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NON-EUROPEAN HEALTH ASSISTANTS IN URBAN AREAS.

An address to the Johannesburg Rotary Club
on Tuesday, the 26th of October, 1937,
by
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of Benoni.

The health, wealth and happiness of our South African urban communities is dependent upon the fitness of all sections - European as well as non-European. That disease germs know no colour bar is a pious remark, bearing the stamp of truth, which is as frequently forgotten in practice as it is used in theoretical discussions. But the health officer, responsible for the health and sanitary conditions of all persons in his area, must attack preventable disease wherever it rears its ugly head - in the whitest suburb or the blackest location. I do not need to remind you that he frequently has great difficulty - in a South Africa not yet attuned to the more liberal vibrations which strike an answering chord in modern European ears - in persuading his public to see contemporary health problems whole, without relation to racial considerations.

He has three lines of attack available when setting out to persuade rate-payers of the necessity for organised health control work among urban non-Europeans. He can frighten the white population with horrible statistics about the spread of venereal diseases or enteric fever from the black to the white - a line that may, indeed, frequently be justified by factual evidence. Or he may prove, quite easily and quite honestly, that the weaker the physical condition of the local labour force the greater will be the loss to the industrial community. His third line is simply to consider all the inhabitants of the town as human beings - coming, therefore, according to their needs, within the scope of the activities of the Municipal health department.

I can, all too easily, produce out of the statistical hat ample and deplorable facts in support of the first two lines of argument. But, as Rotarians, we stand in no need of such factual flaggellation. You are, I know, prepared to accept as the only reasonable line that of surveying first the health of the whole community, and then of marshalling our modern available forces so that they will combat disease and improve health wherever and whenever clear evidence shows that such an attack is necessary.

What is the position in Benoni? Without embarking on to the perilous flood of the statistical sea may I give you two outstanding figures - carefully collected, checked and collated from the returns for the past five years - of death rates which cannot lie. From 1931 to 1936 the European death rate was 8.92 deaths a year among every 1,000 living, a most satisfactory figure contrasting well with that for any European community in the world. Among Natives living in the Benoni municipal area, but excluding those living in mine compounds, the rate was 37.78 - more than four times as great as that for Europeans.

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There is no need to stress this discrepancy - it is bad enough to have to quote it. And Benoni's figures are much the same as those to be found anywhere along the Reef. Nor shall I discuss today the various causes like poverty, bad housing, overcrowding and malnutrition which help to swell this gross preponderance of death in the morning of life among urban natives as compared with whites. We must accept the fact that the urban native death rate is high, far too high. And that this death rate serves also as a true mirror of the rate of sickness that temporarily disables but does not, for the moment, kill.

What were the causes of these native deaths? 36% were due to bowel infections like enteritis, enteric and dysentery, due to germs born in dirt out of ignorance; 28% were due to pneumonia and bronchitis and 5½% to tuberculosis - bred by bad housing and overcrowding out of poverty, malnutrition and ignorance; 10% were due to other diseases of infancy, many of them the result of syphilis and malnutrition in the mother, born by poverty out of ignorance; 7% were due to the direct action of other infectious disease germs like those of measles, meningitis, whooping cough and, once again, syphilis - whose parents are carelessness and ignorance.

In fact, 80% of these deaths were preventable; and a cause common to all of them was ignorance. Ignorance of the simple facts of hygiene and sanitation, of the way in which infectious disease is spread, and how sickness can be robbed of its fatality risk.

The octopus of preventable disease has many tentacles - bad housing, bad sanitation, lack of treatment facilities, our old enemies poverty and malnutrition, among others. But the brain centre, the omnipotent eye, of this octopus is ignorance. Perhaps, until we have cut off all the tentacles, we shall never achieve our ideal of the healthy state. But I believe that the vital spot in this enemy of human happiness lies in ignorance; if we can overcome ignorance we can minimise the viciousness of the onslaught of this octopus upon the health of the people.

How can this ignorance and this carelessness of the urban native in health matters be overcome? The civic motto of Benoni is "Progress"; and the motto of the Council's Health Department is "Through Education to Health". My Council feels that the primary duty of its health organisation is to teach the people to be their own health officials. You can lead a horse to the water and not make him drink - but you can make him thirsty. Health education is the way to make the people thirsty for health.

Right. I suggest we must agree that there is an excess of preventable disease among our native urban populations, and that much of this is due, among other causes, to ignorance. What is to be done? Above all we must remember that the urban native in our location is, in effect, detribalised - he has become - very largely, a permament resident within the municipal area.

In his native state, in his kraal, the Zulu - for example - leads a life bounded by very simple but generally effective rules of sanitation. His water supply, his food

storage, his refuse disposal (of all types) is controlled most sensibly and efficiently by the head man of the kraal. Once he comes to the town, away from the control of kraal and tribal custom, under new and often most insanitary living conditions, even the Zulu soon forgets the rules of hygiene which are as old and older than Moses.

