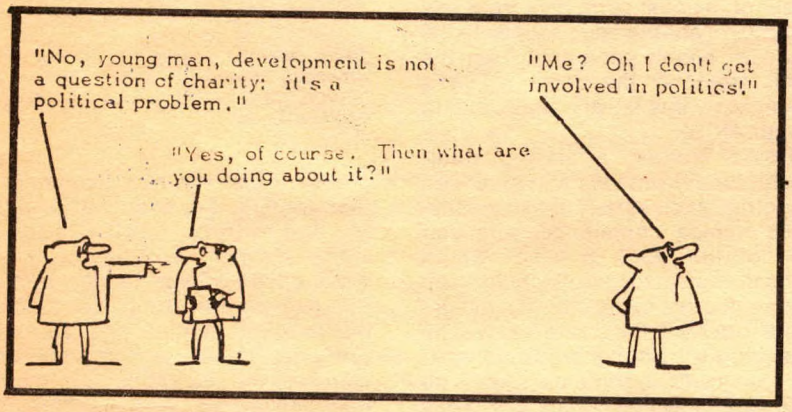
of our lives, should want to abdicate at a point where they have real responsibility for those same lives.

We need a next step, not a step backwards. Whether we like it or not, when liberation comes to South Africa, privatisation will not be an option.

On the mystique surrounding the medical profession

The participation of a community in its own health care programme involves a de-mythologising of the medical profession and an empowering of the community. The mystique surrounding the profession is not all its own fault but it is seldom discouraged by doctors themselves.

The Protestant reformation de-mythologised the priest and made him a minister, seen as servant rather than a mystery. A similar reformation is overdue in the medical profession.



On participation

Empowerment of the people or participation should work from the top down AND the bottom up. Is it right that only two out of thirty four members of the S.A. Medical and Dental Council are lay-persons? The argument that the general population is represented by the government appointees, obviously does not hold because of the unrepresentative nature of the government. And can it be true that in 1983 only two of the thirty four are black persons, when by far the most pressing health care needs are to be found in the black community? Participation is more than a right - it is a responsibility. Here we must sadly recognise that South Africa is very short on compassion and of a sense of duty to our neighbour. Charities will tell you that the South African public is the least generous in the Western world. Perhaps the corporate cruelty of our society has encouraged an uncaring spirit among individuals.

On the sickness of our society

If the community is to shoulder its responsibility for truly participating in health care, then in my language we need a massive spiritual renewal to unlock the gates of compassion and neighbourly love in South Africa. Don't dismiss these words as an attempt to spiritualise the problem. The state of health care in our country is a moral and spiritual problem: we are a far sicker society than we will admit, and we have lost or perhaps never found the key to the wholeness which lies in the transformation of self for the service of others.We have not begun to understand what it means to "do to others as we would have them do to ourselves" or to "love our neighbour as we would love ourselves". The politicians fail the country by exploiting the very antitheses of these values.

On practical steps that could be taken

Why can we not replace the so-called "youth preparedness" classes in (white) schools - which are a hotch potch of ideological and political values - and use these periods to teach the values of life and the skills of health care. What organisations like St Johns, Noodhulpliga and Red Cross do through a handful of volunteers should be part of every school syllabus.

Why can we not institute an alternative national service open to all races to be used for an imaginative cross-cultural programme of development in our rural areas, city centres and townships? If this were

available some of the finest and most motivated young people would be available for two years of their lives.

Why can we not require of every medical graduate a one or two year stint in the rural areas where the doctor patient ratio is worse than in Kenya?

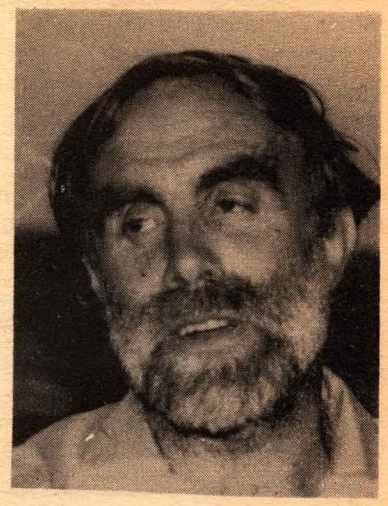
Why can we not target every church congregation in needy areas as a potential centre for primary health care, such as is being done in some parts of Latin America? The churches have the single most wide-spread infra-structure in South Africa and their congregations claim to believe in caring for others. Many church congregations are ingrown holy huddles who could be challenged to take their own faith seriously by becoming part of the nation's health system.

