A brief history of the National Medical And Dental Association (NAMDA)

NAMDA has been interested in the issue of medical education for many years. This interest and concern resulted in NAMDA initiating a workshop with the University of the Witwatersrand, to discuss the issues involved. The following article is a history of the organisation and outlines some of its activities and future plans.

NAMDA was formally constituted on 5th December 1982 in Durban. It is not fortuitous that this was the beginning of the most significant decade in the history of resistance to apartheid. In 1982 the first stirrings of mass resistance were in the air. The progressive trade union movement had been growing rapidly since the Durban strikes in 1973 and was heading towards the formation of COSATU. A number of community based organisations were emerging in Cape Town, Durban and Johannesburg; these were founded on daily community issues such as housing, rents and local government. Student boycotts had reappeared after Soweto 1976 and were spreading through the land in African, 'Coloured' and Indian schools. Universities were the focal point of intense debate and student unrest. Youth, both inside and outside educational institutions, were getting organised. In a word, NAMDA was born in a period of burgeoning social dissent and challenge. Cracks in the monolithic state apparatus were widening: legislation allowed the unionisation of Africans; influx control was being loosened; political institutions were being designed to accommodate Africans, Indians and 'Coloureds' and petty apartheid was crumbling.

At this time a Health Workers Association was already in existence in the Transvaal. It was in Durban, however, that a group of doctors was able to take the first few steps to establishing the forerunner of NAMDA. It is not by chance that these events occurred early on in Durban - this city has the largest concentration of black doctors; the University of Natal has the oldest and biggest black Medical

NAMDA was formed during a period of increasing mass resistance to apartheid

Faculty; doctors at the Medical School had the experience of an abortive strike over unequal salaries in 1968. This was the scene of the rise of Biko and Black Consciousness; Medical Schools had lived through the South African Students Organisation and were more politicised than their colleagues on other campuses; black private practitioners had an infrastructure of thriving Guilds and, most critically, a significant number of doctors had been involved for many years in political work and community organising. This convergence of different factors created the objective and subjective conditions for NAMDA.

Medical ethics under political repression

Two specific events acted as catalysts for bringing together health professionals to seek avenues for the expression of their discontent. These were the failure of the Medical Association of South Africa (MASA) to take prompt and appropriate action against Drs Lang and Tucker who had been accused of unethical behaviour in their medical management of Steve Biko who died in detention in 1977, and the effects of detention on health (especially the physical and mental deterioration produced by solitary confinement and torture). These made such a profound impact on the collective conscience of the Medical and Dental Fraternity that a wide range of individuals took up the struggle for a re-examination of medical ethics and responsibilities in this country and to speak out against unjust laws which had by then led to incalculable suffering and more than fifty deaths in detention.

Prior to the 1980's, this response by health professionals had been isolated, fragmentary and individualised. No systematic examination of the nexus between apartheid and health had been undertaken by doctors and dentists; little was done on an organised basis and there were no programmes of action.

Initiatives leading to the formation of NAMDA

The impetus came, surprisingly, from the guilds (Durban North, South and West Guilds and Pietermaritzburg Doctors' Guild). A decision was taken to hold a conference to go into the question of forming an alternative medical association. Representation was to be from as wide a group of doctors as possible. An interim committee organised such a meeting on 15th November 1981 at the TASA Centre in Durban. About 150 doctors from Natal and Transvaal attended.

The reasons formulated for a new medical association were the failure of MASA, the need for a forum for progressive doctors to discuss the wider issues on health, the commitment to work for democratic change in health structures, services and education, the necessity to take up people's health issues and finally, to counter state propaganda by revealing the true conditions prevailing in health in South Africa to the world community. The alternative medical association was formed. This body further canvassed the views of doctors in Durban, Stanger, Port Shepstone, Pietermaritzburg, Newcastle, Port Elizabeth, Cape Town and Johannesburg. There was considerable support for the new Association.

This mobilisation and consultation culminated in a National Conference held on 5th December 1982 at which NAMDA was named and formed. A Health Worker Organisation also appeared in Durban.

