

"MEN OF VISION".

Presidential address to the South African (Native and Coloured) Health Society, Lovedale, on the 25th of May, 1939, by Dr. C.C.P. Anning, Medical Officer of Health, Benoni.

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Booker T. Washington, that great American who, years after his death, stands as your pilot and your example, once said - "Where there is no vision, the people perish". When your invitation came to me to sit in your Presidential chair and to talk with you to-day I was reminded of these words. And across my mind, walking as I was through one of our Reef Locations, like a gust of cold air passed the realisation of how near are the non-European peoples of to-day to perishing. Perishing not only from lack of means, but more because they are unaware of what is happening to them, are unaware ignorant, and careless of the way to health which is the way to life.

Because it lies in your hands - you who must be the health workers of tomorrow - to light the torch of health knowledge, to bring the vision of health to your fellows as you carry the flaming torch of education through the countryside; because in you, and you alone, lies the responsibility for the future health, which means the future happiness and prosperity, of your people - because of these things I am here to say many things to you to-day which may seem hard and unpleasant. This is no time for smooth sayings, beautiful thoughts, and pleasant pictures of what might be - if things were different. Your people do not realise what is happening, they do not realise that with every year as their life changes over from a pastoral to an industrial background the health of the non-European peoples is slipping back and back.

"Where there is no vision, the people perish". Do you, the young people who have achieved the priceless opportunity of gaining sound knowledge at this College, do you realise what is happening to-day? Have you sat down for a while at your desks to think of the facts of disease among your people - the fact of malnutrition, the fact of venereal disease, the fact of tuberculosis, the fact, worst of all, of ignorance and carelessness about health especially among those of you who have only recently left the green hillsides for life in our crowded towns? Do you realise that unless you - which means each one of you here to-day - can bring that health knowledge, that will to health, that vision of a healthy people - to your fellows, only one end is in sight. Decimated by disease, depressed by ill-health, in a few generations to come the Native peoples of this country will follow along the trail of those races of the world which in the past, through inefficiency and weakness, have fallen back and back in the struggle for existence until they finally disappeared from the face of the earth.

You stand at the crossroads to-day. One road leads through sickness and ill-health to extinction. The other leads over the steep hill of endeavour into the fertile valley of health and security. With a full appreciation of the seriousness of my statement, I say to you that upon your actions, and the actions of your educated fellows throughout this country, will depend the road which the people are to take. If you are prepared to grasp the rod of health knowledge firmly enough,

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and to set out on your up-hill path - leading your people with you up and away from the stony path of ignorance and disease - you will in time reach the promised land of health, the only place in which peace and happiness can dwell.

I am terribly anxious to-day. Anxious not only because of the poor state of health, the lack of resistance to disease, among the Native and Coloured peoples of our country, but even more because of the apparent lack of any communal desire on your part to rise out of that slough of despair and disease. Sometimes optimism rises in my breast and I begin to believe my fears are ill-grounded. Such good moments come when I find small groups of your people banding together to learn the simple rules of health in order that they may go out among their fellows to teach them, soundly, how to help themselves. For that, after all, is the crux of this matter. The people must be taught to help themselves.

But, you will ask, and quite rightly, how is this to be done? First may we remind ourselves of the action health position of the non-European people of South Africa to-day. I cannot speak with any real authority of the position in the country districts, but I know only too well what is happening in the towns. Let me take you to my own town of Benoni for a few minutes where, quite apart from some 35,000 men who are working on the mines and living in the mine compounds, we have some 25,000 non-European men, women and children living, mostly, in our locations.

Among these people we find that 1 out of every 4 babies is unable to escape death in infancy, is unable to cling on to life until it reaches its first birthday. We find that among these 25,000 people there are never less than 600 deaths a year, although in any civilised part of the world we would not expect among 25,000 people to find more than 250 deaths a year. We find that one third of the women have had syphilis and still have the germs of syphilis in their blood. We find our out-patient clinics filled to the door every morning with people suffering with a long a weary list of sicknesses and diseases that are truly preventable. And when we go to the location schools we find that more than three-quarters of the children are under-nourished.

