

HEALTH

CONTROL OF HEALTH SERVICES FOR AFRICANS IN THE HOMELANDS

The control of health services for Whites, Coloured people, Asians, and for Africans in "white" areas is divided between the State Department of Health, the provincial administrations, and local authorities. It was decided in 1970, however, that the control of health services and hospitals in the African homelands would be transferred to the Department of Bantu Administration and Development, with the Department of Health acting as the executive authority.

The Deputy Minister of Bantu Development announced¹ that as from 1 April 1973, his department would begin a gradual takeover of all mission hospitals, prior to handing over control and financing to the homeland governments. The process would take place over a period of years, beginning in the Transkei, where a Department of Health had been created. There were 21 mission hospitals in that territory.

The churches would be compensated for their previous actual capital expenditure, the Deputy Minister said. Black employees would become officials of the homeland government involved, while whites would become officials of the central government seconded to the homelands until suitable replacements were available.

In a paper entitled "The State and Comprehensive Health Services — South Africa"² Dr. Cora E. Erasmus, Director of Strategic Planning of the Department of Health, said that hospitals in the homelands were being used as centres for comprehensive health services for communities in defined areas. Each would have a district hospital superintendent, to be known as the Chief Health Officer, and a matron, entitled the Chief Nursing Officer. They would be in charge of community health services in their districts, undertaking curative and preventive health work, including health education. Each community health centre would be staffed by nurses, health assistants, and social workers. Every hospital would, if possible, have at least one nurse with a psychiatric qualification and one dietician. Selected hospitals would be developed on a regional basis to render specialist services.

Pending the Government take-over of mission hospitals, they are being subsidized by the Department of Bantu Administration

¹ *Star*, 27 and 28 March.

² Circulated by the State Information Office.

and Development. This created a dilemma for the Roman Catholic Church, as, under the Government's Comprehensive Health Services scheme, hospitals receiving subsidies are obliged to provide advice and equipment for contraception.³

Hospitals in Umtata and Butterworth are being divided into White sections falling under the Department of Health, and African sections controlled by the Transkeian Government.

STATISTICS RELATING TO HEALTH SERVICES IN THE HOMELANDS

The official estimates of expenditure on health services in the homelands in 1973-4 are:⁴

	R
Revenue Account Vote	36 507 000
Income from fees and other sources	2 816 000
Capital expenditure on hospital buildings	6 300 000

The following statistics were furnished by the Deputy Minister of Bantu Development in reply to questions in the Assembly on 9 February:⁵

	<i>Republic</i>		<i>South West Africa</i>	
Institutions operating in the homelands:				
Mission hospitals	93		21	
Other hospitals	12		5	
Clinic centres	543		45	
Number of hospital beds	23 908		2 987	
	<i>White African</i>		<i>White African</i>	
Medical and health personnel serving in the homelands:				
Medical practitioners	45	9	40	—
Nurses and midwives	586	10 725	142	490
Dentists	4	—	1	—
Chemists and druggists	26	4	6	—
Physiotherapists	18	26	3	—
Radiographers	36	40	4	—
Health inspectors	26	11	7	2
Health assistants	—	72	20	2

Two Turkish doctors who had worked for some years at the Moroka Methodist Mission hospital at Thaba N'chu were forced to leave the country when a renewal of their temporary residence permits was refused. This left the hospital critically short of medical staff.⁶

HOSPITALS IN OTHER AREAS

In the paper quoted earlier, Dr. Erasmus said that the ratio of hospital beds per 1 000 of the population in 1972 was:

³ *Rand Daily Mail*, 22 February.

⁴ R.P. 2/1973 Vote 16; R.P. 3/1973 Vote N.

⁵ Hansard 1 Question col. 46.

⁶ *Rand Daily Mail*, 16 February; *Star*, 16 April.

Republic: whites	...	10,00
blacks	...	5,57
Homelands	... ..	3,48

Black doctors are not allowed to treat their own patients in provincial hospitals if this would involve their being placed in a position of authority over white nurses. Most of the hospitals in larger towns are staffed by black nurses, so the problem does not arise; but when patients of Coloured or Indian doctors serving in country areas are hospitalised, these doctors generally have to hand over their treatment to the white medical staff of the hospital. The Director of Hospital Services in the Cape stated that he would try to make special arrangements for the staffing by Coloured nurses of certain wards of hospitals in areas where Coloured doctors are practising;⁷ but medical men and others then expressed the fear that this would be a step towards rigid apartheid in hospital services. African doctors have been prevented from serving in senior specialist capacities in large African hospitals because this would in most cases mean that they would be in a position of authority over junior white doctors, interns, or medical students. Because of this, several leading African medical practitioners have left South Africa.⁸

