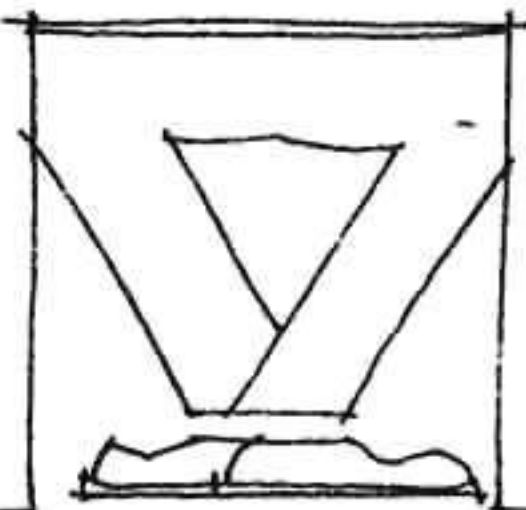
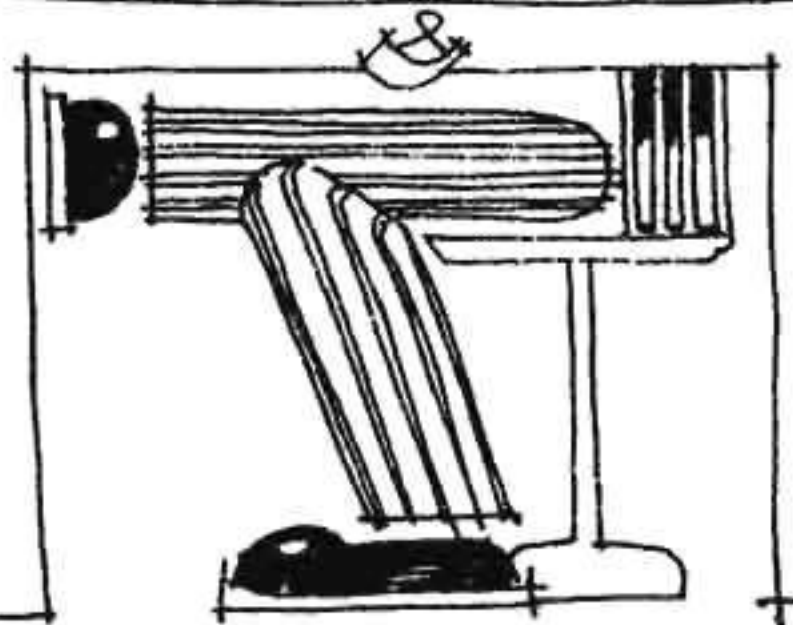


The decision, by regional authorities in the Southern Transvaal, to suspend the use of rifampicin, the most effective known anti-tuberculous drug, raises important questions about the State's role in the worsening tuberculosis epidemic.

Excuse me, sir,  
but we need more  
money for better  
anti-TB drugs.



THERE IS NONE  
AVAILABLE! WHY  
DON'T YOU JUST  
IDENTIFY FEWER  
CASES OF TB



The Department of Health determines its priorities for expenditure on specific health problems.

The reduced budget allocated to anti-tuberculosis drugs in the Southern Transvaal suggests that tuberculosis treatment is "too efficient" at this stage. This is despite the fact that:

"In SA this pool of infectious cases is estimated to be about 110 000 strong." "Annually only 38 000 cases are notified ...leaving 80 000 undiscovered. In other words, our present measures are merely reaching the tip of the iceberg and not effectively reducing the risk of infection."

-Dr. E. Glatthaar, Deputy Director (communicable diseases) Department of Health, in a paper entitled "A Plan for TB Control in SA- A Challenge With a Promise" presented at the National Tuberculosis Conference, June, 1979.

Why is this the case?

In order to maintain the status quo, the State has found it necessary to increase expenditure in certain areas, esp. defence. To offset this other areas must be reduced. The areas selected for reduced expenditure are those seen to be contributing least to the maintenance of the present political and economic system. Hence, the cuts in expenditure on TB treatment.

Why does TB treatment fall into this category?

With unemployment approaching three million, disabled and dissatisfied workers are easily dispensible. They can be sent back to the "homelands" and healthier, able ones recruited to replace them.

If unemployment declines in future years, because of this present policy, the State may need to reconsider its budget allocation to anti-TB treatment.

Clearly, the State considers medical treatment to be for the "health of the economy", rather than for the health of the workers.

A security policeman told the Johannesburg Regional Court on 26th January that an accused in an Internal Security Act trial, who had made requests to see a doctor, was instead attended to by a police sergeant. Mr. Shongwe, the accused, had made 3 separate requests to see a doctor, after suffering persistant headaches. A statement, signed by Mr. Shongwe, alleging that he had been assaulted by a number of security policemen, was also presented to the court. A warrant officer, giving evidence explained that for complaints such as headaches and stomach aches, detainees were seen by Sgt. van Vuuren, who would then give the tablets or medicine generally used by doctors for such complaints. (RDM 27-01-81).

From NUSAS Health Fact Sheet  
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