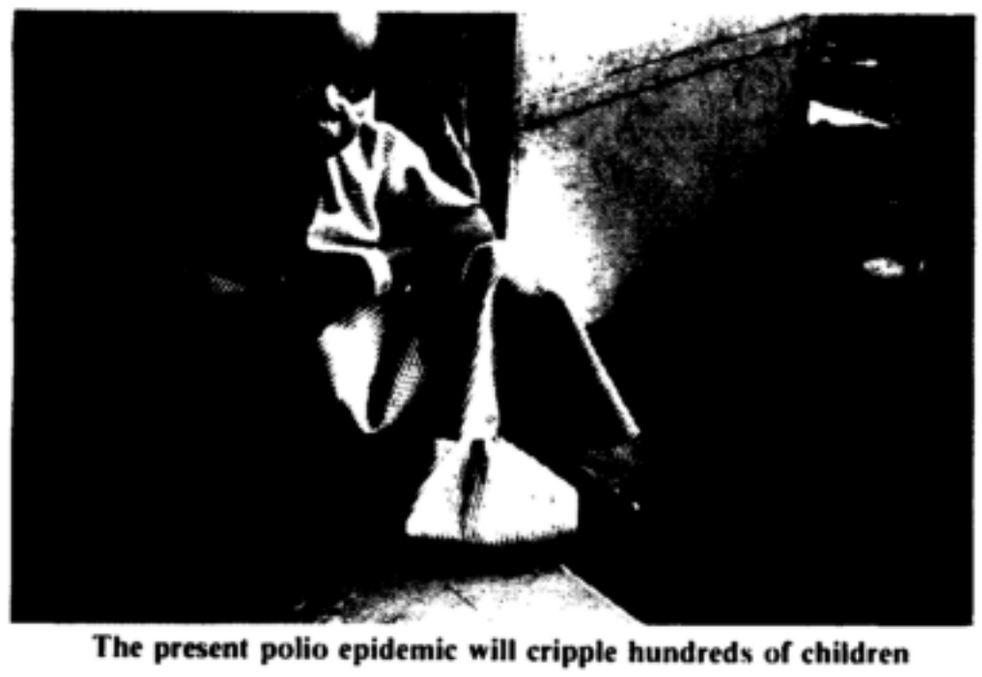
What's the use of doctors who can't be reached



The present polio epidemic will cripple hundreds of children

Rural hospitals do not have enough beds to accommodate victims

TWENTY-FIVE children have died of polio since the first outbreak of the epidemic in May this year. Another 252 children suffering from polio are lying in hospital wards, mainly in Gazankulu and Lebowa.

In 1981, more than 80,000 Africans mainly from the rural areas, were affected by poverty-related diseases, such as TB, cholera, diptheria, and typhoid. In 1982, this figure is likely to multiply because of the resurgence of epidemics believed to have been eradicated or brought under control.

The four-month-old polio epidemic bears this out last year, only 20 confirmed cases throughout the country were reported. This year, Gazankulu alone has ten times more cases than that.

The epidemic flared up in March in the Letabe district of Gazankulu, near Tzaneen in the north-eastern Transvaal in May this year. Polio has affected Phalaborwa, Lebowa and Venda and is creeping towards the Witwatersrand. Seven cases have been reported in Garankuwa, near Pretoria and a child from Honeydew, near Johannesburg, is being treated in Johannesburg's CMR Hospital.

Polio is a relatively rare, but highly contagious disease which is spread through direct contact with affected people. In most cases, it is confined to the throat and intestine. Initial symptoms are often mistaken for flu, with diarrhoea and high fever. Although often a mild disease, in about one to every 100 to 1,000 cases, it attacks the spinal cord, weakens muscle groups and causes paralysis. If it is not treated in time, it is fatal.

Polio has been notifiable since 1919 with outbreaks occurring every four to five years. The biggest outbreak was in 1956 when polio claimed 3,000 victims. In 1960, an oral Sabin vaccine was introduced along with compulsory immunisation in 1963.

The disease can be prevented by three doses of this vaccine, administered mainly to children below six years of age. This is the age group most affected by polio.

Why is polio yet another epidemic disease striking our rural areas?

Government Health Department authorities admit uncertainty on the disease's source, but argue it is spreading because of a breakdown in neighbouring states' health services, parents failing to immunise their children, rural ignorance and 'superstition and disbelief in white medicine'.

But other medical sources lay the blame on inadequate local health services, personnel shortages and deplorable living conditions.

Although preventive vaccines are given free, rural dwellers often have to travel great distances to get to the sparsely situated health clinics. Inadequate and expensive transport facilities make this very difficult for most rural people.

The polio problem, they say, is rooted in the state's health policy rather than in the afflicted communities.

Fifteen months ago the South African Medical Journal reported that polio seemed under control with a drop in cases to about ten a year. The increased 1981/82 statistics suggest a breakdown in health services.

This links to a government attempt about a year ago to reduce bureaucratic structures. Health services have been hardest hit with health spending curbed and personnel levels frozen.

Children aged between one and five are most vunerable to polio

Also, giant hospitals in urban centres have grown while rural health needs have taken a dismal second place.

Clinics in rural areas are few and desperately overcrowded. The overflowing Letaba hospital in Gazankulu where most polio deaths have occurred has had to accommodate many of its paralysed victims on the floor as the 350 beds are inadequate for the daily influx of patients.