The scales of hospital fees described on page 408 of last year's *Survey* have been changed. New tariffs have been introduced in the Transvaal, increasing fees, but raising the income limit for classification as a "hospital" rather than as a "private" patient. Fees for black patients are now assessed on the same basis as for whites. This arrangement works to the advantage of black in-patients, especially those from large families; but it means that the out-patient fee for blacks has been raised from a minimum of 20 cents to the amount that whites pay, i.e. 50 cents. (This is the fee applicable to people in the lower income groups.)⁹

MALNUTRITION

Towards the end of 1972, Kupugani¹⁰ circularised mission hospitals, asking about nutritional needs in their areas. The replies indicated¹¹ that there was generally a high degree of malnutrition. In a paper given at a congress of the S.A. Association for the Advancement of Science, Professor John Hansen (head of the Department of Paediatrics at the University of the Witwatersrand) is reported¹² to have said that such conditions could be found at almost any hospital or clinic in the country, the causes being poverty, ignorance, unstable or broken families, and overpopulation in many African rural areas.

⁷ *Star*, 2 August.

⁸ See 1969 *Survey*, page 235.

⁹ *Rand Daily Mail*, 4 May.

¹⁰ See 1969 *Survey*, page 238.

¹¹ *Star*, 12 December, and *Rand Daily Mail*, 15 December 1972.

¹² *Rand Daily Mail*, 29 June.

It would appear that insufficient use is still being made of the State's scheme for distributing heavily subsidized skimmed milk powder. In the Assembly on 25 April the Minister of Health said¹³ that the participants in this scheme in 1972, and the quantities of milk powder that were distributed during the year, were:

	<i>No. of participants</i>	<i>Quantity distributed</i> <i>kg</i>
Local authorities ...	169	644 000
Bantu authorities ...	3	6 250
Mission hospitals ...	58	303 000

MEDICAL PRACTITIONERS AND DENTISTS

The S.A. Medical and Dental Council has kindly informed the writer¹⁴ that at the end of 1972 there were 11 709 registered medical practitioners and 1 703 registered dentists in the Republic.

Questioned in the Assembly on 8 May,¹⁵ the Minister of National Education said that the numbers of undergraduate medical and dental students in 1972, and the numbers who obtained a MB.ChB. or who qualified in dentistry at the end of that year or early in 1973, were:

	<i>Students</i>		<i>Qualified at the end of year</i>	
	<i>Medical</i>	<i>Dental</i>	<i>MB. ChB.</i>	<i>Dentistry</i>
White	3 710	708	440	67
Coloured	142	6	19	—
Asian	445	16	47	1
African	202	7	15	—

A first Coloured man qualified as a dentist at the University of the Witwatersrand in June.

According to information furnished by the universities, the numbers of black medical students in March 1973 were:

<i>Medical school</i>	<i>Coloured</i>	<i>Indian</i>	<i>Chinese</i>	<i>African</i>
Cape Town	98	49	6	—
Natal	44	264	—	200
The Witwatersrand	10	97	30	1
	152	410	36	201

Students who enter the Natal Medical School usually take a general preliminary course for one year, followed by a six-year medical course. The preliminary year may be omitted by applicants with degrees in the basic science subjects or, in certain circumstances, with first-class matriculation passes. The Minister of National Education said in the Assembly on 24 April¹⁶ that, in 1972, 249 Africans applied for admission to either the preliminary or the first year course. Of these, 47 were accepted, 5 of whom failed to register. Another 28 were promoted from the preliminary year's course.

¹³ Hansard 11 col. 720.

¹⁴ Letter O 5/73 of 12 June.

¹⁵ Hansard 13 col. 839.

¹⁶ Hansard 11 cols. 703-4.

Only 60 students could be accommodated in the preliminary year and 80 in the first year course, the Minister added, these numbers including Indian and Coloured students. In a Press interview in March¹⁷ Professor E. B. Adams, Dean of the Medical School, said that strict selection was necessary not only because of the shortage of staff and facilities, but also because in past years there had been a high drop-out rate. Many applicants had relied on their memories at school, and had not been trained to reason or to originate ideas. Large numbers had difficulty with English and mathematics.

In a letter to the Institute of Race Relations in September, Professor Adams said that since the first student qualified at the Natal Medical School in 1957, there had been 168 African, 239 Indian, and 32 Coloured graduates. At the end of 1972 and in June 1973, 49 students graduated. This total, he said, should increase by at least 50 a year, reaching 90 or 100 per annum by the end of 1974.

