

# NAMDA

National Medical and Dental Association

NAMDA was formally launched on 5 December 1982 in Durban after a year of consultation.

Two main factors had acted as catalysts for bringing together health professionals on the broader implications of apartheid on medicine. The first factor was the medical treatment of Steve Biko and the effects on health of detention without trial, especially the physical and mental deterioration produced by solitary confinement. These made such a profound impact on the collective conscience of certain medical and dental practitioners that they took up the struggle for a re-examination of medical ethics and responsibility in this country and for the outlawing of unjust laws which led to more than fifty deaths in detention and had caused untold harm and suffering among South African citizens.

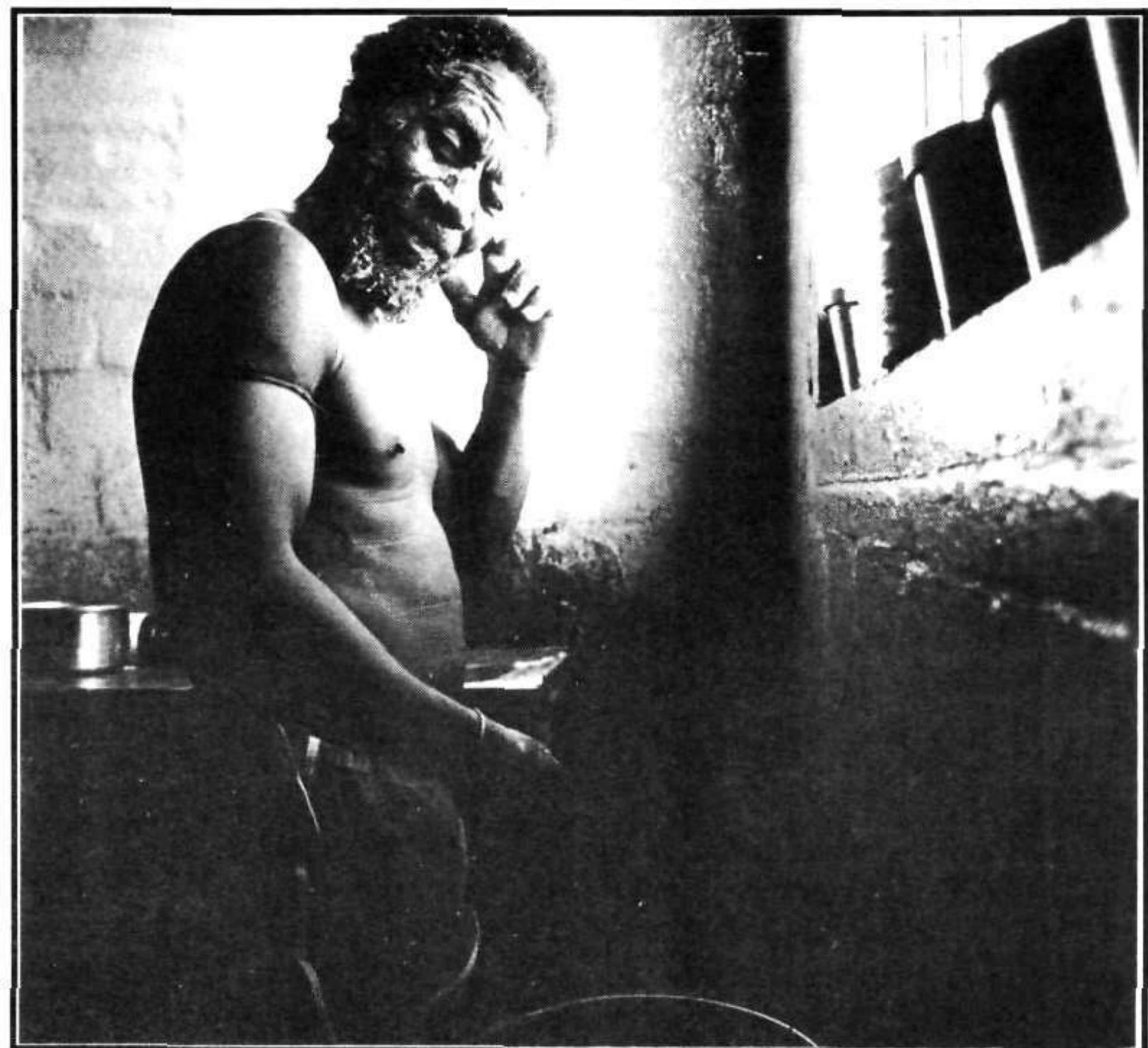
The death of Simon Marule in 1986 in prison is a stark reminder that medical treatment of detainees is still far from satisfactory. As stated by NAMDA in 1982, detention without trial can never be made acceptable. The nationwide hunger strike by over 100 detainees demanding their unconditional release or to be brought to trial is clear evidence of how strongly these detainees feel about their plight. The second factor was that progressive doctors and dentists in South Africa had long felt the need for a forum to enable them to express their views on social, political and economic factors which affect the health of the people. They recognised that the existing political, social and economic system in this country is incompatible with the attainment of good health and the eradication of disease. The health consequences of racial discrimination and economic exploitation had to be brought under constant review and fully exposed with adequate documentary backing. This, it was felt, should remain a priority for discussion, research, education and appropriate action. Our campaign on Apartheid in Health is a product of this philosophy.

