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PRIMARY HEALTH CARE AND THE NATIONAL DEMOCRATIC STRUGGLE

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Introduction

In order to understand our national democratic struggle and how it relates to health in general, and to primary health care in particular, it is pertinent to discuss briefly how we were colonized, and the concept a special type of colonization. After Jan von Riebeeck set foot on our shores, the Dutch were the colonialists. They were followed by the British. The Afrikaaners increased in power until they declared their Republic of South Africa in 1961. The country was no longer a colony of European countries, but now indigenous people were colonized by the white minority, who had no distinct or special separation from them. The systematic colonization of our people meant they were subject to social and political oppression and economic exploitation. All types of organizations of the people, be they social, political, economic, or cultural, were systematically destroyed or distorted in order to benefit the colonialists.

The Afrikaaner was, and remains, partner to our exploitation and oppression. Defeat in the various battles fought against the colonizers meant dispossession of our land and livestock. Thus, poverty and disease were to plague the black people for a long time. The development of the mining industry from the last century onwards meant that more and more people were moved from their land to work in the mines. There were various methods used to achieve this, among them different taxes were imposed, for example on keeping animals such as dogs and cattle, and a poll tax. These taxes inspired an uprising, the Bombatta rebellion of 1906. People had to have money to pay these taxes and the only way to earn money was to become a wage laborer. A new health hazard developed, men were dying like flies in the mines from tuberculosis and accidents. These two causes of death are still prominent among the oppressed.

Oppressed people have, at different times, staged resistance against colonialism. Pockets of uncoordinated resistance date back to the frontier wars and the last, mentioned above, was the Bombatta rebellion. When the colonialists passed the Union Act of 1910, the black people realized that only a united effort could resist this evil. The birth of the African National Congress in 1912 was the result of that realization. It is important to understand that the deprivation of our people started long before institutionalized apartheid. In 1913, for example, the Land Act allocated 87% of the land to whites.

In 1948 the Nationalist Party came to power, with their grand apartheid policies. They were voted into power by whites who stood to gain from their policies. Job reservation and the Group Areas Act meant that more and more black people were unemployed, homeless, and landless. This worked against what people needed for health. Hence, we found, as we still find today, more poverty and disease amongst the oppressed. People were forcibly removed from their land to their allocated 13%. The struggle against these removals was a struggle for survival, a struggle for health. It is no accident that in the clauses of the Freedom Charter we see the logical sequence of political, economic, social and cultural freedoms.

The struggle against apartheid gave people self-confidence and self-reliance, which had been eroded by decades, nay, centuries of colonialism. Whatever we did as a people was always considered heathen or uncivilized unless approved by our captors. New methods of health care, religion, education, culture, etc. replaced traditional methods. This mental warfare made us suffer from an inferiority complex that could only be removed by victories that needed to be scored against the oppressor. The Defiance Campaign of 1952 was a national effort that shook apartheid but did not knock it down. Self-reliance, a basic component of primary health care, was creeping back to the people.

When non-violent means of struggle were met with state violence and brutality in unprecedented proportion - culminating in the Seville Massacre and the banning of the liberation movement - the people were left with no option but to meet state violence with revolutionary violence. Hence, in December 1961, the first acts of sabotage began. From that time onwards, the liberation struggle had to rely on four pillars, namely mass mobilization, underground organizations, armed struggle, and the international isolation of the apartheid state. These pillars have been instrumental in bringing our struggle to where it is today, at the threshold of freedom. Mass struggle has brought health into focus.

Mass struggle and primary health care (PHC)

The national democratic struggle (or national democratic revolution) has lead to national liberation and the broadening of democracy and this must permeate all spheres of human endeavor. PHC as elaborated in Alma Ata has, as some of its tenets, community participation, self-reliance, and political commitment. When we say 'The people shall govern' this means making sure that the organs of government allow popular participation after liberation. That participation will not just appear out of nowhere when we are free, but is built through struggle. This participation reinforces self-reliance.

Our history is rich with examples of self reliance, especially during and after the struggles of the 1980s against the tri-cameral constitution of the apartheid government. In addition, one cannot overlook the role that black consciousness played in the 1970s in promoting self- reliance with the establishment of community projects, including health projects. The broad base of the movement in the 1980s was strengthened by the establishment of the organs of people's power which spearheaded popular participation.

Schooled in struggle, when people participate in their own health care, they bring some of the lessons of popular participation with them. The reverse also applies - when health workers are schooled in primary health care they know exactly what participation entails, and when faced with undemocratic practices in the liberation struggle, they are quick to challenge them.

