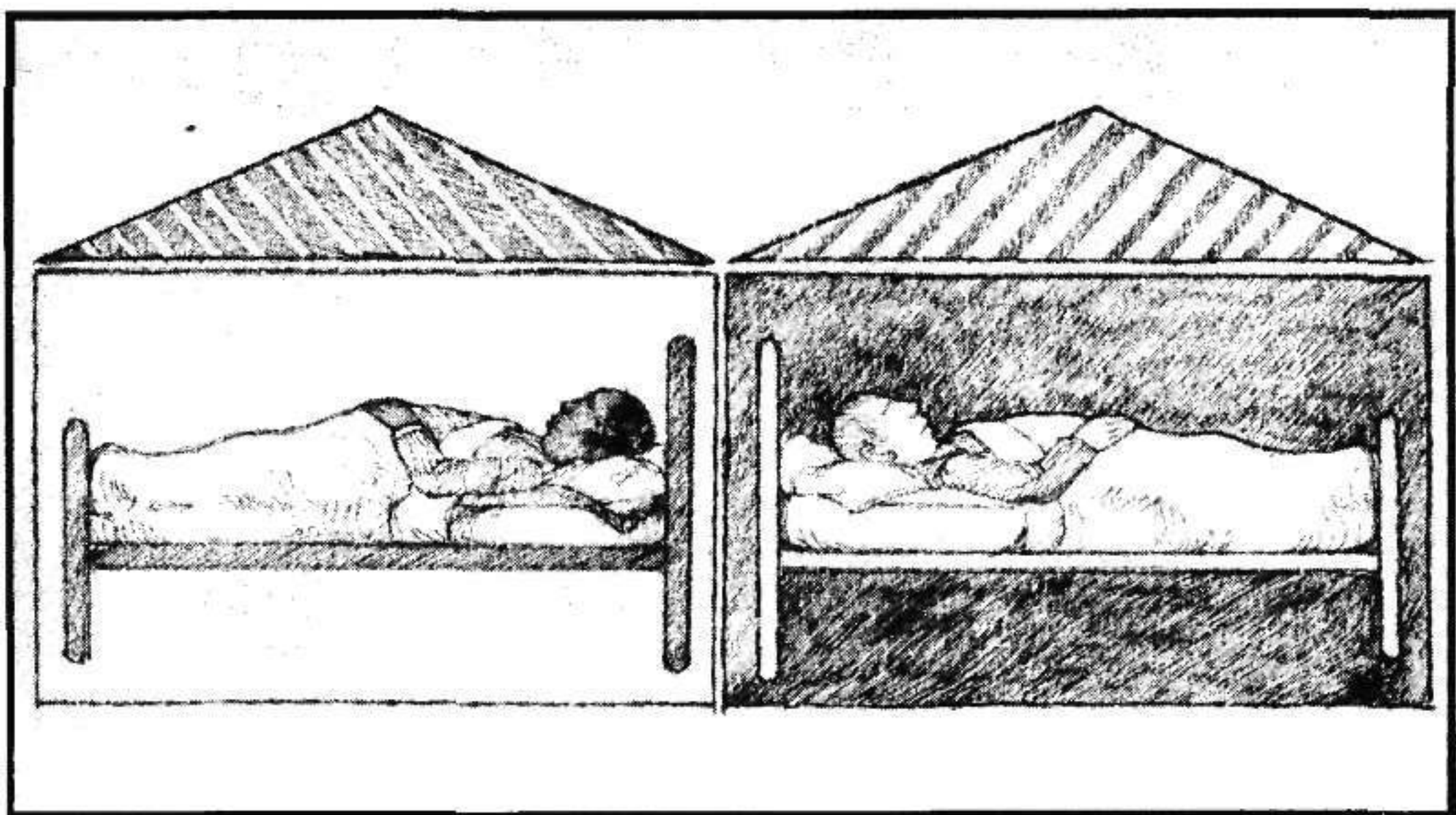


Segregation and integration at Groote Schuur Hospital

South African hospitals are distributed according to race and class. In Cape Town, all hospitals except one convalescent and one orthopaedic hospital, are located in white group areas. In Guguletu, there is one small day hospital serving all of Guguletu, Nyanga, New Crossroads, the transition camp and Phillipi. Mitchells Plain and Bonteheuwel, do not have a day hospital at all.