NAMDA believes firmly that apartheid is the root of health problems for the majority and realises that tackling health issues in isolation from other aspects of society does not necessarily improve the well being of people in society. We have therefore identified state policy, political commitment, allocation of resources and distribution of the gross domestic product as some of the major factors responsible for the promotion of health.

disease prevention, treatment and rehabilitation. Accordingly, we demand structural changes in society which would affect not only health but also education, welfare, land distribution, income determinations, collective bargaining, agriculture, industry, law and justice and open representation in the organs of government.

NAMDA stands in stark contrast to the Medical Association of South Africa (MASA) which identifies closely with the state and refuses to vigorously take up issues which result from racial discrimination and which adversely affect health.

NAMDA endorses in its constitution the World Health Organisation's (WHO) first two principles which state that: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

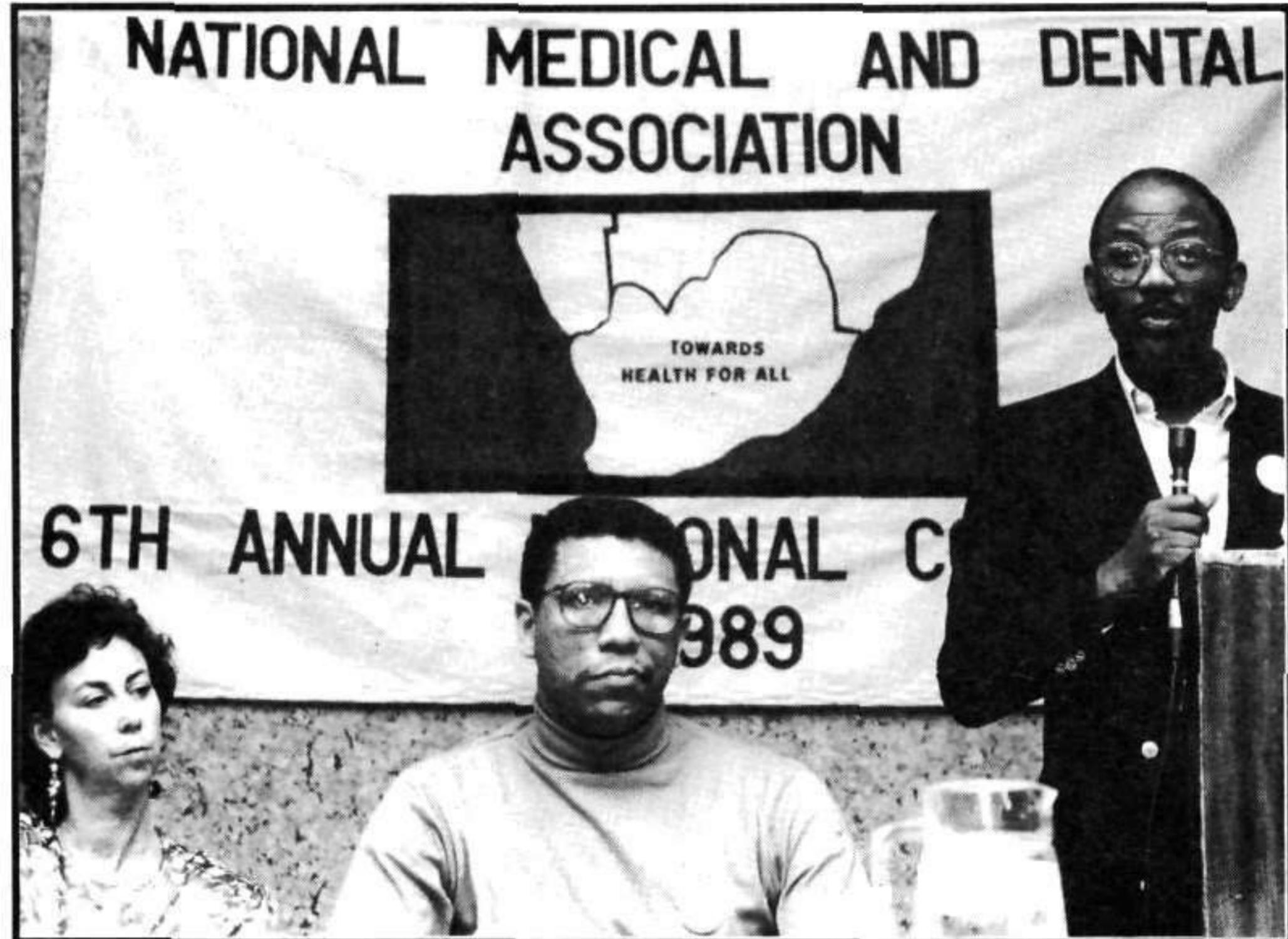


A migrant labourer washing in a Guguletu single sex hostel - NAMDA recognises that tackling health in isolation from socio-economic and political issues will not necessarily improve society's health.

## Health policy

NAMDA's activities are based on a critique of apartheid health services as being fragmented along racial, geographic and class lines. We identified a neglect of Primary Health Care and a major orientation towards high-technology, curative and individual-centred medicine with an increasing shift towards privatisation of health services despite the wide disparities between rich and poor in South Africa. Our response to this is that this country needs a democratic, unified, national health system based on a sound and secure primary health care service. To this end we convened a conference in Cape Town on 6 April 1987 of Primary Health Care (PHC) workers. Out of this arose the Progressive Primary Health Care Network (PPHCN) (formally launched in Johannesburg in September 1987 and now operating autonomously from NAMDA with its own projects and structures).

