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ANC Health Department

Discussion document

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OUR OVERALL ORIENTATION MUST BE TOWARDS HOME

This paper has been drawn up as a basis for discussion at the Health Department seminar in Lusaka from 8-12 October 1987.

The title of the paper is taken from the report of a very fruitful meeting between the Health Secretariat and comrade Chris Hani, Army Commissar, in April this year. (copy attached) We are highlighting the statement because we believe the concept deserves much greater prominence within the Department, indeed, that it should become the overall political perspective of our Department, and guide us in our daily work, both individually and collectively.

Once we accept that this should be so, we need to consider the implications: chiefly, how are we actually going to implement such a policy, as a Department based in exile?

Firstly, and most importantly, it means we need to establish ourselves inside the country, as the meeting with comrade Commissar states. That need is not something abstract or theoretical, but real and immediate: comrade Commissar related to us how comrades who have been wounded in battle inside the country, have died due to no medical attention being available to them. Moreover, the kind of health service we have after liberation will be decided by the outcome of health struggles within South Africa. We can already see the beginning of this process - the alternative health structures which have sprung up inside the country during the recent period of mass struggle, show us an exciting glimpse of the future. We need to be inside the country to help shape that future.

Secondly, this overall orientation politicises our task of providing health care to the ANC in exile. The vast majority of ANC personnel in exile are political cadres, comrades who have left the country to gain military/political training. Many are also equipping themselves with technical and educational skills. We are not refugees, waiting for the struggle to be decided, and then to return home, but members of a revolutionary organisation. We are active participants in the struggle and there is dynamic and vital interaction between the ANC in exile (both rank and file and leadership), and the ANC and people inside the country.

Our task then is not simply to provide health care to groups of people - it is to render cadres fit for struggle. It is in this light we should view our daily tasks: t within the People's Army we must ensure that comrades are fit during their training and afterwards, so that strong and healthy MK combatants enter the country; political cadres and trade unionists who go inside must also be in good health; while those who remain outside the country, who perform vital supportive tasks, must also be healthy so that they too carry out their work to the full. In brief the Department's task is to ensure that illness and disease do not retard the revolutionary movement.

The Department is not fulfilling its role adequately

It has been clear for some time that the Department is having problems in providing services to our exile communities. The Department has been unable to set up the necessary structures and programmes to provide these services on the ground where they are needed. The N.E.C. earlier this year, instructed the Department to address itself as a matter of urgency, to the problems of malaria, AIDS and unplanned pregnancies. The recent study of the Department by the two Norwegian Co-ordinators, and contained in their report, "Health Care in an Exile Community", confirms in some detail that we are not able to provide our communities with essential services. This is principally because we do not have on the ground the necessary personnel nor organisational structures.

We are therefore faced with two inter-related and urgent tasks: we need to establish ourselves inside the country, and we need to extend and greatly improve the health services we provide in exile.

The Way Forward

A. Health services in exile: We need to carry out a thorough review of the work of the Department, both at the centre and in the regions. For example, in the area of training of personnel, present needs will clearly have to take priority over future needs. This applies to deployment of personnel as well - we must have people on the ground where they are needed.

As to how we tackle our problems in providing adequate services, we should look for guidance to the democratic health movement inside the country. There are a large number of Primary Health Care (PHC) projects inside the country, many of which provide high standard services to relatively large numbers of local people. These initiatives are well organised, there is a

high level of community involvement and the structures set up are democratic and accountable. Together, these features account for the success of the initiatives. We should learn from people at home and follow the lead of these PHC programmes when we tackle our own problems, making the necessary adjustments for the different conditions we face in exile.

B. Internal work: The principal way of establishing ourselves inside the country is by the infiltration of highly conscious and dedicated health cadres. The Department must set itself the task of producing such cadres for the struggle. In order to do this we need to do the following:

(i) Equip our cadres with high standard health care skills. The level of skills themselves can vary according to needs, both inside and outside the country, for example: "medics" who have on the job training in first aid and basic diagnosis and treatment; medical assistants who are skilled at organising prevention campaigns, or nurses and doctors who have more formal training. What is important here is that the training is of a high technical standard, whether we ourselves do the training or it is done by outside institutions.

(ii) Carry out intensive political work with our cadres. The Department's political sub-committee has a vital role to play here. Our cadres must have a clear understanding of several issues:

- (a) the character of apartheid health care;
- (b) developments within the democratic health movement, and current struggles in the health sector;
- (c) the kind of health service we are fighting for in the future;
- (d) the tasks facing the ANC Health Department in particular, and the broad democratic health movement in general;
- (e) the elements and overall concept of Primary Health Care (PHC).

(iii) Develop and encourage personal qualities in our cadres, such as self-discipline and willingness to learn, as well as the correct approach to patients, e.g. humanity, caring and respect. (This has been discussed in greater detail see "The Role of the MK Health Cadre" - attached)

These skills, together with military skills and the general political education our cadres receive from the movement, will make for well-rounded, quality cadres who are equal to the tasks posed by the struggle ahead. The Department must then select the best of these and earmark them to go inside the country.