The building of another large, expensive Groote Schuur Hospital in Cape Town when other surrounding areas are without adequate services, must be questioned. The new hospital will however, be completely desegregated. Although the change is welcome, there is a danger that the Cape Provincial Administration may use the desegregation of Groote Schuur Hospital to divert attention away from the continuing segregation in other Cape hospitals.

This article documents the developments at Groote Schuur Hospital in Cape Town - from segregation to integration.



Health care divided along racial lines is unacceptable



People came to the Cape to find work resulting in an increasing demand on the urban hospitals

The old Groote Schuur Hospital: an apartheid design

When the original core of the old Groote Schuur Hospital was built in the early 1930's, segregation was designed into it. There were two 'sides' - a 'white' side and a 'non-white' side, each containing approximately equal numbers of beds - 'separate but equal'. Only one nurses' home for whites was built on site. In later years a second nurses' home - for 'coloureds' was built 9 km away in the relevant group area.

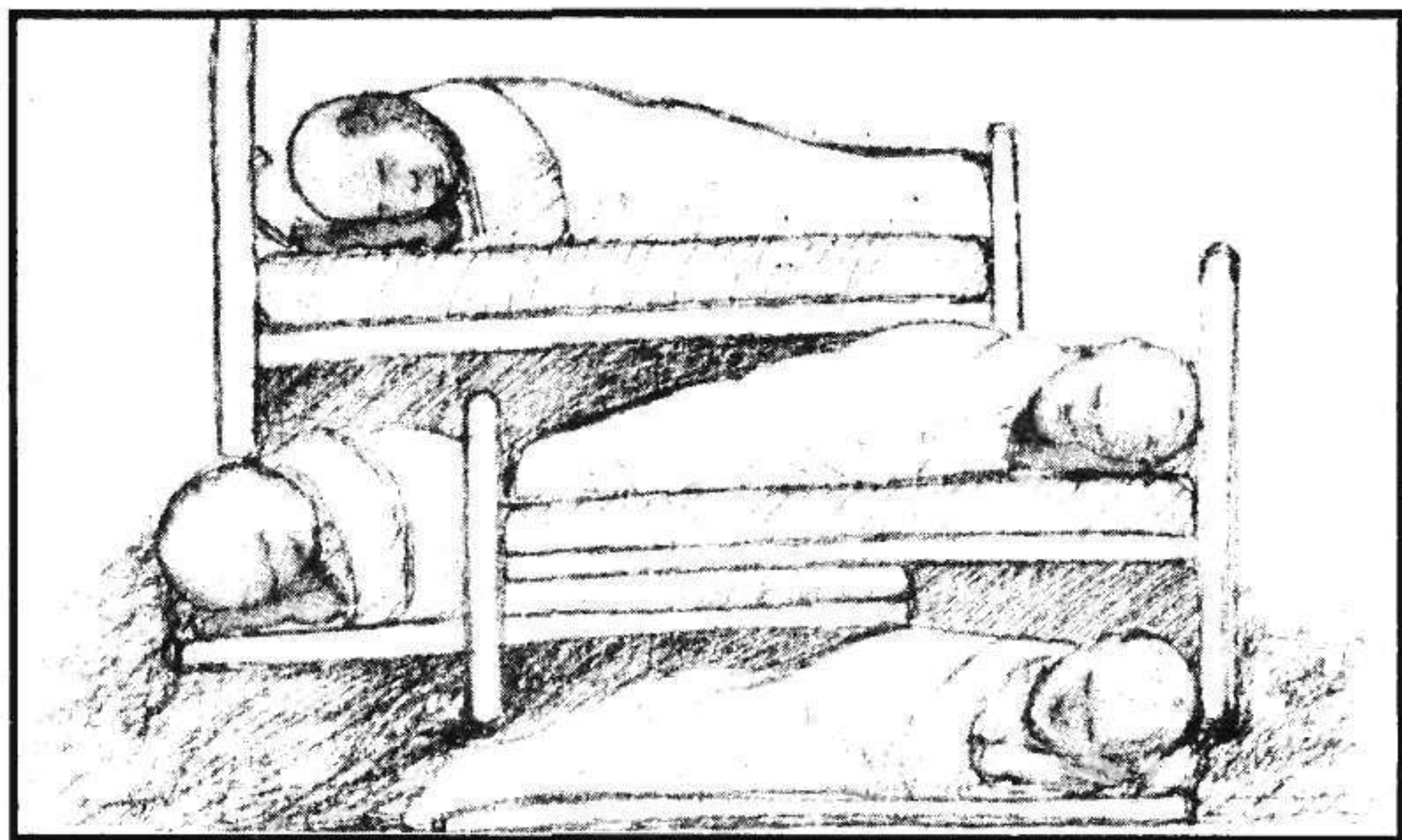
Cracks in the apartheid building design