The goals of the organisation were enunciated for the first time and were broad and all-encompassing on health. The preamble to the constitution, accepts the World Health Organisation definition of health, affirms the belief in health as a basic human right and, above all, commits NAMDA to the establishment of a just society as a precondition for optimum health.

The guidelines for a programme of action drawn up at that time were primarily concerned with building and strengthening the organisation on a broad and secure base. There was not much hint in these statements of the central role in health that NAMDA was to play in the rising surge of popular dissent in the 1980's.

Controversial principles

Full membership was restricted to registered medical practitioners and dentists. Associate membership was open to students and "concerned health professionals", this was later changed to "such other persons as determined by the association". This restricted membership was used by critics of NAMDA as a crucial weakness

leading to control over health matters by professional elites. The NAMDA argument is that the deep class division in South Africa prevents the organisation of all health workers into one body.

Relations with MASA

The dealings with MASA have deteriorated from suspicion and distrust to outright hostility. As alluded to above, the creation of NAMDA was in some measure, though not entirely, a reaction to the failure of MASA. It was inevitable that MASA's actions would be opposed as it was perceived by NAMDA as being closely aligned with the ideology and practices of the apartheid state. After criticisms of MASA on the handling of the Biko issue, contact between the two organisations bristled with suspicion, but was still subdued in relation to later events. NAMDA's reaction to the report of the ad hoc committee of MASA (May 1983), which had the Minister of Health on the Medical Care of Prisoners and detainees, was gentle if not muted. NAMDA supported MASA on its initiative and affirmed that the report was significant. However, NAMDA believed that recommendations were limited and suggested that MASA improve their recommendations and "actively work for their implementation". Some of the reservations of NAMDA hinged on the dismal failure of the report to condemn the system of detention itself and demand its abolition and the right of access to detainees by an independent doctor of their choice.

Commemorating the death in detention of Neil Aggett . NAMDA condemns the system of detention and is concerned about the effects that it has on the people's health

The World Medical Association (WMA) had precipitated the breakaway of African, Scandinavian and British groups by its decisions to readmit MASA. In 1984 MASA planned to host the congress of the WMA in South Africa. The purpose of this would be to assist MASA in reducing the international outrage over conduct on the Biko issue and to project an unrealistically favourable impression of health and disease in South Africa. NAMDA, health worker groups and medical students councils formed a co-ordination body, the National Committee of Health Organisations (COHO) which spearheaded the opposition to this WMA congress. The campaign succeeded and the WMA congress was moved to Brussels. It was during this campaign that unity among health groups occurred in joint action and nascent international support was encouraged.

MASA continues to avoid significant action on crucial issues in health: effects of repressive state legislation, torture in jails, deaths in detention, the detention and abuse of children, the emergencies, security branch harassment of NAMDA, non viable and corrupt bantustans, the fragmentation in health services accentuated by the new tricameral constitution, the consequences of forced removals, the racist allocation of health resources, the crises in black housing and education etc ....

International support

NAMDA has built a powerful support network at an international level. A number of solidarity groups and individuals have been set up in the past few years. Primum inter pares is the Committee for Health in South Africa (CHISA) in the USA which has grown and now has an identity and a presence which promotes the anti-apartheid struggle in health. A close relationship exists between NAMDA and CHISA. A similar group "Health Watch" exists in Canada and there are less formalised groups (but no less supportive) in the United Kingdom, Europe and Australia. NAMDA is a member of the international commission of Health Professionals and has informal associations with UNICEF and other international agencies. In October 1986 a NAMDA delegation attended the Maseru conference of the Confederation of African Medical Associations (CAMAS). NAMDA was accorded permanent observer status with this body. The CAMAS link established a precedent on the exchange with and support of academics in South Africa.

Involvement in new initiatives

The rising momentum of change in this country has created its own imperatives. While liberation may not be imminent, it appears realisable. For NAMDA this means planning for the future. Accordingly, a number of seminars, publications and campaigns have addressed vital issues such as a nationalised health service, Primary Health Care (PHC), training of PHC workers, doctors, dentists and other

health professionals for a post apartheid South Africa, traditional medicine, role of nurses, privatisation, role of drug companies, appropriate research, etc. Except for NHS recommendations in the Gluckman commission at the time of the 2nd world war, this is the first systematic inclusion of these issues and discussions on the future shape of this country's health service.

