

Our objections to the scheme are impersonal and purely objective. They are based simply on educational and professional standards. The 'medical aid' is required to have all the educational prerequisites for medical training, but in the end, he has no recognised registrable qualification under the Public Health, Medical and Dental Act. To put it more precisely he must be ~~matriculated~~ ^{matriculated}, take a premedical course and all the medical subjects for the medical degree for a period of five years even though the course is admittedly not as intensive.. He, however, gets no university degree of qualification of any kind after so long a period of study. He has no status academically ^{and} professionally. He receives what is called a 'Diploma in Medical Aid'. What is that? The public knows nothing about ^{it}, the Medical Council and ^{for} the Medical profession in general knows nothing about the 'Medical Aid'. That is why many of these medical aids have been ^{cast} into Leper Asylums contrary to the scheme of Rural Service with free house worth £ 500, a dispensary with detention rooms in areas 50 miles from the nearest doctors with a salary of £ 175-10-300 in addition. No one knows what to do with them. They may not go into private practice as they have no professional status and may not ~~charge~~ ^{charge} any fees for services rendered. If they leave Government service they are unknown to the outside world and their services have, therefore, no ~~force~~ ^{force}.

In December 1939 I met about five of these ^{students of} graduates at the McCord Hospital in Durban. They were all anxious ^{to know} about how to go about getting a full medical training for medical degrees.

At random I shall quote from one of the many letters I have received from ^{one of} these medical aids. They are all dissatisfied with the ^{the} whole scheme in all its aspects from training to their present conditions of employment with no professional status. Here is what he writes among other things on 23/11/41:

"To begin with, we have taken 5 years in ^{training} medicine after matriculation..

..... At the end of the final year we were each given a "Diploma in Medical-Aid". Strange to say this 'Diploma' is not recognised in the medical world, in fact, it is unknown. Once a man decides to leave the Government service this 'diploma' is useless to him. He is just as good

as a man who has never done "this course".

"Nobody seems to know exactly what the "medical aids" are supposed to do and what they are not supposed to do. We are supplied with stethoscopes and have been trained to use them. In the field, it has been pointed out to us that it is illegal for us to use stethoscopes because we are not qualified. When we appeal to those people who trained us we are told that we should only use our stethoscopes when nobody sees us, ~~i.e.~~, use them privately."

"About 50% to 60% of our work is doing dressings. In fact, one of us does nothing else but dressings the whole year round. About 70% of our training has been wasted. A medical aid can be told to do anything. In fact, there is nothing infra dig., for a medical to do because he has no status. A good number of us have been victimised by sisters and even by male nurses for the same reason."

"So far no medical school is prepared to give us credit for the work we have done. About three of us have made applications for exemption from the Pre-medical year at least, but with no success. No encouragement is given to medical aids who are keen on getting the full medical qualifications. In spite of all this, the authorities at Fort Hare don't seem to be keen to help us. Quite a number of B.Sc men have been offered bursaries for training as medical men but not a single medical aid has had the offer."

"The 2500 houses we were promised have not been built, so far. We are told that, that is due to the war!!"

Here then the Government seems to have abandoned or ignored their own proposed scheme. Whether it has been found inoperable and useless as some of us had felt and thought in the first instance we do not know.

What is the way out.

As one of those who had never seen any real value in the scheme I urge the abolition of the scheme and training under the scheme. It is a waste of valuable human material in serving the health needs of South Africa as a whole. It requires the same skill or knowledge to operate upon or to treat an African as is necessary for Europeans if the service is to be rendered efficiently successfully and profess-

ionally.

There is only one right way of giving the proper medical service to any people. It has no regard to race or colour if we are to be professional and ethical. It requires the same training.

The Government has taken a step in the right direction by assisting students to train for the full course. This step is further reason for the abolition of the 'medical aid' training scheme.

If the medical aid scheme was introduced as a measure of urgency to meet an urgent need, it defeated its own aims in that it evolved a scheme of training which required all the prerequisites of a full medical training and the same period of training but without the full preparation and qualification to render the needed service. In fact, not only time was lost in preparation but also the ability to render the desired service.

The important question which arises from this is

WHAT TO DO WITH MEDICAL AID STUDENTS.

(1) The present medical aid student in training should be converted into candidates for the full medical training by allowing them under the medical aid scholarships to complete all premedical requirements for the medical degree and thereafter proceed to the study for that degree.

(2) Those qualified medical aids who had premedical qualifications should be allowed to proceed for the full medical training at Government expense. Those who had J.C. qualification may either be allowed to complete their premedical requirements and proceed for the full course. If not they may be employed as health inspectors and health visitors in municipal areas even in places like Alexandra Township under the promised Government scheme of a £ 500 house and a salary such as the Government promised £ 175 - 10 - 300 paid by the Government under the original terms of contract. After the top scale is reached another grade of £ 300 - 15 - 400 should be established because these men are better trained than any Health Inspector under the R.S.I. They may be allowed to sit for R.S.I. certificates.

SANITARY INSPECTORS TRAINING COURSE.

There is also a possibility of evolving a more inclusive Sanitary or Health Inspectors Course, after passing Junior Certificate

and lasting for three years. The practical work could be done both in hospitals and municipal areas. These students would thus gain both practical training on infectious diseases and measures of control and the usual training of Health and Sanitary Inspectors in Housing, Water and Food supply and nuisances in general from the Public Health point of view. They should also get a special training in public health propaganda and become, not only health inspectors but also advisors in prevention of all health matters.

This course should be financed also from the present medical aid scholarship fund which was donated by the Chamber of Mines. This money could increase and also be used towards scholarship for the full medical course.

REDUCING URGENT NEED FOR EXTRA MEDICAL SERVICES AMONG THE AFRICANS.

I would like to suggest that while we are busy training medical practitioners and Health Propagandists and Inspectors much could be done by increasing general education facilities among the Africans through a free public ^{school} system for all children and by adequate wages for the Africans so that they should be able to meet their economic requirements to buy and ensure their sound health through good food good and habitable houses and healthy environment. The Public School System of Education would help make people receptive and amenable to health propaganda. They would be thus enabled to use their money wisely and to buy and prepare their food intelligent with due regard to health requirements.

With better economic status the Africans, some of them would also be in a better position to pay for the training of their children in medicine and other essential aspects of education thus laying a foundation in which Africans will be playing their full share in making South Africa, white and black, healthy and happy.

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