Uganda's "Killer Nurse" Destroys Country's Fight Against HIV/AIDS

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"Rosemary Namubiru, 64, a nurse with 35 years of experience, was working at the Victoria Medical Centre in Kampala, Uganda. On January 7, 2014, Namubiru was attempting to give an injection to an ill 2-year-old patient. Neither she nor the mother could calm the distraught child. With the child writhing and kicking, the needle accidently pricked Namubiru's finger; she stopped what she was doing, washed and bandaged her pricked finger, and returned to the child. She was eventually able to administer the injection.

Uncertain about whether the same needle was used throughout, the mother became concerned about the possibility that her child had been exposed to HIV (Human Immunodeficiency Virus). It was confirmed that Namubiru was HIV-positive and on anti-retroviral drugs. The child was given an HIV test; the results were negative. A precautionary 2-month post exposure prophylaxis regimen was initiated, after which the child was retested.

Rosemary Namubiru was arrested in front of a bevy of journalists. She was held by the Criminal Investigations Department for four days before her first appearance in court. She was charged with attempted murder, which carries a sentence of up to life imprisonment, and remanded to Luzira National Prison to await trial. On February 7, 2014, she was denied bail and returned to prison to await trial. Minutes before the trial began on February 11, 2014, the prosecutor announced the charge would be changed to "negligent act likely to spread infection of disease." Namubiru's attorney appealed the case and she was released 5 months following the trial, with the judge stating she had already served her sentence to the full. The child has not tested positive for HIV."[1]

The case of Rosemary Namubiru is shocking at first glance. Reading the summary brings attention to Namubiru's questionable practice as a nurse. The reader considers the case as one implementing excessive charges, but, in the end, having justice rightly served. But was it? Delving deeper into the story, the details of Namubiru's societal treatment become horrifying. This simple misunderstanding wrongly accused the nurse of unsafe medical actions and revealed the hidden issues of stigma for people living with HIV (PLHIV) in Uganda.

In order to better understand this case, it is vital to be contextually informed about life in Uganda in a time of AIDS. According to the GAP report, four-percent of the global HIV population and seven percent of all new HIV cases globally are located in Uganda.[2] Uganda is one of two sub-Saharan African countries to have the number of new HIV cases rise since 2005. Although 2005 to 2013 saw a nineteen percent decrease in AIDS-related deaths in Uganda, it was accompanied with a twenty-one percent increase in novel HIV infections. The decrease in AIDS fatalities may be due to the fact that about forty percent of adults are on antiretroviral treatment (ART).[3] However, it is unnerving that Uganda has experienced the third larg-

est increase of infections in the world. In the past, Uganda has been recognized as one of the leading countries in a progressive acceptance of AIDS; from 2005 to 2013, there was an increase of 175% in accepting attitude of PLHIV.[4] While this seems promising, there are still setbacks that have taken place, including the Anti-Homosexuality Act of 2014. This act increased the punishment for performances of homosexuality by sentencing the offender to life in prison.[5] Bills of this nature exemplify societal rejection of men who have sex with men (MSM), causing social stigma among those with HIV and thus degrading the accepting attitude. The case of Rosemary Namubiru is yet another example of those vital setbacks that Uganda has faced in HIV acceptance.

Namubiru's case seems as though it may have been linked to politically charged responses to HIV/AIDS. The Ugandan Parliament had recently passed a bill criminalizing attempted and intentional HIV transmission.[6] This bill was awaiting the President's signature, and Namubiru's case may have been a perfect conviction to influence his decision. There are some signs of the case which bring this argument to reality. First, Namubiru was the only person to be charged under a law passed fifty years prior that criminalized negligence in risking the spread of an infectious disease.[7] It is not coincidental that as soon as Parliament sought a Presidential signature for a HIV transmission bill, the first HIV negligence charge arose.

Secondly, Namubiru's case is based off of hearsay. The immediate arrest and conviction of Namubiru is constructed off of two contrasting viewpoints.[8] The sixty-five-year-old pediatric nurse, with thirty-five years of professional experience, has her voice in a medical experience heard second to the mother's. Not to declaim law officials, but it seems quite difficult to convict a nurse with such experience on hearsay; especially from a non-medical professional's claim, where the child tested negative for HIV. At first the authorities may have desired to appeal to the mother's concern, as one can understand. But to allow such convictions to continue following the child's outcome is flabbergasting.

Furthermore, the chance of exposure to HIV via a needle puncture or prick to subcutaneous skin, as in this case, is only about 0.32%.[9] This chance is less likely than one's cause of death being due to firearms in the United States.[10] Understandably so, this little opportunity seems like ninety-nine percent likelihood to the parents. One can understand the parental concern, but to continue conviction of the nurse after learning the child's negative status is unjust. The father was quoted stating that he had hoped the case would spur the president to sign the bill criminalizing HIV transmission.[11] This fed directly into Parliament's hands, the bill finding support without much effort. The Ugandan public took over Namubiru's case, displaying its emotions to the president.

