

# SEPARATE DEVELOPMENT IN HEALTH

This article attempts to outline the homelands policy and to show how health services in homeland areas are subject to political and ideological forces which both echo and support the homelands policy itself.

The homelands policy rests upon an identification by the government that South Africa is composed not of a white minority and a black majority, but of a number of culturally distinct peoples, each of which attempt to assert their own identity.

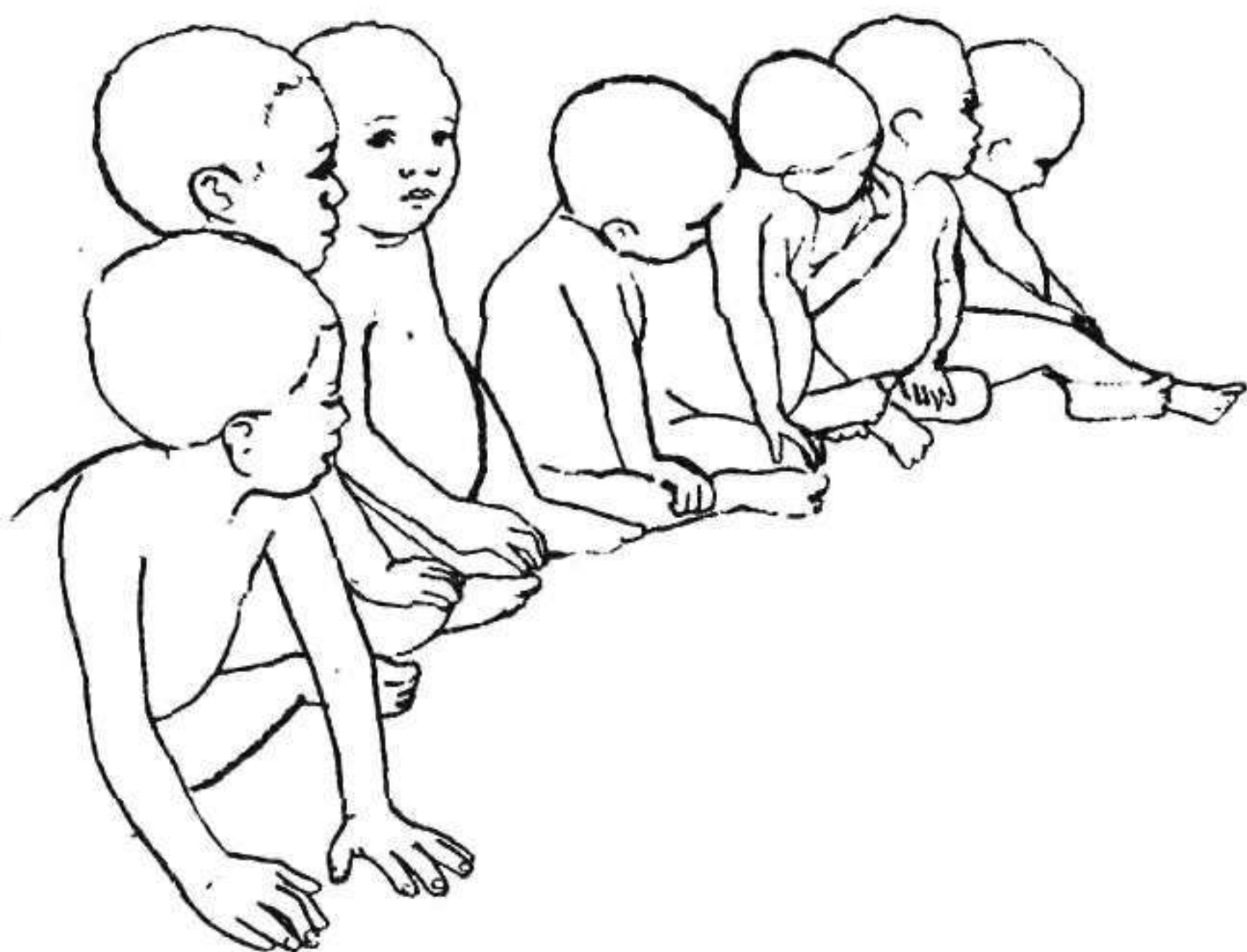
The government has therefore evolved a political model whereby each black "nation" can, theoretically, determine its own future. Each such "nation" has been allocated its own territorial "homeland" which constitutes a spiritual and emotional home even for those "national citizens" who physically dwell outside of it.

According to the government, within each homeland, official policy has given expression to the political aspirations of each people by allowing them to evolve their own self-governing institutions. As each homeland government gains in capability and experience, so it is encouraged to progress along the path of constitutional development until it reaches eventual "independence".

The policy states that ultimately each african "nation" will have separated from South Africa, which will then contain only white, coloured, and asian citizens. Each of the population groups will administer its own internal affairs, while all africans, even though many may be permanently resident and working in the Republic, will be expected to

exercise their political rights in their own particular homelands. The new constitution seeks to further consolidate this policy.