By contrast some urban hospitals, the largest in the southern hemisphere, stand half empty.

On the polio front negligence has also contributed to the diseases' spread.

A survey found that medical personnel had run out of vaccine supplies at a critical stage because they had focussed on school children and not on the most likely polio victims children between the age of one and five who have not yet developed a natural immunity to the disease.

Even more disturbing is that many vaccinated children have contracted the disease. One victim, three year old Salome Litsiyo caught polio after being vaccinated in March and September 1980.

Careless handling and storage of the vaccine has been pinpointed as the reason for this. The Sabin vaccine is highly effective and can be kept for over two years if stored at below freezing temperatures. At higher temperatures it becomes ineffective within hours and so if incorrectly handled, the 'cold chain' essential for keeping the vaccine is broken.

The Letaba hospital superintendent has attributed negligent handling to the South African Railways which transports it from Johannesburg to Tzaneen in gas refrigerators. He says the SAR sometimes fails to notify health authorities immediately on the vaccine's arrival and undetected gas leakages could also neutralise the vaccine.

PFP health spokesperson Dr Marius Barnard hit on a contradiction in South Africa's medical service when he said, 'In one sense we have one of the best medical services in the world, but also one of the worst . . . good doctors are of no use if patients die because they can't reach them.'

One suggestion to counter the chronic health service shortage has been to train members of the community in basic health practices as 'barefoot doctors'.

Another way to lessen the problem would be to use mobile clinics so that rural people who cannot afford travel costs could have access to health. But these measures could only be effective in the short-term.

In the meantime, rural health remains in crisis and polio continues to spread.

A shot in the arm for apartheid medicine

THE PROPOSED establishment of a medical school at the University of Durban-Westville (UDW) spells the end for South Africa's only non-racial medical faculty.

The Medical School at the University of Natal admits Indian, Coloured and African students.

With the planned establishment just 15 kilometres away of the UDW medical school, the expansion of the exclusively black Medical University of South Africa (Medunsa) near Pretoria as well as a proposed medical school in the Western Cape, the Durban Medical School is likely only to admit white students, and become a fully fledged wing of the white-designated University of Natal.

The latest moves culminate over a decade of State pressure to compel the faculty to toe the apartheid line.

For years, the Durban Medical School has posed a very real threat to apartheid medicine: Its non-racial policies alone were a slap in the face for racial exclusivity. Its students, academics and post-graduates have achieved international recognition with substantial achievements in several fields. Most importantly, the medical faculty has, since its inception in 1951, emphasized community medicine as a priority with the establishment of a community medicine clinic and a Department of Community Medicine.

While students at the school favour non-racialism, they have generally opposed the admittance of white students.

A student spokesperson explained this stance: 'While students strongly support non-racialism, in view of the glaring disparities regarding medical training for blacks in South Africa, we oppose the admittance of white undergraduates.'

'Rather we would push for all educational institutions to be opened to all races.'

The State response to the progressive policies being followed in the Natal Medical School goes back to the 1960's.

In the late 1960's, plans were drawn up by the government for the creation of a medical school in one of the bantustans, and for the use of the Natal school solely by whites. The plans remained secret until 1976, ironically enough, also the 25th anniversary of the school.

The Cabinet then ordered the Medical faculty not to admit any more black students, and to prepare to admit white students in two years' time.

After intense pressure the state postponed the measures for a year, and in September 1977, the decision was apparently shelved indefinitely after a lecture boycott by students. The solidarity between students, academics and members of the community contributed to the suspension of the plans.

But efforts to enforce state control over the Medical School have continued rather more subtly.

Several departments of the school now fall under State Health conditions of service. This means the international recognition which they have enjoyed may fall away. Laboratories in the faculty have also been placed under state control, a move seen at none of the other six medical schools in South Africa.

There have been big financial pressures too. State loans and bursaries open to all other South African students are according to a 1979 amendment to the Universities Act, not available to students at the Natal Medical School.

It has been announced that in 1984 the faculty's state grant will be cut by R900,000. Although the administration, after student pressure, has been able to find some alternative sources of funds, academic and residence fees will still double and treble respectively from 1984.

In 1979 a national and international campaign was launched to oppose the state moves to phase out blacks, so-called Coloureds and Indians from the Natal Medical School. Despite this intense pressure, the state has continued with its plans.

These plans have involved the expansion of the Medical University of South Africa. Medunsa was established in 1975 in Garankuwa, a part of Bophutatswana, 50 kilometres north of Pretoria.

Superficially, Medunsa looks, with its potential annual enrolment of 200, like a positive step in eradicating the chronic shortage of black doctors.

But a closer look at Medunsa and its constitution shows it to be no more than a state tool: It is under the direct control of the Minister of Health, meaning the minister must approve all appointments, promotions and dismissals. Students and staff may be subjected to a religious questionnaire as a prerequisite for university admittance, and ethnic representatives sit on the university council.

Recently Medunsa has been expanding — a possible pointer to a preparation for the influx of black students should the Natal faculty become racially exclusive.

At the University of Durban-Westville, buildings are already going up to house the new medical faculty, which would be linked to the 500-bed Phoenix Hospital.

And in 1980, the then Minister of Internal Affairs, Chris Heunis, said a medical faculty would be established for the University of the Western Cape. This means so-called Coloureds would no longer be allowed to go to the Natal Medical School.