Since 1966, Africans have been prohibited from studying medicine at universities other than the Natal Medical School unless with special Ministerial permission. During June,¹⁸ the Vice-Chancellor and Principal of the University of the Witwatersrand, Professor G. R. Bozzoli, urged the Government to allow this university to resume the training of Africans.

It was mentioned in an earlier chapter that the University of Stellenbosch, in co-operation with the University of the Western Cape, has commenced training Coloured dentists. The enrolment of black dental students in March 1973 was:

<i>University</i>	<i>Coloured</i>	<i>Indian</i>	<i>Chinese</i>	<i>African</i>
Stellenbosch and W. Cape	16	15	1	7
The Witwatersrand	5			

During February¹⁹ two Johannesburg City Councillors, Dr. Selma Browde and Mr. Sam Moss, M.P.C., made a joint appeal for the improvement of dental services in Soweto. Dr. Browde said that because of inadequate dental facilities, many people had to have extractions when they only needed fillings. Mr. Moss pointed out that there was no school dental service. Black children, he said, were becoming more and more prone to the same dental problems as Whites, due to their changing eating habits.

The Johannesburg City Council employed three White, one African, and one Asian full-time dentists. It decided in February to adopt the same salary scale for them all.²⁰ (During 1972 it made a similar decision in regard to doctors.)

Black doctors employed in government hospitals in the Transkei are also paid the same salaries as their white colleagues

¹⁷ *Rand Daily Mail*, 6 March.

¹⁸ *Ibid.*, 8 June.

¹⁹ *Ibid.*, 28 February.

²⁰ *Ibid.*, 26 February.

receive:²¹ but this is not the case in government and provincial hospitals elsewhere in the Republic. During March,²² a group of black doctors produced statistics to show that the salary gap between White and African doctors had been widening. In 1964 African housemen earned 79 per cent of the salaries of Whites: by 1972 the figure was 68 per cent. Over the same period, the salaries of African medical registrars decreased from 80 per cent of those of Whites to 65 per cent, it was stated. Two of the salary scales quoted in the report are:

Medical Officer and Registrar:

White: R5 700 x 300 — 8 100.

Coloured and Asian: R4 350 x 150 — 4 800 x 240 — 6 000 x 300 — 6 600.

African: R3 750 x 150 — 4 800 x 240 — 6 000.

Intern:

White: R4 050.

Coloured and Asian: R3 120.

African: R2 760.

The writer made a comparison of the scales for the various posts, coming to the conclusion that Coloured and Asian doctors earned between 70 and 81 per cent of the salaries of Whites with equal qualifications, and Africans between 65 and 76 per cent.

It was reported in October²³ that the *British Medical Journal* had decided not to accept advertisements from South Africa unless equal salaries were offered for equal work.

NURSES

The S.A. Nursing Council kindly furnished the following statistics, showing the number of registered nurses and student nurses (men and women combined) as at the end of 1972.

	Coloured		
	White	and Asian	African
Trained nurses and midwives:			
General nurse	9 805	854	3 421
General nurse with additional qualifications	14 013	2 069	8 714
Midwife only	1 047	265	1 707
Other nurses ²⁴	1 270	73	434
Totals	26 135	3 261	14 276
Auxiliary (enrolled) nurses and midwives ...	1 291	728	8 496
Student nurses	3 781	699	3 220
Student midwives (excluding trained nurses)	967	306	1 108

Every one of the African student nurses at Baragwanath Hospital (serving Soweto) who wrote final examinations at the end of 1972 succeeded in passing, three of them obtaining honours passes.²⁵

²¹ *Ibid.*, 11 July.

²² *Ibid.*, 16 March.

²³ *Ibid.*, 4 October.

²⁴ Psychiatric, mental, fever, children's, etc.

²⁵ *Race Relations News*, June.

After passing a Sister Tutor's course at the University of the North, Miss Lydia Makgopela was awarded a Fullbright Scholarship for further study in the United States. She obtained a Master's degree in nursing education at the University of Connecticut.²⁶

The Minister of Bantu Education said in the Assembly on 16 February²⁷ that, during 1972, 16 Africans qualified as Sister Tutors, and 56 as public health nurses.

As from 1 April, improved salary scales were announced for black nurses and for white nurses in the lower grades. As well as this, black nurses would receive a 17.5 per cent increase, and white nurses 15 per cent. The following figures show the resulting changes in the top notches of certain salary scales:²⁸

	<i>Previous notch</i>	<i>Revised notch</i>	<i>Add</i>	<i>New maximum</i>
<i>Nursing sisters</i>				
White	R3 450	R3 600	15% = R540	R4 140
Coloured and Asian	R2 040	R2 520	17½% = R441	R2 961
African	R1 620	R1 920	17½% = R336	R2 256
<i>Student nurses</i>				
White	R1 800	R1 920	15% = R288	R2 208
Coloured and Asian	R1 170	R1 440	17½% = R252	R1 692
African	R 840	R 990	17½% = R173	R1 163

A percentage comparison of salaries would work out as follows.