On sex and birth control education

Can we ever succeed without grasping the nettle of proper sex and birth control education. It troubles me for instance that in the face of the almost genocidal Aids threat this country will still soft-pedal its education because of some Calvinistic sense of propriety. The problem is that the Calvinist morals which will stop us from advertising the condom are not widely enough practised to stop the spread of Aids. When it comes to population control, sex is probably the most participatory responsibility in the country. By all means let those with religious scruples opt out of actively propagating birth control methods, but let them not impede this process.

The new Slave Trade

It is a known fact that South Africa is losing a great number of its doctors to overseas countries such as the United Kingdom and especially the United States. It is also known that medical schools in South Africa have mostly failed to develop a commitment in young graduates to the country's health services. A survey of the 1983 Wits medical graduates revealed that one third have already emigrated to other countries and another third plan to do so. Their reasons for leaving are varied but almost all relate in some way to the political and health crisis facing South Africa.



David Werner, visitor from the Latin American countries, spoke on primary health care at the recent Namda conference.

This type of brain drain does not only affect South Africa but the whole of the Third World. Dr R.A. Lambourne wrote as follows:

"... how much health care should a Christian consume? We all recognise that there are limits to the amount of money and food which we are entitled to have when others are in poverty or starving. Yet, in the United Kingdom and other countries, we are willing to draw doctors into our lands from developing countries.

"We are willing to pull doctors into London where the doctor proportion is one for each 400 persons from say Central Africa where the proportion is one for 50 000 persons.

"What kind of morality is it where we are consuming the health care of others? Health justice is more radical than any other justice. In order for us to live from 70 to 72 years of age, shall we bring doctors from a country where the average lifespan is 35 years?

"Now when we say, 'Stop doing this kind of thing, stop squandering the health care of the individual', very often we get the reply that human life is sacred, and theology and biblical quotations are used to support the present practice. But this we must remember - that the person is sacred to God within God's divine purpose, which is to bring all people to him. There is nothing sacred about an individual's longevity in itself. There is nothing sacred about an individual being able to swallow up great quantities of health care. Life in the Bible is not sacred in itself but is sacred within the purposes of God to bring all human beings to fellowship with each other and communion with himself.

"Maybe in the future, groups of Christians will come to say that bringing doctors from developing into highly affluent countries is a modern equivalent of the slave trade of three centuries ago."

Following Dr Lambournes line of thought, perhaps in the future doctors who have used their privileged position in South Africa to become professional health workers will apply their accumulated knowledge where it belongs, with the people whose hard work and suffering gave them that chance.

What Lambourne says about the drain of medical personnel from one country to another also applies to the drain of health personnel from the rural areas to the cities within a country. . . this is very applicable to South Africa.

David Werner, a visiting rural-health fundi from the Latin American countries and keynote speaker at the 1988 Namda conference, said that one of the ways in which South African medical schools could keep young doctors in the country and get them to serve in the rural areas was by changing their method of training.

"The medical students should be orientated towards community needs at a much earlier stage in their course. From the very beginning of their training they should be involved in community health and be encouraged to learn from experienced village health workers and paramedics. Bring your primary health care nurses, and all those untrained nurses who run the rural clinics to the student doctors' lecture halls and let these workers share their reality with the students." ⊙

Apart from a lack of uniformity of the worker's compensation system, as far as coverage is concerned, there are vast differences within the Workmen's Compensation Act's provisions for the various income groups. It discriminates against lower-paid workers who are mostly blacks. Should the loss of a black arm really be seen as less of a loss than that of a white arm? Is TB in a black body less than in a white body?

Prevention is better than cure, also better than compensation. What would really make a difference to the workers' health is a safe work place. In order to ensure that workers should organise.

Published by WPCC, 41 Salt River Road, Salt River, Cape Town.
Printed by Allie's Printing Services, Epping Avenue, Elsies River.