Over the fifty years that followed, the demography and available health services of the population served by Groote Schuur has changed. There has been an increase in the provision of hospital beds for the wealthy (mainly white) by private enterprise. At the same time, there has been an increase in the proportion of the Cape Peninsula's black population. This increase, largely a result of 'rural-urban drift' has accelerated markedly during the 1980's.

The first cracks in Verwoerd-type segregation at Groote Schuur Hospital appeared in the 1970's. The duplication of intensive care units, requiring highly trained staff and expensive equipment, made segregation impractical. More

significant, however, were the declining numbers of young white women coming forward to train as nurses. Related to this were the relatively low wages being paid to nurses. Because of the shortage of white nurses for white hospitals, black nurses were employed to staff white wards.

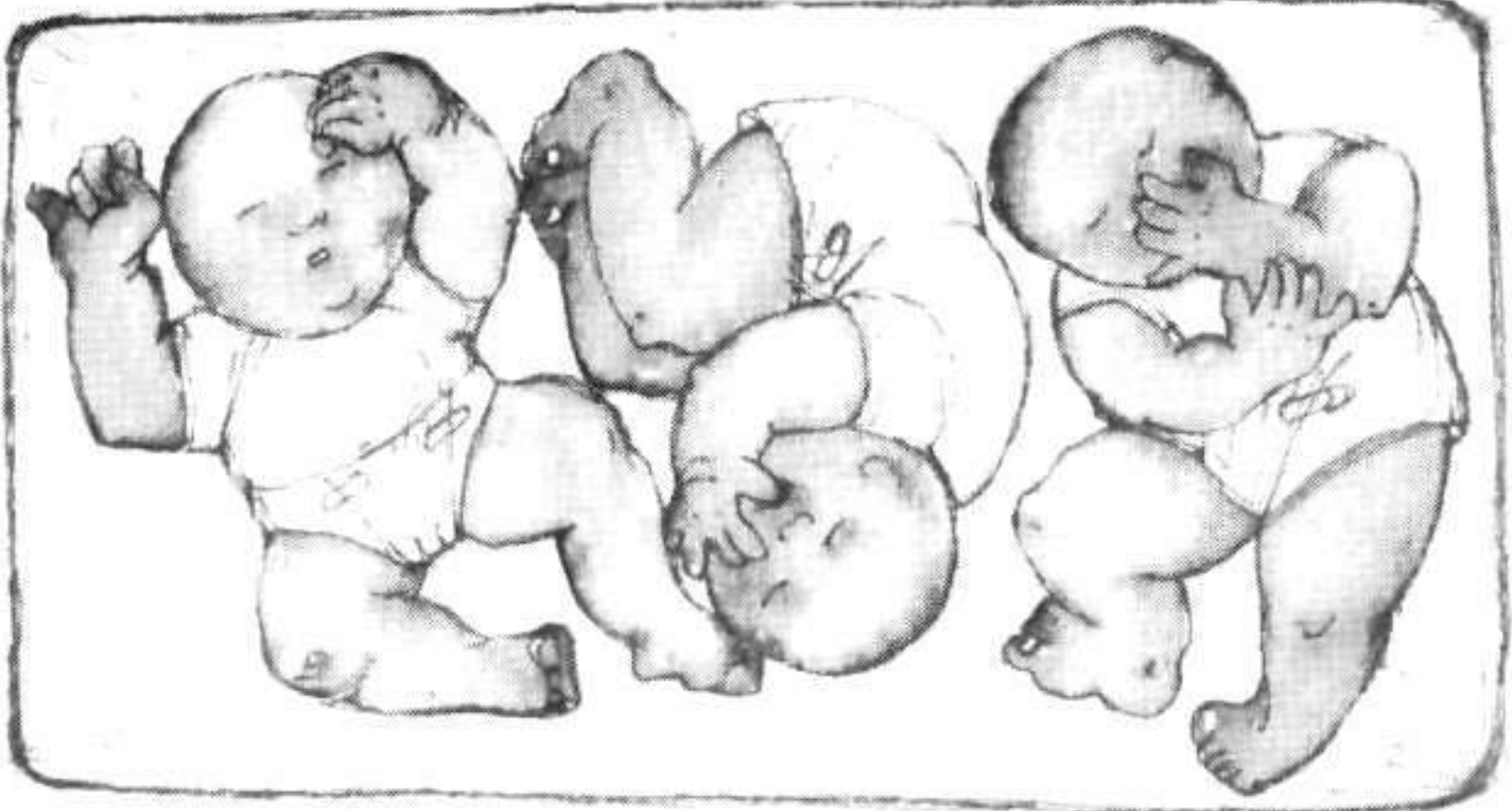
The number of black patients using the in-patient facilities at Groote Schuur Hospital increased steadily and by the mid 1980's, a crisis point was reached. On the 'non-white' side of the hospital, all the available beds and other facilities were fully used, whereas the 'white' side was under-utilised. Staffing on both sides was nearly the same. On the 'non-white' side, patients' illnesses had to be more serious to qualify for admission, hospital stays were shorter and the staff was under greater pressure.