How long can a politically driven response go before it is considered too far? The ethics of this question cannot be overlooked. It is unethical to use a human being in order to influence political legislation. Namubiru's life is taken away due to something that may have occurred, but did not. Who is the president, public, parliament, or anyone for that matter to make the decision to take one's life? On a broader scale, how unethical is it to evaluate the value of one's life based on its benefit to another cause? Think about the effect this bill, incriminating attempted and intentional HIV transmission, would have on pregnant women. Would women want to get tested after becoming

pregnant? If they are HIV positive, and infect their child, they would be incarcerated. There is no ethical reasoning to take a mother away from her newborn child, simply because the child acquired HIV. Now, this child, having a lifelong disease most likely requiring special assistance and attention, would have no mother in his or her life. Mothers can pass on diseases such as herpes, syphilis, or chlamydia, yet there is no legislation affecting these cases. Thus, ethical concerns arose once Namubiru's case was influenced by outward factors.

This case cannot be analyzed without discussing the role of stigma surrounding HIV in Ugandan society. The treatment of Namubiru sets an example for other healthcare professionals, especially those living with HIV. Healthcare professionals battle stigma for their patients, but as PLHIV they also fight stigma against themselves. One of the few researchers who studies this topic in Uganda is Margaret Kyakuwa. In her work, "Ethnographic experiences of HIV positive nurses in managing stigma at a clinic in rural Uganda," Kyakuwa explored the workplace experiences of HIV-positive nurses. She saw that HIV-positive staff in Uganda live in hiding for fear of facing stigma. This case study is appealing since the health clinic in which these nurses were working is dedicated to treating HIV/AIDS patients. All of the nurses in the study feared disclosing their HIV status to fellow colleagues or patients. Such stigma is seen in Waliggo's writing. Noerine and her husband, Chris, who discovered he was HIV positive, felt as though the staff did not want to take care of him at the hospital where they both worked. Chris' disclosure of his HIV status completely altered his working relationships and environment.[12] The nurses in Kyakuwa's study feared stigma to the point where they visited various clinics to receive ART. They claimed to have witnessed drama or gossip regarding those with HIV, and thus wanted to have their private lives separated from their professional work. Although the nurses were simply protecting themselves, they were aware of the contradictions by which they were living: in the HIV/AIDS health environment, disclosing one's status should be considered virtuous. Clearly, the healthcare system failed to provide HIV/AIDS workers with the support they need. Nurses are in a position to help others and save HIV-positive lives in Uganda, and yet the care they provide is not reciprocated. HIV stigma is extremely real and powerful in Uganda, even for those who fight against it.[13]

Unfortunately for Namubiru, the media and news promoted the HIV stigma mantra during her trial. As police were escorting Namubiru, she had her head down, not displaying her face. Since the media was attempting to obtain a photograph of her, the police officer grabbed her by the hair and lifted her face towards the cameras.[14] Her image surfaced across the televisions and newspapers in Uganda. This situation is unique in Uganda, exhibiting the influence of stigma. There was a Belgium case in 2000 where an AIDS-infected nurse transmitted HIV to a patient. The only media coverage the case received was an article featured in the Yahoo Daily News, originally written as a manuscript for the Journal of Virology.[15] The article does not report the nurse's name, or discuss incarceration, but instead focuses on the contraction of the disease, and how hospitals could improve practices to minimize the risk of transmission. There were no news trucks or trials to destroy an individual's life, but instead presentation of the case a learning experience.

The way that Namubiru's case was reported both endangered and devastated the nurse, exemplifying the GAP report stating that media reporting of HIV in Uganda is of-

ten incomplete, misleading, or incorrect.[16] Articles surfaced with phrases such as "Killer nurse," "the fiendish nurse," "Baby Killer," and "HIV-Injection Nurse."[17] Some articles went even further to accuse Namubiru of withdrawing her own blood from her arm and deliberately injecting the child. These falsehoods continued to grow, blowing reality out of proportion. Namubiru was essentially tried and sentenced by the media,[18] the police, and the public. Regardless of the outcome of the trial, this poor nurse already had her life claimed by the Ugandan society.

In reference to Kyakuwa's study, and the media's broadcasting of Namubiru's case, the discussion of confidentiality must be examined. One of the nurses, Florence, discussed receiving ART at a different facility in order to remain anonymous, claiming, "Remember the principle of confidentiality still holds!"[19] This principle was not upheld for Namubiru. Not only was her HIV status disclosed to the hospital and family of the child, but to the entire nation. Namubiru's HIV status was broadcasted globally, spreading virally on the internet, newspapers, and television. The topic of confidentiality and ethics crossed paths here. Was it ethical for Namubiru's HIV status to be broadcasted to the entire nation, along with false claims of her wrongdoings? Namubiru was never asked to be tested for HIV nor had she signed a disclosure form releasing her information. The new bill clearly addresses this topic and states that any HIV test may be disclosed without consent to any person if they pose a clear and present danger of HIV transmission.[20] In terms of ethics this does not seem correct.

