

# DECONSTRUCTING PREJUDICES, REDEFINING CONCEPTS: ANGOLAN HEALTH WORKERS

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## DESCONSTRUINDO PRECONCEITOS, REDEFININDO CONCEITOS: TRABALHADORES DE SAÚDE EM ANGOLA

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## DECONSTRUYENDO PREJUICIOS, REDEFINIENDO CONCEPTOS: TRABAJADORES DE SALUD DE ANGOLA

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Data from the country (Angola) indicate that the National Health System (NHS) and the health network comprise 2,681 health units, including 15 national hospitals, 25 provincial hospitals, 45 general hospitals, 170 municipal hospitals, 442 health centers, 67 mother-child centers, 1,880 health posts and 37 other health infrastructures. These units are equipped with a work force of 69,816 workers, being 3,500 Angolan doctors, 35,458 nursing professionals (nurses, technicians and assistants) and 8,078 technicians of diagnosis and therapy (biomedical professionals, dentists, radiologists, cardiopneumologists, physiotherapists, nutritionists and other health professionals)<sup>(1-2)</sup>. This number of health professionals is responsible for meeting a population of approximately 30 million inhabitants in a territorial extension of 1,247 thousand km<sup>2</sup>.

These people are no super-heroes. They are just people who do what they were trained to do. In times of war<sup>(3)</sup>, while everybody was hiding from bombs, grenades, mortars and howitzers in trenches and other safe places, these Angolan people were in a strange place called hospital, outdoors, exposed to all kinds of possible bombing, from both the troops of the opposition as the government troops, because their mission was to save lives.

They are doctors, nurses, technicians of diagnosis and therapy, people who received and met, in times of cold war in Angola, mutilated, shot, cut, bodies and pieces of bodies of alive and dead people; people who saw their workplace full of so severely or moderately wounded people, heard screams of pain, grief, anguish and despair. Even in the face of this framework, they tried to remain firm and strong, doing their job, which is to provide support to patients, meeting everyone and everything without even asking whether they were on the side of the government or the opposition, whether they were believers or atheists and whether they were rich or poor. After all, the war was between brothers, sons of the same land.

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In contrast with the war, these professionals were dressed in white, the white of peace and harmony, the white of purity. Therefore, they had no side in the war. The single side they knew and know is that war was between humans and that the dignity begins at birth and ends with death. Instead of weapons of soldiers, used to kill and injure their opponents, these professionals used their tools to save lives. Their instruments were the will, courage, empathy, solidarity. In their hands, they had the stethoscope, the thermometer, the sphygmomanometer, the glucometer, scale, syringe, needle and all other instruments to save lives. Although not being on any side of the war, hundreds of them were killed by firearms, by bombing over their workplaces, buried under the wreckage, either by government troops, either by troops of the opposition, but still did not abandon their jobs in time of war.

Besides war, other problems that devastate this country, among them, malnutrition, malaria, cholera, measles, polio, tetanus, hepatitis and many other diseases<sup>(1)</sup> completely dependent on the care of these professionals. However, government and opposition troops were the one who received honors for their accomplishments, medals for their bravery, recognition by their strategies and material goods, such as cars, houses and others, as well as acquired a social status better than others did. Health professionals did not have their merits recognized; they went blank. This in a context of 27 years of war, which began in 1975 and ended in 2002<sup>(4)</sup>.

With peace, the incidence of patients victims of war decreased. However, the epidemiological scenario of the country, as previously mentioned<sup>(1)</sup>, remains the same, adding, in October 2004, the reappearance of a disease almost extinct in the modern world. After so much suffering through which its people went, there came the outbreak of hemorrhagic fever caused by the Marburg virus, which killed more than two hundred of Angolans. Although deaths also occurred in the provinces of Malange, Cabinda, Luanda, Cuanza Sul and Zaire, the disease affected mainly the province of Uíge. To face this disease, technical and human resources from various national and international organizations were mobilized<sup>(5)</sup>.

Most people mobilized, if not all, were health professionals who abandoned their families, their homes and their cities to assist their fellow citizens affected by the disease. Many of these professionals ended up dying. According to a report from the Ministry of Health of Angola, until March 2005, approximately 227 people died from Marburg in the Uíge province. Of these, 23 were health professionals, being 16 nurses, 2 doctors and 5 therapists<sup>(5)</sup> assisting patients and contaminated with the virus. This accounts for around 10% of the total number of deaths from the disease. In 2005, the Marburg outbreak were controlled in Angola. Once more, the media recognized the efforts of the government, international organizations and others. Nevertheless, the professionals in white did not receive merits. The families of those who died for their great deeds were not sustained, their salaries and allowances were not paid and many of the relatives who depended on these professionals until currently do not even receive a pension.

In December 2015, a new epic story begins: there came the outbreak of yellow fever, accompanied by malaria<sup>(6)</sup> and associated with an unprecedented economic crisis in Angola. The country recorded one of the largest urban outbreaks of yellow fever in Africa, with frightening rates of morbidity and mortality. The hospitals were crowded and the technical, material, structural and functional conditions of health units were not able to provide quality assistance to patients. Once more, the professionals in white needed to come into the scene.