Tasks inside the country

It is possible to identify in broad terms some of the tasks health cadres could carry out inside the country. These might include:

- (a) the provision of emergency care to wounded MK fighters, township militants or community members after battles with the security forces or vigilantes. Small groups of cadres could form revolutionary health cells, one of the functions of which might be to set up underground treatment facilities for wounded or sick comrades, or a network to ensure that they receive attention;
- (b) linking up with and participating in the alternative health structures providing health care to the community, so strengthening these structures both politically and with technical skills;
- (c) helping to organise and mobilise health workers into militant trade unions;
- (d) participating in the work of progressive, above ground, health organisations, including taking part in the ideological debate in the health field;
- (e) building the consciousness of other health workers and winning them over to progressive ideas.

As far as possible ANC health cadres should try to link up with and involve themselves in the struggles of the broader democratic health movement.

We should add here that units going inside the country might have as one of their number, a comrade who has had extended first aid and basic health care instruction, who would operate chiefly as a fighter, but also as the "medic" for his/her unit.

Another method of influencing events inside the country is through the dissemination of propaganda material, for example agitational leaflets during a hospital strike. We should make use in this regard of the Department's journal, Impilo, both to stimulate debate and to mobilise health workers around concrete issues of the day.

Conclusion

We think that the general perspective discussed above, including the discussion on how we implement this, will give a sense of value and importance to our health personnel in their daily work. Morale will be boosted by the fact that the Department intends getting involved inside the country - health cadres, like others in the organisation, will have the chance of going home to fight. "Everything for the Front" will begin to take on meaning for the Health Department.

Health Secretariat
October 1987.

26. Meeting with Cde Chris Hani, Army Commissar

The Health Secretariat also took the opportunity of inviting to one of its session Cde Chris Hani. The following issues were raised:

- 26.1 The need for a Military Health Service - the Army has special health needs due to the special tasks it has to fulfill in our struggle. The morale of the soldiers depends not in small measure on their health status. There is a need for skilled health workers to be based in the camps (eg. doctors and nurses). This will boost confidence in the trainees that their health is being taken seriously by the Army. It is also important for MK to be self-sufficient in all areas, including health services. It was emphasised here that although distinct, the Military Health Service will still be under the National Health Dept. and Secretariat, an integral part of it. One of our objectives must be to improve the health of the Army in 1987.

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- 26.2 The need for thorough medical examinations of our comrades when they first arrive from home into the ranks of MK, and when they depart to go inside the country i.e. an ENTRY and EXIT MEDICAL. Various chronic diseases or disabilities must be excluded, their fitness for military training must be assessed and diseases like AIDS and malaria must be excluded.
- 26.3 The residences where our cadres live must be inspected and recommendations made about their suitability for habitation, the comrades' diet, recreational facilities etc.
- 26.4 There should be regular visit to forward areas to attend to comrades there. In addition skilled health workers should be deployed in these areas so that services are available when needed. Such initiatives serve both a political and a health function.
- 26.5 Our overall orientation must be towards home. There is need for us to establish ourselves inside the country, a network must be set up so that wounded and sick comrades can be attended to by our own people. Comrades have died due to no medical attention being available after they have been wounded. We should meet with the PMC to discuss these issues and those such as setting up underground "revolutionary health cells" and the role such cells could play in the unfolding struggle. We need to draft a memorandum as a basis for discussions.
- 26.6 As the war escalates there will be an increasing number of casualties, including amputations and other permanent disabilities. The Health Dept needs to start planning for these comrades, both a rehabilitation programme and a political programme. We could look at the experience of other countries in this regard.
- 26.7 Concerted efforts must be made to tackle the question of unplanned pregnancies. There is need to provide both a contraceptive service and health education programme. There is a need for mature women comrades in the camps. Our women comrades are extremely useful and important as trained cadres inside the country. Their becoming pregnant can be viewed as sabotage - it prevents their participating in the struggle. We should also not leave these comrades in East Africa after they have had their babies - they should be brought back to MK after two years to continue their training (see Appendix V and Section 20).

- 26.8 Sexually transmitted diseases are another common problem. We need to set up an educational programme to combat widespread ignorance in this area as well as treating the diseases themselves. The enemy is exploiting the existence of STD's, malaria etc in the camps for propaganda purposes.
- 26.9 There are courses in other countries open to us to study the organisation of military health services. What is learned could be adapted to suit our own requirements.
- 26.10 Part of the briefing given to cadres before they enter the country, should include health problems they are likely to meet. During their training some could receive basic health training in addition to first aid which is taught to all cadres.
- 26.11 We should design and produce a medical kit for our comrades going into the country. SWAPO has long experience in this area and we should consult with them.
- 26.12 We should meet regularly eg. every two months with the Commissariat. Commissars could be invited to address health workers and give political direction to their work, and generally build their political consciousness. A cadre of a new type is now required for the struggle - one who is prepared, willing to be deployed inside the country.
- 26.13 We should help modify existing training courses for comrades who have special health problems but who are nevertheless determined to join MK. (This is underway in Angola region.)
- 26.14 Of central importance to all of the above is their implementation. We must establish the necessary structures to do so.