The homeland programme may thus be seen as a policy of divide and rule, whereby the african population which outnumberes the white population by five to one, has been redefined into ten separate ethnic minorities.



The essence of apartheid can be shown to relate to the twin goals of maintenance of white supremacy and the maintenance of the coercive labour system which ensures the cheap labour supply upon which the South African economy depends.

The South African administration has been able to relieve itself of various burdensome tasks such as the provision of education, the care of the sick, and the payment of pensions. These responsibilities have now been shifted onto the homeland governments.



The homelands also serve to direct attention away from the political core of South Africa, deflecting protest and discontent away from the central authorities and on to the black homeland leaders.

A critique of this policy demonstrates the large number of flaws contained in it. For a start, only 13% of the land is set aside for 70% of the population. Secondly, the hopeless fragmentation of the homelands prevents them from ever becoming "countries" in any meaningful sense of the word. Thirdly, the arbitrary and racist concept of nationality ignores the extent to which the various african ethnic groups are inextricably and irreversibly inter-related. Furthermore, there is an effective denial of all political voice to blacks living in urban areas while the homelands are thoroughly impoverished, underdeveloped and dependent upon the central South African economy. (1)

Those homelands that have opted for "independence" are unviable in many respects. For example, they receive, on average, 75 percent of their revenue in direct grants from Pretoria. In the Transkei, only 15% of the labour force is internally employed. More than 70% of the economically active population is involved in the migrant labour system, while the rate of job creation in the homelands fails to absorb more than 10% of those who enter the job market every year.

The success of the homeland policy has been extremely limited in that none of the "independent" homelands has been recognised by the international community and the black population generally has not been co-opted by the policy.

## HEALTH SERVICES IN THE HOMELANDS

Health services in the rural areas were originally provided by mission doctors from Europe who first started coming to South Africa in the early nineteenth century. Initially, health services were set up to cater for the needs of the missionaries and their families who were exposed to "tropical" illnesses. Later, mission health services were set up to provide medical care for the african population.



In the late 1960's, a combination of factors led to the South African state taking over these mission health services. The state was concerned about the liberalising influence of the missionary and expatriate doctors, and was also proceeding with its "separate development" policy and was eager to place homeland health services in the hands of the homeland authorities, thereby giving them credibility and respectability.

A newspaper editorial published soon after the Transkei government opted for "independence" pointed out that the problem of malnutrition in the area had been redefined from a problem of the South African state, to a problem of the Transkei government. "The Transkei malnutrition and death rate are now the worry of the Transkei government" it stated. "This is being done in the guise of giving freedom to blacks. Could anything be more cynical?" (RDM 30.12.77)



## HOMELAND HEALTH SERVICES BOLSTER APARTHEID

There are a number of ways in which homeland health services and policies regarding the services reflect, support, and complement broader policies regarding the homelands and their relationship with white South Africa generally.

Firstly, the homeland health services reinforce the dependence of the homelands on Pretoria. Almost the entire homeland budgets derive directly from the South African government.

Secondly, the homeland health services give credibility to the homelands by giving the impression that these authorities are able to care for the health and social welfare needs of the population in these areas.

Thirdly, the establishment of homeland health authorities encourages ethnicity and attempts to foster a black tribal identity rather than a national identity. In Lebowa, for example, a hospital was handed over to Gazankulu, another homeland. This led to the withdrawal of nursing and administrative staff, and a large number of patients and their records, because Sotho staff refused to work under the Gazankulu authorities. (See Critical Health number 6, 1981).

Fourthly, adverse publicity is focused on the homelands and away from the South African government. In Kangwane, where services and amenities were very poor, the local population blamed the homeland authorities for the poor conditions and high rates of disease, rather than the South African state which is really responsible.

Fifthly, health statistics can be manipulated in order to give the impression that the

health status of people is improving. The rate of tuberculosis officially decreased markedly towards the end of the seventies and early eighties. On closer examination this can be shown to result from excluding health statistics from the "independent" homelands.

Sixthly, ethnic organisations have been established in order to promote the tribalisation of professional and other groupings. Kwazulu nurses, for example, have been prevented from joining the South African nursing association and forced to establish their own ethnic nursing organisation.



Finally, the homeland health services can be used to put pressure on the "non-independent" homelands to opt for "independence". This pressure has resulted from the dependency of the homeland health services on staff and money from the South African government, and the way in which the government is able to manipulate these in order to pressurise the homeland authorities.



## CONCLUSION

This article has attempted to focus on the health services in the homelands and to draw attention to the political and ideological roles that these services play. It has been shown that events in the homeland health services mirror those taking place in the relationship between the homelands and white South Africa generally.

It must be recognised, ultimately, that the health care system reflects the nature of the society in which it is located. This is particularly apparent in the South African context.

## REFERENCE

1. Southall R. South Africa's Transkei : The Political Economy of an 'Independent' Bantustan, Heinmann, London, 1982.

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