In other countries, the concept of confidentiality is held to a higher degree. In Gerald Gleeson and David Leary's case study,[21] a HIV positive young man began dating a girl who belonged to his Come In Youth center in Australia. The center would not break the confidentiality of their patients, and did not inform the girl about her partner's status. This case was a perfect example of one person's HIV status posing a clear and imminent threat of transmission. Yet, the ethics of confidentiality were upheld. This goes to show the specific influence of HIV stigma in Uganda relative to other countries. Due to this stigma, the confidentiality should be held to a higher standard, protecting those with the disease. Keenan writes, "AIDS has forced us to recognize that respecting individual rights is a critical safeguard for the health of the community as well as for the person."[22] By the government owning power of HIV disclosure, it is also claiming power over lives of PLHIV. In a society with stigma as strong as Uganda's, disclosure may ruin a life. Who is the government to control the quality of one's life? Once a person obtains this morbid disease in Uganda, it seems as though all of the "rules" change. In Namubiru's case, the police illegally broke into her house and obtained her bottle of ATR, using it against her in court. Had she not been HIV-positive, this would never have occurred. Uganda needs to recognize the ethical implications both its laws and actions have upon its constituents.

The question of gender arises in Namubiru's case; if she were male would the situation have been different? Statistically women are more affected by HIV in Uganda than men, with 8.2% to 6.1% prevalence of women to men, respectively.[23] Women in Uganda need to be better protected, and the government needs to address the powerlessness and vulnerabilities that enforce gender based violence for PLHIV women. This has to do with women's economic dependence upon men in Uganda, where women accept the violence in order to stay alive.[24] According to the GAP report, over thirty-percent of married

women in Uganda receive spousal physical or sexual violence. Namubiru is somewhat of a rare case; she is a female who not only completed secondary school but also went on to receive a college degree in a society where there is only about a twenty-percent retention rate of women in the first year of secondary school.[25] Ugandan society's treatment of Namubiru's case demonstrates the phenomenon that even women who have overcome significant aspects of society's female suppression are not safe. In a male dominated society, such as Uganda, it can be argued that no man would have lived through this nurse's experience. The government claimed to have given her justice by freeing her from jail, but this did not free her of the emotional scarring. Legal policies such as the HIV Prevention and AIDS Control Act continues to suppress women, putting them in a vulnerable state.[26] Because healthcare providers can disclose HIV status to sexual partners without consent, women are at an increased risk of physical violence, including domestic violence if husbands discover the positive status of their wives. This issue needs to be addressed by the Ugandan government, and public displays of mistreatment to upstanding, high status women place the female gender is danger.

After examining Namubiru's case, it is alarming how this sixty-five-year-old woman was treated both by her government and society. One could understand how, as a parent, it would be upsetting to think that your child may have contracted HIV; but after discovering the negative results, would it not be just to sympathize with the nurse? This woman's intention had been to assist the child medically, not to hurt him. It is quite shocking that not one person in Uganda attempted to help Namubiru. She worked as a pediatric nurse in the same hospital for thirty-five years and yet she received no support from the institution. No statement was released by the hospital regarding this situation; it needed, but failed, to stand up for its employee.

The Namubiru case is extremely dangerous for HIV populated African countries. The Ugandan government is unaware of this danger, and it is quite ironic that a country recognized for being a leader in battling the HIV/AIDS epidemic is now regressing. This country has devoted billions of dollars and an insurmountable amount of time encouraging its citizens to act responsibly with this disease.

However, the situation surrounding Namubiru's case will discourage those who were acting conscientiously. Why would an individual choose to receive testing with the knowledge that they run the risk of experiencing what this sixty-five-year-old nurse endured? This woman should have been focusing on retirement[27] and spending time with her family, rather than watching her life disrespectfully be thrown away. Good people will now avoid testing for HIV in order to prevent others from knowing their status, thus protecting themselves. Arguably, the government set a threatening precedent for those living with HIV/AIDS. The fundamental rights that PLHIV have in Uganda are clearly different than others. It is understandable that the government is attempting to prevent further spreading of the disease, but its naïve reckless reaction may cause some of its most successful HIV programs to self-destruct. The bill that was passed will promote HIV ignorance and thus enable the spread of the disease.

Namubiru was simply doing her job, what she loved to do: helping children in distress. Due to the government's political drive and the stigma of PLHIV in Uganda, Namubiru's life was ruined. This case calls for necessary change in Uganda. There is a reason the country is on the rise in terms of new HIV infections per year. Without a change

in societal judgment and government decisions, HIV/AIDS will continue to win the epidemic battle in Uganda.

ENDNOTES

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