from her long labour.

Within six hours she and her newborn will be discharged. They are among the lucky ones. They are both in good health.

"Three in 10 pregnant women are HIV positive in South Africa today," narrates Henry as the cameras move to Bara's special clinic that deals with HIV-positive or Aids-infected expectant mothers.

"The HIV is bringing in more complications," Dr Jenny Hull explains. "Chest infections. Kidney infections. Things that are specific

to HIV and that is loaded in addition to everything we saw before. And so the load on the hospital is becoming very, very heavy."

Although about 20 percent of the population lives with the disease, it is still rare to find people willing to discuss their status openly. And now it's the stigma around the epidemic that's not helping the woeful statistics.

"Testing is the problem," the doctor continues. "There's a total denial that the men have got anything."

If only women would not fall pregnant until they are in good health, if they are HIV positive, but taking the appropriate treatments, things would not be so bad. But as it stands today, it's like "trying to close the stable door when the horse is half way out", she says.

At the HIV paediatric clinic nearby almost 4 000 children are receiving antiretroviral (ARV) treatment – innocent boys and girls with the deadly disease coursing through their bodies.

"They don't have any say in their care or their management of the disease," explains Dr Alison Riddick, an HIV paediatrician.

Mpho, an eight-year-old girl who acquired the disease from her mother, sits on Riddick's surgery bed with a mask covering half her face, two bright, happy-looking eyes peering out over it. If it wasn't for the mask, there is nothing to suggest the burden her young body carries.

It's only when she removes the cloth that the true extent of her illness can be seen. She has an HIV-related lesion on her face which has eaten away her cheek and palate. Had she received ARV at an earlier stage, her little life would be much different today.

"By 2010 it's predicted that sub-Saharan Africa will have about 16 million Aids orphans," the narrators continue.

The burden of the disease in Soweto falls on Bara but, as Peter

points out, it's not the fault of the patients who present themselves with it every day. It's because the government started handing out ARV's far too late, so the epidemic has grown unabated.

At present, staff at Bara are administering ARV's to about 5 000 people, at a cost of about R 4 000 a year per person.

"If you do very basic maths then it's between 300 000 and 400 000 people in Soweto who will eventually, as the disease progresses, need ARV's so, obviously, there's no way that the hospitals can cope with that quantity of patients," another medic explains.

Yet the doctors unite and work

By the time the shift has ended staff have dealt with 15 attempted murders, two rapes and two deaths

and pull together to do their best to keep the disaster at bay. There's an unmistakable camaraderie among them.

It's like forging a friendship in the trenches, Peter suggests, bonds that they form as they fight the war against HIV/Aids.

All this plays out live in front of the camera. There were no dress rehearsals for *Saving Soweto*. Just raw footage captured for the world to see. Once the groundwork was laid and the research was in place, Henry and her team arrived in Bara's wards last May to begin to film. They stayed for six weeks and continued to do follow-up shoots until the end of the year.

It was in June that they encountered one victim of last year's xeno-

phobia attacks, a young man who kept his life but whose body is tortured beyond belief, with third-degree burns covering most of it.

Sitting next to him are three young boys who are classic victims of life in South Africa's informal settlements. They had set a tyre alight to keep warm one winter's night. The flames backfired and scorched their nimble frames. Today they sit in Bara covered from head to toe in bandages, like young mummies.

Another man undergoes skin grafts to help heal the wounds he endured when his shack caught fire.

"With no access to electricity, these shack dwellers rely on fossil fuels for heating and cooking, which often leads to accidental fires, resulting in horrendous burns for many of the victims," explains the narrator.

In addition to the violent side of the country's crime that fills the hospital's wards, the rising reality of HIV/Aids that visits it every day or the social ills that continue to play out in its midst, Bara is a hospital like any other and has to deal with everyday medical conditions.

So full is the eye hospital that doctors treat patients in waiting areas rather than in cubicles. In this ward, too, the dirty hand of domestic violence leaves its imprint as the cameras zoom in on one woman whose husband gave her such a beating that night that she has lost an eye.

"In South Africa, one woman is killed by her partner every six hours, leading to the highest rate of femicide in the world," the narrator tells us.

What Henry and Anderson drive home is not the state of Bara, per se, but the drive on the part of the medics to give their patients a better life, people who are drawn from the ranks of South Africa's poorest populations, yet who possess an enormous will to live.

As MacGoey puts it: "I think Bara has taught me far more than I've taught it."