In pursuit of the goal of a National Health System (NHS), NAMDA has held two national conferences focussing on the subject of a NHS and "People's Health". To date, a number of publications have appeared and workshops held to further the debate around an NHS in South Africa.



NAMDA opposes the racial, class and geographical fragmentation of apartheid health services.

## **Human rights**

Since its formation in 1982 NAMDA has consistently opposed apartheid. NAMDA recognises the following essential characteristics of the South African state: the identification, registration, manipulation and regulation of people according to race and colour, the denial of legitimate political rights to "Africans", "Indians", and "Coloureds", the forcible uprooting of Black people from most of their land through the operation of the Bantustan system and the Group Areas Act, unequal and racially discriminating distribution of resources including social services such as health, control of society through militarization, and response to most forms of opposition by force exerted by the security police, South African Defence Force and South African Police and the banning and repression of authentic organisations of the majority of South Africans. Apartheid is adverse and unfavourable to good health and yet MASA provides a firm and continuing stubborn defence against criticism of the medical inequities of this evil system. NAMDA, however, exposes the effects of apartheid on health and the human rights violations that have become a permanent feature of this system which has been condemned by the international community.

NAMDA had long since identified the systematic torture of detainees through interviews with released detainees at various major centres in the country. This, together with other international studies, presents overwhelming evidence of the detrimental effects of detention.