The progressive direction taken by NAMDA was facilitated by leading members in its ranks with active involvement in political, community, youth, welfare and worker organisations. Up to this point, NAMDA has managed to balance the ability to provide leadership when necessary with the capacity to respond to the changing needs of people caught up in daily struggle.

Emergency services groups

The uprising in the Vaal triangle, which later spread throughout the country's black townships in 1984 increased requests for medical and psychological assistance. It was difficult for injured people to escape from townships ringed by a cordon of security forces and impossible for sympathetic outsiders to get in. A significant police presence was maintained at hospitals to arrest those seeking help for injuries. Access to doctors and clinics and even makeshift facilities at churches was

NAMDA played a role in the establishment of the Emergency Services Groups which train community members to deal with health related problems, especially those related to acts of police violence. The programme also provides counselling and rehabilitation of ex-detainees

limited. Furthermore, the number of political detainees was increasing daily. Many thousands suffered the after effects of their detention and torture on being released from apartheid prisons. NAMDA brought together detainee support groups and a few other organisations to set up the Emergency Services Groups (ESG). This programme entails training local members of community organisations to deal with health related problems, especially surgical emergencies and crises, which occur during times of unrest. Counselling and rehabilitation of ex-detainees is a major component of this project. This programme is now the largest health service provided by progressives to the community. While NAMDA maintains an abiding and important involvement in ESG, to a large extent the organisation functions independently.

The progressive primary health care network

NAMDA is committed to the building of a health system in a democratic South Africa based on sound and secure primary health care services. An imaginative move towards this medium term objective was the convening of a conference by NAMDA of PHC workers in Cape Town during April 1987. The minimum requirement we used for the invitation was a rejection of apartheid. From this meeting arose the Progressive Primary Health Care network (PPHC), which was formally launched in Johannesburg in September 1987. PPHC operates autonomously from NAMDA with its own projects, regional and national structures. NAMDA participates through its members elected onto PPHC committees.

Health worker organisations

Nurses comprise the largest group of health workers in South Africa. The organisation of nurses is therefore at the centre of any strategy for change in health services. The emergence of the National Education, Health and Allied Workers Union (NEHAWU) is therefore critical for all health organisations. NAMDA has had extensive discussions with NEHAWU and the Health Workers Association with regard to the organisation of health professionals into the union.

Community based medical education (CBME)

The urgent need to match medical education and training with the major health problems of all South Africans has been clearly understood by NAMDA from its constitution, article 3.5 of which reads: "To promote improved standards of teaching and training in health, medical and related professions, relevant to the

NAMDA believes medical education must match the major health problems of all South Africans

needs of the majority of the people". In accordance with this objective the National Council in 1988 mandated a sub-committee on education to look at the very complex nature of medical education and especially so in the South African context. It was on the strong recommendations on CBME, by the committee, that extensive discussions took place in various regions. The sub-committee further recommended that NAMDA initiate a major conference on CBME with one of the medical schools and it is in this context that Wits agreed to host this conference. CBME is an objective mentioned in all NAMDA brochures and discussed in virtually every annual meeting. With the experience of two senior members who *have developed considerable expertise in this field of appropriate, medical* education a special education sub- committee of the National Council of NAMDA was set up. Seminars on this subject have been given by NAMDA members in all

the English speaking medical schools of South Africa. A delegation from NAMDA was invited to attend a conference held at the medical school of Newcastle, New South Wales and Australia. The conference was devoted to examining the experience of the Newcastle School in Innovative Medical Education. The December workshop at Wits is a launching pad for a serious initiative into Community Based Medical Education.

Structures

The membership has fluctuated in numbers, at best there were about 1 000 members. The Annual Congress is the supreme policy making and decision making body. It is comprised of mandated branch representatives. The Annual Congress elects a National Council which manages the organisation. The National Executive Committee (NEC) is elected by the National Council. There are regional/provincial councils and local branches. There are at present 10 branches and/or regions.