Chapter Three

HEALTH

THE PROVISION of health facilities in South Africa is subject to the policy of separate development. Inadequate medical facilities are provided for the black majorities in the form of hospitals, clinics, medical centres, training centres etc.

The governmental departments, Bantu Affairs, Indian Affairs and Coloured Relations, are responsible for the administration of health services in the entire black community.

Hospital Services

State, Provincial and Mission hospitals render health services. Some, but not all, mission hospitals for blacks are subsidised by the government.

In reply to a question in the House of Assembly in February 1973, the Minister of Bantu Administration and Development, Mr M.C. Botha, said that there were 93 mission hospitals with 23 908 beds, 12 other hospitals and 543 clinic centres in the homelands. He further reported that 15 mission hospitals are excluded from government subsidy as they are subsidised by the South African Bantu Trust.

Mr A.J. Raubenheimer, Deputy Minister of Bantu Development, announced the handing over by the central government of all mission hospitals situated in the 'homelands' to the different Bantustan governments; these would in time become homeland government hospitals. Because of this, some missions were refused permission to extend or improve hospital buildings. A top administrative officer at South Africa's oldest Anglican Mission hospital, St Mary's near Melmoth in KwaZulu,

said such 'dithering' by the government over its policy for mission hospitals in the homelands 'could lead to further deterioration of medical services for Africans in the rural areas' *(Daily News,* 30/4/73).

The evils of the government's policy of separatism are also to be seen in the urban or so-called 'white areas'. Because of the demands of industrialisation, these areas are densely populated by blacks who are frequently victims of illness, disease and physical injury, in part due to living in overcrowded conditions, riding in overcrowded trains and buses, sharing overcrowded homes etc. The incidence of kwashiorkor is extremely high. Diseases such as tuberculosis, typhoid and dysentry are rife. A clear illustration is given by a pamphlet prepared by the Medical Association for the Prevention of War (issued in London), which quotes the following statistics with regard to the incidence of notifiable diseases per 1000 000 persons *(Daily News,* 6/9/73).

DISEASE	POPULATION GROUP			
	African	White	Coloured	Asian
Tuberculosis				
1969	413,8	21,9	360,7	165,1
1970	366,5	21,9	331,9	153,6
Typhoid				
1967	41,3	2,3	5,1	6,1
1970	27,2	1,6	11,4	5,1
Diphtheria				
1969	5,0	1,8	5,9	6,6
1970	0,6	—	0,4	0,5
Leprosy				
1969	4,8	0,1	0,7	1,2
1970	4,9	0,1	0,2	0,2
Puerperal sepsis				
1969	1,5	0,1	0,7	1,0
1970	0,8	0,1	0,6	1,3
Doctor/ Population Ratio Population	1:44000	1:400	1:6200	1:900

Government policy opposes the erection and development of hospitals for blacks in the white areas. In some hospitals which formerly catered for

all racial groups, the sections for black patients were closed down. For example, the removal of patients from Edenvale hospital (Tvl) to Tembisa hospital was strongly criticised. The Transvaal leader of the United Party, Mr Harry Schwarz, maintained that blacks living in that area should still receive treatment at Edenvale and that it was time the authorities improved the standard of Tembisa hospital to that of white hospitals, 'because blacks are to pay the same hospital tariffs as whites' *(Rand Daily Mail* 12/5/73). At the Sir Henry Elliot Hospital in Umtata the two sections are divided by means of a precast concrete wall. Separate X-ray facilities and operating theatres were installed in each section. Negotiations to turn the famous heart transplant hospital, Groote Schuur, into a white hospital were announced by Dr R.M. Kotze, Director of hospital services in the Cape.

It is not uncommon for a hospital which provides for blacks to experience some crisis situation sparked off by socio-economic factors. Discriminatory pay scales for whites and blacks, intolerable working conditions, long hours of work, bad staffing etc. are among the factors which can precipitate a crisis situation. Durban's overcrowded King Edward VII Hospital and the Baragwanath Hospital near Johannesburg are good examples. These hospitals are on the verge of breakdown because of the increasing flow of patients.

According to information King Edward Hospital handles an average of 3 000 people daily in the out-patients department. It is common practice for seriously ill patients to spend the night or be observed in the out-patients department. The government refused to allow the Natal Provincial Administration to re-develop the hospital to meet existing requirements since in the near future the hospital would have to be moved out of a 'white area'.

In the House of Assembly early in 1973, the Minister of Bantu Administration and Development disclosed that hospitals would be erected at the KwaMashu and Umlazi Townships in Durban and set the completion date as 'early in 1978' *(Daily News* 14/2/73).

In Pretoria a sum of R50 000 was donated by Mr H. Adam, a prominent resident of the Laudium Indian Township, towards the building of a hospital in that township. The donation was acknowledged by the Transvaal Executive Committee on hospital services. The hospital provides 60 beds.

Medical Training

In South Africa that section of the population which 'suffer from the diseases of comfort and over-eating' enjoy the privilege of five medical schools, at the Universities of Cape Town, Stellenbosch, Witwatersrand, Pretoria and the Orange Free State, in contrast to only one such institution

(a part of the white University of Natal) provided for the training of medical students belonging to the section which 'suffer from the diseases of malnutrition and poverty'. Such inequality is by and large responsible for the skewed doctor/population ratio reflected in the previous table.

The number of black doctors the University of Natal produces is hopelessly inadequate for the millions of blacks in the whole country. At present there are no African dentists. Throughout the country, there are only 10 African pharmacists.

Mission hospitals have played an important role in providing professional training for black nurses. Not all provincial or state hospitals that cater for blacks are nurse-training hospitals. Very few hospitals provide combined training for Indians, Coloureds and Africans. The tendency is to separate the three. No black nurse may receive training in a 'white' hospital. Government policy stipulates that each race group should be nursed by its own people.

The latter policy can be abused by authorities if only to serve white interests as was the case at the Hillcrest Provincial hospital in Natal for elderly people. Black nurses attended white patients because, as Mr S. Waterson claimed, 'there was a critical shortage of nurses'.

Although a certain minimum educational qualification is demanded of any young woman entering nursing, there is discrimination in wages. A white senior sister starts at R3 000 a year with an annual increment of R150 to R4 200. For the same qualifications a Coloured or Indian nursing sister starts at R2 040 with an annual increment of R120 to R3 000. An African senior sister starts at R1 620 with an annual increment of R90 to R1 800. A white student nurse starts at R1 320, a Coloured at R900 and an African at R576.

In May 1973, student midwives at the McCord Zulu Hospital in Durban submitted a memorandum to the matron outlining various complaints concerning wages and living conditions at the hospital. They strongly felt that the salaries paid to them were very much below standard and thus failed to meet the escalating cost of living. Hospital authorities reacted by saying that the students' demands had 'communistic overtrones' (*Daily News* 24/5/73). When the students refused to retract the memorandum, they were dismissed. According to newspaper reports all the nurses were later reinstated by the hospital.

Alcoholism and Drug Addiction Centres

Alcoholism and drug addiction are increasingly becoming symptoms of the frustrating life led by blacks. No rehabilitation centres for the treatment of such patients exist. Addicts attend out-patient clinics for treatment. This does not prove to be really satisfactory because patients are constantly back

home in the environment that contributed to their addiction. Provincial councils have without success been repeatedly urged to help solve the problem through the establishment of in-patient rehabilitation centres.