The detention of children and state violence against children has been a major feature of the South African state's repression strategy and has drawn national and international outcry. NAMDA was appalled when the MASA affiliated Paediatric Association of South Africa (PASA) published guidelines on the treatment of children in detention. We stated that the goal should be the abolition of detentions and not the improving of conditions in prison.

NAMDA's contribution in the area of human rights has been recognised by way of two international awards in 1987 and 1988 respectively. We are also one of the organisations comprising the recently established Human Rights Commission in South Africa.

## **Alternatives in medical education**

NAMDA started addressing the problems of medical education in 1984 when it appointed a subcommittee to look at this issue. Two main problems were identified. The first was that the present system is not geared towards the necessary tasks to be performed in Primary Health Care systems and the second was that the current curriculum encourages its graduates to work in urban areas in specialist practice.

In addition, medical education in South Africa reflects apartheid in general with its race and class divisions manifesting in various inequalities. Teaching hospitals and medical schools are largely segregated and resources are not equally distributed.

Medical schools continue selecting a far greater proportion of white matriculants than black matriculants, according to criteria which favour students from the more privileged white and middle class backgrounds.

NAMDA initiated a successful conference to address this issue. The conference was held at the University of the Witwatersrand in December 1988 and resulted in the formation of regional networks to take the issue further and to examine practical ways to initiate Community-Based Medical Education (CBME) Programmes in South Africa. South African society finds itself in a period of transition. Medical education needs to align itself with the process of social change. Community-Based Medical Education may provide a basis for expanding the practice of people's education.(1)

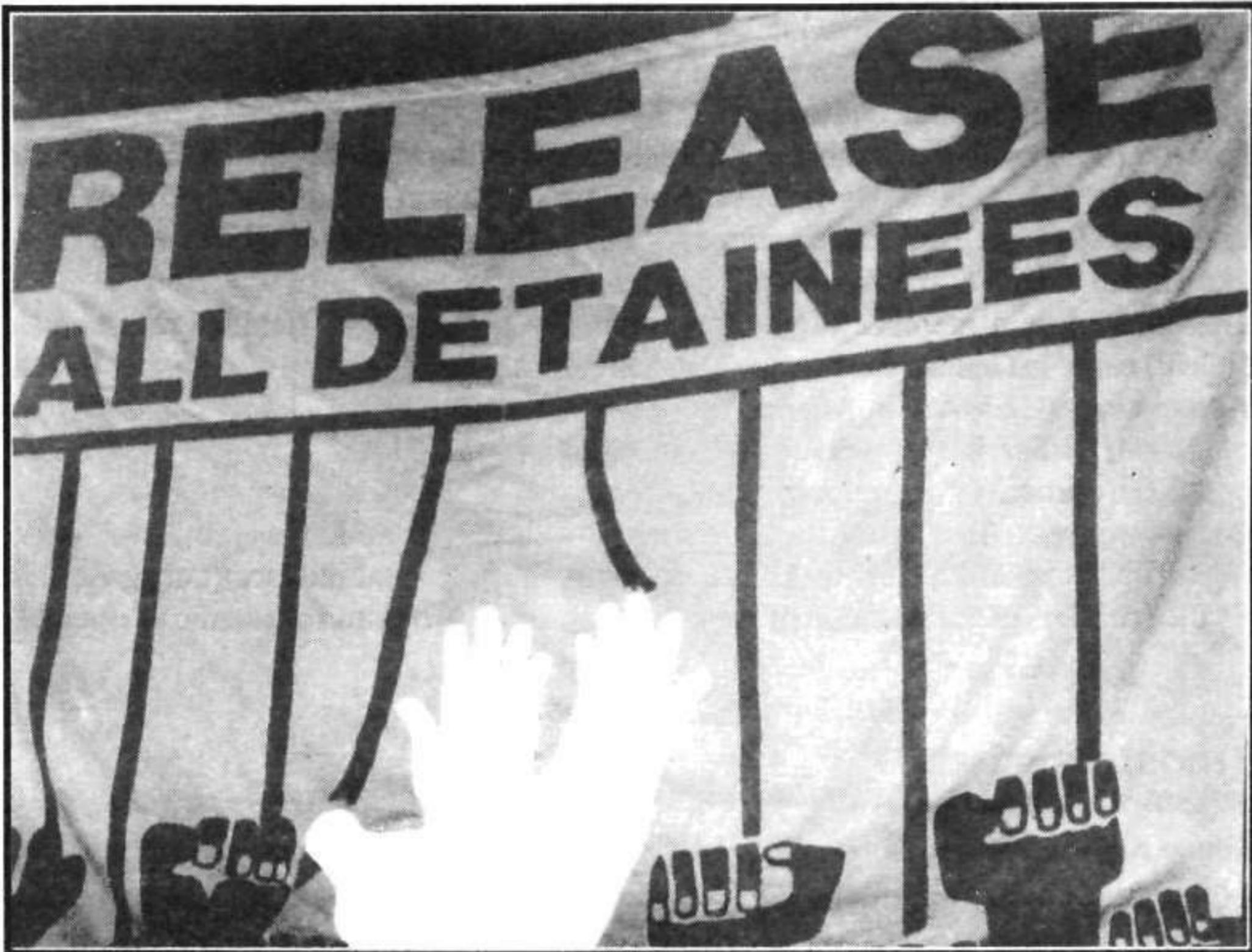
A report of a NAMDA delegation that was invited to attend the ten-year celebrations of the Faculty of Medicine of the University of Newcastle in New South Wales, Australia (which has adopted a CBME approach) has been published by NAMDA.(2)