Why do I say that so much of this sickness, sickness which all too often causes death, is preventable? Look for a moment at the death returns and you will see what I mean. 35% of the deaths are due to bowel infections, caused by germs which are bred by ignorance out of dirt. 30% of the deaths are due to lung diseases, caused by germs which are bred by ignorance out of overcrowded, badly ventilated, insanitary housing. Probably 10% of the deaths are finally due to the weakness of the body which has resulted from an old, untreated, syphilitic infection. And I am quite certain now that nearly all these deaths could have been avoided if the bodies of the people had previously gained that resistance to infection which is produced when an adequate and well-balanced diet is eaten daily.

But, you may say, how can I have the audacity to suggest that the people themselves can do anything to prevent these disasters. You draw my attention to the low wages, the slum houses, the high cost of food, the lack of educational

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facilities and all the other disadvantages under which the non-European labours in our towns. Yes, I admit all these, I admit that we cannot hope to reach our final ideal of perfect health until most of these disadvantages have been wiped out. But I say, as strongly as I can, that more than one half of the existing ill-health, and the misery which always follows in the wake of sickness, could disappear even under existing conditions - if the people had the knowledge with which to wage the war on disease.

Let us take the question of malnutrition - which lies at the root of so much ill-health. Our very careful food surveys in Benoni have shewn that the Location population includes very few people who are getting an adequate diet for health. Most of them are getting enough in quantity, but few are getting the right variety of foods which is necessary for health. The main fault in their diet is that they are getting an excess of the starchy foods like mealie meal and bread, but they are going without the protective foods, what I call the "health insurance" foods. Among these protective foods I include the bran which is removed from mealies, wheat and other grain in milling, in refining the grains; I include fresh vegetables, fresh fruit, and milk. All of these are foods which, in a rich country side, the people are likely to get. In the towns they do not get them for two reasons. Firstly that some of these health insurance foods are too expensive; secondly that the people foolishly try to copy other ignorant people who tell them that only the white foods are eaten by the best people. A form of snobbishness which leads to disaster. So we find that for every 100 loaves of white bread, made with over-refined flour from which the health insurance foods have been removed in milling, only 5 loaves of brown and whole-meal bread (which contain these health insurance foods) are bought. Yet wholemeal bread costs no more than white. We find that almost all the mealie meal bought in the Location is of the white and sifted variety from which the goodness has been removed in the grinding; yet unsifted mealie meal, with the goodness remaining, is actually cheaper. We find the same story with Boer meal. We find, too, that although the brown "Government" sugar is  $\frac{1}{2}$  d. or 1 d. cheaper than the white sugar, and is just as good and just as sweet, the Location people buy 5 lbs. of the white to every 2 lbs. of the brown sugar - and so waste good money that could be spent on other "health insurance" foods. We find, again, a lack of interest in the growing of good green vegetables, which many people could do in their own tiny back yards if they would take a little trouble - though here we have found that since the Town Council of Benoni encouraged them by supplying vegetable seeds, on over 50 of the stands excellent vegetables were grown last summer.

Have I said enough to make you start thinking about these things. To make you realise that as well as the starvation due to poverty there is a great deal of starvation due to ignorance. That much of this malnutrition could be overcome if only we could persuade the people to spend a certain proportion of the little money they have available for food each week upon the health insurance foods instead of wasting it on the more expensive white meals, white sugar, and expensive tinned foods which look pretty on the grocers' shelves. If, too, we could persuade the people to buy their foods co-operatively, and therefore much more cheaply in our Locations instead, as happens at present, of each family buying a ticky's worth of meal at a time.

