care centres which must be accessible, acceptable and appropriate to the needs of the population. Israel, with a population of 3½ million, has approximately 850 of these centres throughout the country. In KwaZulu with a population of approximately 5 million we have only 100 and these are not necessarily adequately staffed. But these health care centres must be seen as part of an overall development plan for the rural areas — agricultural development, educational and technological development — which must be appropriate. I believe the University of Natal has a leading role to play in this regard. Recognising the constraints under which the University operates due to the laws of this country, and recognising that the community it serves is unfortunately not the one most in need, I nevertheless believe the University should seriously consider the establishment of a Rural Development Unit which will undertake research into and co-ordinate activities related to rural development in Natal and KwaZulu.

What rôle should the medical profession play? For one I think we as a medical profession should realise that the health care of our children and, for that matter, of all people is not the sole prerogative of the medical profession — but that other disciplines are of equal, if not greater, importance in the provision of adequate health care for our children. We must realise that 'western style medical education is an antiquated model of testified incapability in solving health problems of the type existing in developing countries'. We must move away from the so-called western pyramid of élitism (which probably stems from the 13th century when Emperor Frederich II of the Holy Roman Empire decreed that no one should practise medicine without sitting an examination before the masters of the medical school at Salerno), and see the provision of health care as a broad front of health for all by all and, especially, free for all. This reorientation process must start right at the beginning of the training of our doctors and indeed even before that. In the training of our doctors we must kill two birds with one stone — not literally speaking, of course, although this may be a way of solving the population explosion! Whilst training them in the art of diagnosis we must at the same time teach them about the importance of prevention and health education.

But it is not just the University that has a rôle to play. Each one of us has a contribution to make. We cannot simply sit on the sideline and watch our children die in their thousands each year from preventable causes. We must all get involved and do something about this. **What, you may well ask, can I do in this regard?** For a start, become aware of what the real priorities in child health in the Republic of South Africa are and, secondly, bring pressure to bear on the policy makers and planners to deal with the roots of the problems and not merely the symptoms. If we can convince our health minister that instead of spending 98 percent of the health budget on curative services and the other 2 percent on preventive and promotive aspects, the reverse should take place until such time as we have overcome the major health problems in this country. After this about half of the budget should be spent on curative and the other half on other aspects of health. We would then have achieved an important victory in our struggle to provide health care for all our people in the Republic of South Africa. If I may quote the late John F Kennedy when he opened the World Food Congress in Washington in 1963:

> So long as freedom from hunger is only half achieved, so long as two-thirds of the nations have food deficits, no citizen, no nation, can afford to be satisfied. We have the ability as members of the human race. We have the means, we have the capacity to eliminate hunger from the face of the earth in our lifetime — we need only the will.

Do we have the will?

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Points of View

'I WONDER what the Blacks, who shiver in the middle of a dark night and who are hounded early in the morning, call the department, surely not co-operation and development. Perhaps callous and destructive would be nearer the truth'. Dr Alex Boraine (PFP, Pinelands). — The Star

DR KOORNHOF said it was his duty to ensure that as far as possible Blacks living in White South Africa retained their bonds with their own national states. He was a friend of the Black man, and urged the Opposition not to destroy that friendship.

Dr Koornhof has claimed that the evictions and demolitions would be carried out compassionately with due regard to the dignity of those being evicted. 'I am sure he means what he says. I am only a little puzzled — how can you evict and demolish compassionately? How can you do something that is fundamentally inhumane inhumanely?'

— Bishop Tutu quoted in The Star