The beginnings of desegregation

In 1985, the policy of strict segregation was relaxed. With the medical superintendents' permission in individual cases, 'non-white' patients were allowed to use vacant beds on the 'white' side of the hospital. The staff and patients made full use of this concession within the medical wards. This led to integration in some wards. But the new policy was unevenly utilised and did not solve the problems of pressure on the staff nor the unequal thresholds for admission.

At this time, people publically voiced their discontent about the racial inequality of care imposed by segregationist arrangements. The student body was most explicit.



In 1985 an intern at the hospital documented several cases which showed that segregationist policies had resulted in a poorer quality of patient care. This information was submitted to the Faculty of Medicine's Professional Standards Committee. In a remarkable decision, evidence was ruled sub-judice and all people present at the meeting were sworn to secrecy on the committee's decision.

In December 1986, the Department of Medicine made a decision which proved to be a landmark; all medical wards and the emergency unit at Groote Schuur Hospital were effectively integrated. This courageous move had taken place after a long process of negotiation between the University of Cape Town and the Cape Provincial Administration authorities. It addressed the problems of 'unequal thresholds' for admission and uneven work loads. At first other clinical departments did not follow the lead given by the Medicine Department.



The *South* newspaper made hospital segregation a media issue

Although staff opinions have never formally been tested, there can be little doubt that the overwhelming majority of staff at Groote Schuur Hospital supported the integrationist moves. Considering how significant this change is for racist South Africa, there were very few problems expressed by patients. It became clear that with equal basis for admission, whites were a small minority of those requiring care at Groote Schuur. White admissions at the hospital have undoubtedly decreased. The reasons for this decrease are complex. They might have to do with the decision of the Cape Provincial Administration to increase hospital fees and divert medical aid members to private facilities.



The extent to which the new hospital will be desegregated will be reflected with time

In April 1987, an investigation by the *South* newspaper succeeded in making segregation at Groote Schuur, a hot media issue. On the one hand, there was the Nationalist segregationist policy as espoused by the Director of Hospital Services, Dr N Louw; on the other hand, the Faculty of Medicine reaffirmed the Cape Town university's rejection of racial discrimination (letter, SAMJ vol 71, 2/5/87). A general meeting of the Medical Faculty at this time overwhelmingly supported the university's position. People attending this meeting called for action against segregation at Somerset, Red Cross, Falkenberg and other hospitals where the university contributes to staffing.

The new Groote Schuur Hospital

The building of the new hospital has been met with much criticism. There are other surrounding areas that are in much greater need of health care services. It is not the intention of this article to condone the building of the new hospital. Rather, the intention is to acknowledge the moves within the hospital to provide a non-racial service and the example that this could set for the rest of South Africa.

In May 1988, the Department of Medicine decided to occupy wards in the new Groote Schuur Hospital. These wards are not racially segregated. There are no plans for the other clinical departments to be segregated when they occupy the new Groote Schuur Hospital. In fact racial segregation is not a part of the design of the new hospital. This is due to the determined anti-segregationist stand of the Faculty of Medicine over the hospital design in the 1970's.

Racial integration at Groote Schuur is now an established reality although the hospital still has traces of apartheid practice. There are, for example, two racially segregated nursing colleges.

Time alone will tell how far integration at Groote Schuur Hospital will be extended.