Look, also, at the incidence of venereal disease among your people in the towns. I am not one of those who talk wildly about the Native population being "riddled" with syphilis, but,

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alas, I do see every day at our clinics and at the Pass Offices, that syphilis is increasing amongst you. And it has increased largely because too many people have been ignorant of its significance, have not realised what a danger a man or woman with an open syphilitic sore is to others, nor realised that with early and proper treatment that danger disappears and the ill-health that follows infection may be avoided. Yet every day we hear of men and women who have been content merely to get some medicine from a herbalist or a chemist, and, when the sores temporarily disappeared, felt that all was well again - even though the germ of syphilis, unkilld except by the injection of proper drugs, was still lurking in the blood, biding its time to flare up again in serious illness. Treatment centres, free to everyone, are being started by Government and by the Municipalities all over the country. Can the people be encouraged to use them before it is too late?

Had I time I could tell you much more about such diseases as enteritis (summer diarrhoea) attacking the Location babies in their hundreds - due to a germ living in dirt, and swallowed in food prepared in dirty pots in dirty houses. Or the cases of tuberculosis and pneumonia which are spread in overcrowded dwellings into which the sun and fresh air is not allowed to enter. But let us accept the position as it is, let us admit that many people coming to town lose, in the insanitary surroundings into which they come, that sense of cleanliness, that appreciation of the simple rules of hygiene, which many of them had in the more primitive kraals of their countryside.

All I want to do to-day is to show you what an enormous field of work lies before you; how much you can do for your people if you are prepared to dedicate your lives to health education. For I believe, without any question in my own mind, that the demand for improved health must come from within the people, and that a health conscience will only be developed if it is aroused by trained, eager, and intelligent workers speaking the same language, with the same background, as the people themselves.

I am thinking of other races all over the world, races that I have known and worked with, when I repeat to you that when you think of health problems a cry of poverty is no answer - save the answer of weaklings; that ignorance is no real answer - for ignorance can be overcome; but that a lack of determination to oust the demon of disease is all too often the answer when a losing battle against disease is being fought. We want, above all else, men of vision and men of courage from among your own ranks to come forward to-day to take over the fight against ill-health among your own people.

Such men, as you will quite rightly tell me, must be trained men, and how are you to get such training? Let me say first that you will never get the facilities for such training unless you ask for them, and unless you prove by your endeavours that you will make the most of every opportunity offered to you. Let me beg of you, too, to be content to start at the beginning. The day when facilities in South Africa will be available for a full medical course of training for Africans will come; I am sure of that. But do not attempt to run before you have learned to walk. Fit yourselves first for the humbler, but just as essential, duties that fall to the other ranks of health workers.

What avenues do immediately lie ahead of you. We think at once of Health Assistants, of Health Inspectors, of Medical Aids, and of Nurses.

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Probably you know that the Town Council of Maritzburg and later the Town Council of Benoni provided opportunities for the training of non-European Health Assistants. The course of training lasted for 6 months in each case, and the students spent all their days in learning how to prevent disease and how to create health. Those who passed the final examinations have all obtained work in various towns. In Benoni, for example, we have 3 Health Assistants who work solely among their fellow-teaching health in the schools, in the houses and in the clinics, spreading the news of hygiene and sanitation and developing that health conscience in our Locations.

It is my hope that similar courses will be started elsewhere, in which truly practical training in health work is given. But remember that vacancies for health assistants are few as yet. We have only just started to develop this activity, and the idea of employing such workers - who are not thinking in terms of curing but of preventing disease - is a new one in this country. Yet I do think that your Society could make a valuable move if you were to pass a resolution asking the Secretary for Public Health, who is the active friend of all who desire better health for the people, if he would enquire into the possibility of training non-European Health Assistants.

The next avenue of opportunity is the Health Inspector, one step further up the scale. In South Africa we have only one man, Enoch Nyamende, of Alexandra Township, who has passed through the narrow gateway of the final examination for the Health Inspectors' certificate of the Royal Sanitary Institute. He trained in Maritzburg, and what he did other Africans can do. But the course is a long and a stiff one. First you must at least have the Junior Certificate, or its equivalent. Then you must attend lectures and practical training for at least two years; the courses are organised by the Technical Colleges of this country, and they are so arranged that all lectures are held in the evenings.