The issue of political commitment to primary health care can never be addressed by the apartheid regime. The apartheid system was meant to serve the minority and there is no way it can understand primary health care as we understand it, particularly its commitment to the equitable distribution of health care and all determinants of health. It is in this light that we see that the apartheid government has its own version of primary health care, emphasizing treatment for the already ill and paying lip service to other principles of primary health care. The progressive health movement has therefore taken it upon itself to spread the principles of Alma Ata by forming a network of primary health care organizations, called the National Progressive Primary Health Care Network, which organize projects that practice the multidisciplinary and intersectoral approach that is necessary for comprehensive primary health care.

Only a democratic government can commit itself to primary health care. There will only be a democratic government when the people govern, not only by going to the polls, but through their participation in the processes which determine their future. The national democratic struggle must set in place not only structures to tackle the old order but structures that will be consistent with the task of democratization and transformation. The mass

struggle was not only against apartheid, it was for an alternative. The struggles for education, housing, jobs, a living wage, the provision of clean water and eradication of poverty, fit in logically with primary health care struggles.

The struggle for democracy is the struggle for health. Health is sometimes relegated to the background during the national democratic struggle, but this must be resisted because health and health care must be guided by a needs assessment that is, in turn, a product of popular participation. The only guarantee of consistency in policy in all sectors is broad popular participation. This forms the basis for one aspect of primary health care, namely intersectoral collaboration. If one sector knows what is happening in another sector through popular participation, the task becomes easier. We have, therefore, participated in policy debates within the broad liberation movement and with civic organizations.

It is in this light that the forerunners to the South African Health and Social Services Organization (SAHSSO) challenged, and still challenge, the policies of the present government. Government policies are made by the minority for their own benefit and to the detriment of the majority. We, therefore, support moves aimed at the speedy replacement of the present regime by a democratic government. We challenge any unilateral restructuring of health and social services by this regime and conservative health bodies like the Medical Association of South Africa which use structures like the Liaison Forum of Professional Associations. SAHSSO has led mass demonstrations against this unilateral restructuring alongside the liberation movement, civic unions and trade unions.

The mass struggle in the economic arena has also recognized the relationship between national democratic struggle and primary health care. It is a well known fact that PHC depends on the available resources of the country to be successful. Apartheid has wasted some of these resources through its cumbersome and duplicative bureaucracy. Besides that, apartheid has tried, by exporting war, to destabilize the frontline states, especially Angola and Mozambique. We have long pointed out the

corruption in the homelands and the apartheid state. Those calls were unheeded, but now daily revelations prove us to be correct.

The government wants to restructure the economy unilaterally and is suggesting that social spending is cut. The involvement of the World Bank and the International Monetary Fund is quite clear. We have already seen the introduction of Value Added Tax which was forced down the throats of the opposing majority and has now been extended to food and health care. Our health and social services, together with the liberation movement, battle against this added burden on the already oppressed majority.

International isolation of apartheid and PHC

The focus on health structures in this country was sparked off by the death in detention of Steve Biko in 1977. Since then, the South African Medical and Dental Council and the Medical Association of South Africa have been unable to escape world scrutiny because of the manner in which they dealt with the medical personnel who were supposed to have handled Steve Biko. There was an immediate interest in the care of detainees and new health and social services sprung up in opposition to the traditional and conservative ones.

These organizations later focused attention on the broader aspects of health, especially in relation to apartheid. The Alma Ata conference was held a year after Biko's death and opened people's eyes. The liberation movement in exile and inside the country was involved in an extensive international campaign. This made the work of health workers easier. The detention laws drew health workers, communities, and political organizations closer together. Support groups and health teams were formed to look after ex-detainees. The physical, social, spiritual, and mental needs of ex-detainees, ex-political prisoners, and victims of security force brutality, were taken care of by these alternative structures. This has led to international cooperation between our organizations and

others caring for the victims of torture. We are now in the formative stages of establishing community-based rehabilitation centers.

Conclusion

As we are poised to bury apartheid and march on towards freedom, we know that old tricks die hard and we still need to fight the battle until democracy is achieved. We are still dogged by violence which is disrupting the structures we have formed, displacing families, and destabilizing PHC. The all-embracing comprehensive approach embodied in the Alma Ata primary health care perspective appears to be most logically in tune with the spirit of democracy as well as the spirit of national liberation, whose essential aim should be to redress the social, economic, and political imbalances of the past. In health, these imbalances are evident in the spending on high-tech, tertiary care of diseases of the affluent minority.

Therefore, the struggle for a sustainable national primary health care program must be located and integrated into an overall national comprehensive program. This ensures that PHC is seen as part of an overall program of socioeconomic improvement, thus increasing the chances for consistent and sustainable primary health care programs post-liberation. Above all, we seek to avoid what usually happens after so-called liberation, when health may be relegated to the bottom of the list of national priorities and when it becomes easy for health programs to be subjected to the whims of short-term political expediency.