It remains for us to lead these people back along the road of health. By improving their environment, by all means, but also - and believe me, I am no reactionary in saying this - by gradually teaching them to make the most even of their present conditions. So great an upheaval has occurred in the customs and mode of living of the vast native population rolling towards the towns that, with all the eagerness in the world, I feel we must make haste slowly. Let it not be thought for one moment that I suggrst any delay in our advance to improve environment through re-housing. Rather that at the same time we shall proceed along the twin stream of education. By teaching the people how to make the most of their new conditions, be they slums or fine municipal houses.

By whom shall that education be given? The old-time sanitary inspector, snooping around backyards for curious smells, is disappearing; he gives way to the health inspector whose first duty it is to teach the simple rules of hygiene and sanitation. But we soon find, as Dr. Park Ross, first in South Africa, found in Natal that the white man, however skilled in his knowledge of the customs and language of the Bantu he may be, cannot get under the skins of his non-white listeners. Health education among the non-Europeans, in fact, must be spread by their fellows with the approach and the verbal makeup that the listeners will appreciate.

From the realisation of this truth has developed the idea of non-European health assistants - in the Natal section of the Union Health Department, in the Municipality of Maritzburg, and now in Benoni. Men who would think primarily in terms of prevention of disease rather than of cure.

The Town Council of Benoni - to whom the fullest praise should be given for its advanced thought and ready appreciation of this new method of approach to a vital problem - agreed to the holding of a course of training in Benoni and provided every facility in the most generous way. Applications were invited from non-Europeans with the preliminary standard of Junior Certificate, and eleven students were selected from a very large number of applicants. Two from the Alexandra Township Health Committee, two from Johannesburg on the recommendation of Senator Rheinallt Jones, one from Pretoria, and the rest from Benoni. Seven were Natives, four were Coloureds. The Benoni men, thanks again to the generosity of the Town Council, received 35/- a month each in lieu of board and lodging during the four months' course. No charge was made to any of the students, and all books, papers, etc., were provided free.

The course itself developed on the lines that to know how to prevent disease and ill-health you must first know how the body works. So simple anatomy - with the aid of the skeleton - was first taught, and simple physiology with the aid of motion pictures from the Union Film Library. Then were considered germs and disease disinfection, vermin and how to kill them, how to build a house, to lay drains, to store

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and prepare food, to build a latrine, to keep it clean, what to eat and why, and so on. Practical work deriving from these lectures filled every afternoon. The men had to become practical workers as well as book worms.

To teach them how to spread all this good news soundly and simply to others, in addition to written tests set twice a week, we had a regular series of five minute talks given in turn by the students to the whole class; and the often nervous student-lecturer was plied with questions by the class without hesitation.

The final examinations, both written and oral, were carried out at our request solely by the Union Health Department - through the generous assistance of Sir Edward Thornton. Seven out of the eleven students were successful in an examination which never erred on the side of easiness. The men who passed are not "half-baked" health workers. They have had only a preliminary training, but it was intensive, and practical instruction in the groundwork of hygiene and sanitation. No attempt was made to go into the detail which fully qualified health inspectors must receive, but we believe these assistants have gained a working foundation of useful knowledge.

What of the future? Non-Europeans in South Africa require training not only in the preventive, but also in the curative, side of health work. And as regards the latter - Government, with the assistance of the Chamber of Mines, is already training native medical aids in a four year course at Fort Hare so that they may do curative work in rural areas. One day we shall, we must, provide opportunity for natives to take the approved course of training for a full medical degree..

As regards preventive work I hope you have realised that, to my mind, the most urgent and the continual need is for prevention rather than cure. It must be so if we are building for the future and not merely patching up the present. We have shown that native and coloured men can be trained and can be useful as public health assistants. This training may well be a stepping stone for the proved men among them later to take the full course of instruction for health inspectors under the aegis of the Royal Sanitary Institute. There is room for native health inspectors as well as health assistants in our urban locations.

Last evening my Council finally approved the appointment of one coloured and two native health assistants to work in Benoni. All the seven successful students have been, or will shortly be, placed in suitable posts. Three in Benoni, one in Pretoria, one at Alexandra, and now East London is considering an appointment.

What will they do? Working in Benoni under the immediate supervision of the European health staff they will follow up and bring for treatment persons suffering with venereal disease and tuberculosis and other infectious diseases; they will lecture to school children, to individuals, and to the public; they will assist with the general sanitation of the location and with the clinic work - among people of their own race only. In fact they will do the essential spade work in laying the foundations and erecting the structure of a health-conscious and a healthy non-European population. Our hope is

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that the example of Maritzburg and Benoni will not remain isolated, but that it will be repeated in other large centres.

For whichever way we look forward - towards a white or a Coffee-coloured Southern Africa - surely it is essential that men and women in touch with every social and racial stratum in this land of ours should be soundly trained in the elements of hygiene and sanitation, in the salient facts about the prevention of disease and the improvement of the communal health. Knowing not only what to do but also why.

We health workers cannot offer you a new world. But we can make for you a cleaner, healthier, happier and more peaceful world than the present one. And the sooner the public realises that the major urban health problems of today lie in the non-European sections of our population, the sooner can we seriously set about the task of making our towns strongholds of health - for citizens of every colour and race.

25th October, 1937.