The World Health Organization reports that the epidemic caused more than 400 deaths<sup>(6)</sup>. The hospitals lacked everything from professionals, equipment, materials, such as gloves and masks, medicines, beds, reagents for tests and all other inputs necessary for the care with patients. In this context, the professionals in white were there, working hard, spending at least 8 hours and, at times, exceeding 24 hours of work at the hospital, exposed to a variety of patients with contagious diseases in beds, stretchers and on the ground, distributed in crowded rooms and corridors. A professional

met at least 30 patients a day, reaching 100 patients a day, what happens until today. Even so, these professionals try, with all their energy, to provide health care and other information, such as information about the patient's health to family and friends.

This class, until recently, was known as non-productive workers, because the State does not profit with their activity. Nonetheless, the patients are the productive power of the country; those who make the profit of the country. This editorial mentions the professionals who have the most impoverished or an impoverishing wages. For example, at the top of the career, the nurses and other professionals called technicians of diagnosis and therapy now earn about 380 thousand kwanzas as base wage, and the doctor receives up to 405 thousand kwanzas<sup>(7)</sup> (equivalent, respectively, to R\$3,000.00 and R\$3,300.00 in Brazil), while technicians and assistants receive wages that come to be two or three times smaller than these. To compensate for this lack of money, most of these professionals have more than one job. Therefore, their lives are for work, which compromises the care with their own health, mainly in view of the fact that Angola is among the most expensive countries to live in the world.

Due to the precarious working conditions, these professionals are constantly exposed to the risks of falls, injuries caused by repetitive strain injury (RSI), work-related musculoskeletal disorders (WMSD) and other diseases arising from physical or mental activities, fruit of continuous exposure to infectious agents, in addition to stresses and pressures arising from work. They often work without the appropriate personal and/or collective protective equipment and spend a lot of time in inappropriate positions to provide care usually to bedridden patients, or on stretchers and often on the ground. These professionals work between 8 and 12 continuous hours, until another colleague spells them. If this does not happen, they work another shift, because they cannot leave their workplace.

Furthermore, these professionals live in precarious conditions, since their diet is poor, sometimes they eat foods without adequate nutritional content, and they do not have suitable places for preparing their medications and make their records. After a heavy day of work, they take a nap on the cold and contaminated floor of the hospital or on stretchers and beds of patients, since there is no place to rest while their colleagues are covering them to rest. When ill, they are victims of their own precarious health system in which they work and which made them ill. For this reason, and because their clothes are white (without recognition), we call them professionals in white; when they die, they go blank (without being recognized).

## References

1. República de Angola. Ministério da Saúde. Plano Nacional de Desenvolvimento Sanitário 2012-2025. Mais e Melhor Saúde. Volume 1 [Internet]. Luanda; ago 2012 [cited 2019 Oct 20]. Available from: [http://www.minsa.gov.ao/downloads/PNDS\\_2012\\_2025\\_VOL\\_1.pdf](http://www.minsa.gov.ao/downloads/PNDS_2012_2025_VOL_1.pdf)
2. Profissionais da Saúde vão ser enquadrados em setembro. Nova Gazeta. Noticias de Angola [Internet]. 2019 ago 22 [cited 2019 Oct 28]. Available from: <https://www.noticiasdeangola.co.ao/profissionais-da-saude-va-serenquadrados-em-setembro/>
3. Polgreen L. Angolans Come Home to 'Negative Peace' [Internet]. The New York Times. 2003 Jul 30 [cited 2019 Oct 21]. Available from: <https://www.nytimes.com/2003/07/30/world/angolans-come-home-to-negative-peace.html>
4. Angola e os caminhos para a paz efectiva [Internet]. ANGOP - Agência Angola Press. 2018 abr 2 [cited 2019 Oct 26]. Available from: [https://www.angop.ao/angola/pt\\_pt/noticias/politica/2018/2/13/Angola-caminhos-para-paz-efectiva,3968b99e-799a-4a69-83ff-b1ab6dabf0b2.html](https://www.angop.ao/angola/pt_pt/noticias/politica/2018/2/13/Angola-caminhos-para-paz-efectiva,3968b99e-799a-4a69-83ff-b1ab6dabf0b2.html)
5. Anúncio do fim do vírus de Marburg marca noticiário social [Internet]. ANGOP - Agência Angola Press. 2005 nov 12 [cited 2019 Oct 18]. Available from: [http://www.angop.ao/angola/pt\\_pt/noticias/saude/2007/11/50/Anuncio-fim-virus-Marburg-marca-noticiario-social,eaef049e-fbf2-40c0-a0f6-561bf96e6272.html](http://www.angop.ao/angola/pt_pt/noticias/saude/2007/11/50/Anuncio-fim-virus-Marburg-marca-noticiario-social,eaef049e-fbf2-40c0-a0f6-561bf96e6272.html)

6. OMS declara fim da epidemia de febre-amarela em Angola e República Democrática do Congo [Internet]. Rádio Observador. 2017 fev 15 [cited 2019 Oct 18]. Available from: <https://observador.pt/2017/02/15/oms-declara-fim-da-epidemia-de-febre-amarela-em-angola-e-republica-democratica-do-congo/>
7. Kitari M. Diplomatas, docentes e médicos com actualização salarial [Internet]. O País. 2019 jan [cited 2019 Nov 1]. Available from: <https://opais.co.ao/index.php/2018/12/28/diplomatas-docentes-e-medicos-com-actualizacao-salarial/>

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