As far as I know the only classes for non-Europeans at present are those organised by the Witwatersrand Technical College. In my own town of Benoni we have a first year class with 17 students, and a second year class with 25 students. Those 25 men hope to take the final examination in December next or in June 1940. They are teachers, health assistants, clerks, mine office workers, and so on, who are doing their study in their spare time, and I can assure you that they find the work very hard and very interesting. Should they pass the examination and gain the final certificate of the Royal Sanitary Institute there is no guarantee of employment for them. But I tell them that no-one is going to consider the employment of Native Health Inspectors until there are Native Health Inspectors to employ, and that if they prove their efficiency scope for their future employment must arise.

Here again, your Society might consider the advisability of sending a resolution to the Secretary for Public Health asking him to consider the possibility of asking the Technical Colleges throughout the country to make courses of training for the Health Inspectors certificate available to non-Europeans.

Then we have the training of Medical Aids - men who are going to do great work in the curative field among their fellows in South Africa; and the training of midwives and nurses, for whom there is a continually increasing demand. But my time grows short and we may leave these two groups of workers

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with the firm knowledge that they are going to play a great part in the future of African health. Let them remember, however, while they are bringing relief to the sick and suffering, that prevention is always better than cure and that they must take every opportunity to help the people to avoid ill-health.

This, then, is my message to you to-day. That the African people never had a greater need of trained health workers than exists to-day. But to become a valuable partner in organised health work you need to be as much of a Spartan as any of the saints of past history.

You are never going to make money out of health work. You will be fortunate if, under our present economic system - and do you honestly think that you or I will change it in our time? - you earn enough for the daily needs of yourself and your family. But health work is a thousand times work worth doing under those conditions. For the real health worker is a missionary of health, through whose labours alone can come the salvation of African health.

Do not expect anything for nothing. Stand on your own feet, and you will achieve success. Remember the 25 good men and true who are nearing the completion of the Health Inspector's course in Benoni. Right from the beginning they knew that it would cost them nearly £30, spread over 2 years, to get this course. They accepted that grim fact and set to work, even though it meant finding 30/- a month each out of their small wages. I do beg of you, should any of you take up a similar course, never to let those in authority be able to say that, having put your hand to the plough, having entered the course and started your training, you lose enthusiasm after a while and fail to continue your studies and to pay, on the exact date, the fees due. Remember that there are many people in this country who will be only too ready to say that Africans are keen enough to start such a course of training, are intelligent enough to carry through a strict course of study, but that they have no finishing power, no doggedness to see the task through. As pioneers in African health work, you must live up to the fine standard of endeavour set by your colleague, Enoch Nyamende.

And when you pass your final examination, and you find, if you are fortunate, a post in which you can do active health work, remember that you will be a marked man, a man who, above everyone else in your community, above teachers, above clergymen, or anyone else, must remain fit and sane and balanced in mind as well as body. I know, even better than you do, the temptations that will arise for you to make yourselves appear as great men in your district, to spend your little money all too lavishly, in the buying of expensive furniture, fine clothes, and all the trappings of snobbish luxury. You have no room for luxury in your life if you are going to be successful health workers among your people. No permanent success can crown your work unless the people gradually learn to respect you. They must always feel that you are still one amongst them, even though you have the great gift of knowledge. You will surely have achieved something if, after years of health work, your people can rise up and say - "This is a Man; a man who has always practised what he taught".

One last point. Let your knowledge of health matters always be exact, but let it be your own knowledge. Accept nothing that your teachers tell you until you have questioned their teaching in your minds, and satisfied yourself that this is the truth. Let it never be said of health workers, as it has been said all too freely of African teachers, clergymen, and

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agricultural instructors, that they merely repeat word for word what they have read in books or what their white teachers have told them. A parrot can never make a health worker. The only knowledge worth having is that which you have gained from your own practical experience.

Be then, you pioneers in African health, men of vision, but be you also men of action. Upon your shoulders lies the whole future of your people.

/WMH.  
19th May, 1939.

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