

To Addendum to the 18.14

Medical Aid Enquiry Committee

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Johannesburg

4-7-7

I have carefully considered all the observations and suggestions made by the various members of the Committee and still remain unimpressed by the need of a special ~~Medic~~ Native Medical Aid whether is a graduate or what not for the following reasons.

(1) Health is health ^{and disease} whether the ^{is the same} whether it affects European or African it is amenable to the same management and treatment. Men who have been trained abroad are able to render ~~the~~ eminent and effective service to Africans without special training. They are able to apply ^{preventive} schemes ^{is successful among} applied to other racial groups with the same success among Africans provided the environment and economic requirements are the ^{same} ^{Sunday} ~~same~~.

② Doctors, nurses and Health Inspectors can meet all our Health requirements from the preventive point of view. Their value has been proved elsewhere and they can be more effectively coordinated in any area than embarking on doubtful experiments which might have to be abandoned ~~after the present~~ after a lot of good human material has been lost and much precious time for service wasted.

③ The Graduate Medical Aid is ^{preventive health} not essential to any scheme.

(a) If you have Health and Sanitary Inspectors trained after matriculation they can do any health propaganda one may wish for and can advise

(A) successfully on housing, preventive health measures, water, food etc. if they are given a health visitors and health propaganda course

(b) Nurses with health visitors special training can attend to patients advised mothers ~~throughout~~ ^{throughout} or stages of motherhood and baby care.

(c) The doctors who must be well trained must directly supervise both Nurses, Health Visitors and Health Inspectors.

propagandists without an intermediary graduate medical aid. Such would only make for laxity on the part of the doctor and lead to a lot of red tape in attending condition

(d) We want no more experiment with African youth. We want no departmental degrees under the present conditions and attitudes in South Africa we would rather see more fail to meet the required national standard than to flood the country with half-baked untried types of workers.

In any experiment it is not the experimenter but the experimental animals and materials that suffer in the process. Africans cannot ~~afford~~ ^{afford} another experiment especially if the experiment is to be carried out to meet what is considered ~~the~~ ^{an} urgent need.

Much valuable African material for medical training had been wasted and are of doubtful value to themselves and to the African Community because of the present medical and experiment

(e) One well-trained African doctor ^{is} worth a dozen or more medical aids at any time and if one such is employed on professional rates and standards he can do more than quite as many.

What is required ^{it} is to ~~expand~~ ^{increase} the African Scholarships and train more African doctors using some of the money that has been used for medical aids. The present medical aid in training can be given the choice of taking their B.Sc. degree University of South Africa they should also be eligible for a new and ~~additional~~ state scholarship in addition to the present Trust Scholarships

(F) Tuberculosis, Slums, ^{environmental,} Starvation, and general morbidity among Africans will not be prevented by any amount of ~~lectures~~ ^{measures} or propaganda unless the people have the means to satisfy their health requirements and intelligence through a liberal public school system of education to receive, ~~and~~ understand and apply the lessons of such propaganda. We must ^{help} remove the ~~causes~~ ^{preventable} of ill health among the Africans. More land, economic wages therefore better houses, better food, better education and finally better health.

After a number of years of experience of supervising the Public Health side, I find my self out of sympathy with arm-chair schemes of fine lectures that leave the people still starved and unable to pay for the application of the simple but ~~expensive~~ ^{advised} given ^{specials}

(G) To train ^{development} people ^{specials} for the present state African ~~progress~~ is to fight against progress

(5)

The African like all races is acquiring new outlooks and new standards and above whatever his background his health demands the same efficient care and protection and environment. We might live in the hut but his physiological and health requirements are the same.

This was proved by suggestion made by one member of your Committee who suggested that the present witness was not a 'native' did not think like a 'Native'. Given opportunities for advancement the few apparent exceptions would be the rule among the African people. The masses that are now considered the rule, or the inherent backwardness of Africans are merely good heredity lost for want of a good environment, economically and educationally.

Finally, if African Doctors are employed in State service the conditions of employment and salaries should be on a professional basis instead of a racial basis if ^{we} want efficient service and maintenance of the dignity and the ethics of the noble professions. I emphasize this point with due regard ~~from the~~ ^{to the} statement of the Chairman who said we must not start discussing salaries because he had been informed by another member of your Committee that the University was paying their lecturers a certain amount. It must be realized that outside practice is more exacting than lectureship. Any way if a man is well qualified to render the Service his colour or ~~race~~ nationality should be no factor in the equation.

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