	1972	1973
<i>Nursing sisters</i>		
White	100	100
Coloured and Asian	59	72
African	47	54
<i>Student nurses</i>		
White	100	100
Coloured and Asian	65	76
African	47	53

PHARMACISTS

According to the responsible Ministers,²⁹ the numbers of pharmacy students in 1972 were:

	<i>1st year</i>	<i>2nd year</i>	<i>3rd year</i>	<i>Post-graduate</i>
Whites	413	732	515	
Coloured	63	31	10	—
Indians ³⁰	?	33	21	—
Africans	38	23	5	3

During 1972, 6 Coloured students, 16 Indians, and 2 Africans obtained the B.Sc. (Pharmacy) degree. The number of Whites was not stated.

²⁶ *Rand Daily Mail*, 3 October.

²⁷ Hansard 2 col. 120.

²⁸ Information from S.A. Nursing Association.

²⁹ Minister of National Education, Assembly Hansard 1 Question col. 50; Minister of Coloured Relations, Hansard 2 col. 92; Minister of Indian Affairs, Hansard 4 col. 258; Minister of Bantu Education, Hansard 2 col. 79.

³⁰ Indians take a B.Sc. course during the first year, and at the end of this are selected for the B.Sc. (Pharmacy) course.

PARA-MEDICAL PERSONNEL

Questioned in the Assembly on 16 February,³¹ the Minister of Bantu Education said that the following numbers of Africans qualified during 1972 as para-medical personnel:

Health inspectors	...	...	...	...	...	31
Health assistants	...	...	...	...	...	35
Medical laboratory technicians	...	...	...	...	...	1
Physiotherapists	...	...	...	...	...	8
Radiographers	...	...	...	...	...	3

TUBERCULOSIS

It was stated in the Assembly on 6 March on behalf of the Minister of Statistics³² that no information was available about the number of Africans who had died of TB. The figures for other racial groups were:

		<i>White</i>	<i>Coloured</i>	<i>Asian</i>
1970	...	100	1 135	73
1971	...	110	1 084	69

According to a Press report,³³ "a spokesman for the State Health Services" said in February that TB was so prevalent in the Transkei that almost every child was affected with it at some stage, although many of them showed no actual signs of illness. About 6 per cent of the population of the Transkei needed treatment for TB at some stage of their lives. Twenty-one centres with about 2 000 beds had been established for patients. A pilot scheme at Kentani to combat the disease was proving very successful. Babies were immunised, and all school children tested regularly.

EYE DISEASES

The Director of the S.A. National Council for the Blind, Mr. S. Wentworth, was reported in March³⁴ to have said that since October 1952, when a mobile clinic scheme had been started, 11 790 successful major eye operations had been performed on Africans in country areas. Of these people, 8 402 had cataracts in both eyes. All could now see again. Many others had had sight restored.

The need for the mobile clinic was less acute to-day, Mr. Wentworth continued, because there were more established clinics and hospitals. Further, there were far fewer cases of diseases such as trachoma, because Africans in remote areas were paying more attention to personal and environmental hygiene, and teachers were co-operating in preventive work.

³¹ Hansard 2 col. 119.

³² Hansard 5 col. 329.

³³ *Rand Daily Mail*, Townships edition, 23 February.

³⁴ *Report from South Africa*, March.

At a conference of the S.A. National Council for the Blind held in December 1972, Dr. J. Graham Scott described a project in the Potgietersrus area of the Northern Transvaal which he had headed for 15 years. Each year, about 60 000 African children had been treated for trachoma. Over this period, the incidence had dropped from 40 per cent to 6 per cent, and the gravity of the disease had been so much lessened that it was highly unlikely that any more school children would become blinded.³⁵

The Department of Optometry at the Witwatersrand College for Advanced Technical Education, in co-operation with Witsco (a welfare organization at the University of the Witwatersrand) has been running clinics at Riverlea for Coloured people, and at Alexandra Township for Africans. Under the supervision of registered optometrists, optometry students conduct eye tests and make up spectacles, charging about R4 if people can afford to pay, otherwise making no charge. Grants are obtained from various sources to cover costs. Previously, only people who could prove that they were indigent could obtain free spectacles, through the St. John's Eye Hospital.³⁶

³⁵ *Bantu*, January.

³⁶ *Star*, 26 April.