## International

The South African health system, like other aspects of South African life, most notably the economy, is integrated with and greatly influenced by Western trends and developments.



NAMDA has received local and international recognition for its consistent exposure of human rights violations in South Africa.



Through NAMDA, doctors and dentists are able to express their views on issues directly affecting the nation's health status.

The local medical establishment tends to be sensitive to censure by progressive forces abroad and derives enormous moral support from actions of apologists of apartheid drawn from conservative ranks in the United States, England and Europe.

For example, in 1979 a delegation from the American Medical Association (AMA) paved the way for the readmission of MASA to the World Medical Association (WMA) after 12 years of isolation, by presenting a report which glorified apartheid medicine in general and MASA in particular. Using the undemocratic constitution of the WMA and with the backing of the Americans, Germans and Japanese, MASA was readmitted together with the Transkei Medical Association and a renegade group of Cuban origin based in Florida.

In addition, the WMA intended holding a conference in Cape Town in 1984, with the opening address to be delivered by the then Prime Minister, P.W. Botha. In response to that move NAMDA and other progressive health organisations, especially HWA and HWO (now SAHWCO), mounted a very successful campaign to prevent the WMA assembly from taking place in South Africa. We considered the WMA attempt to come

to South Africa as a move to whitewash apartheid medicine and to exonerate MASA of the stigma and international outcry against it over its shameful conduct in the Steve Biko affair specifically and detentions generally.

Due to our active campaigning abroad and as a direct result of the campaign to prevent the WMA assembly in 1984, a number of support groups for NAMDA have emerged. These include the Committee for Health in South Africa (CHISA), in the USA, and Health Watch South Africa, in Canada.

NAMDA is a member of the International Committee of Health Professionals (ICHP) based in Geneva and has observer status at the Confederation of African Medical Associations (CAMAS) in Africa.

NAMDA has been involved in bringing about the current flexibility towards a position by progressive groups in relation to the total isolation strategy of anti-apartheid groups overseas. This is not to suggest that there are now no longer problems in this regard. There is still a need for broad inter-organisational and intersectoral agreement on the specifics of the isolation of the regime in South Africa and academic exchanges.

## Transformation

South African society is, at present, poised on the brink of change from a racist, exploitative one to a non-racial, equitable and democratic one based on the ideals of the Freedom Charter.

Learning from the experiences of other African countries, we have started examining the issues relating to a post-apartheid society including health policy issues such as the question of a NHS and issues concerning the organisation of health workers. The role of traditional healers in a post-apartheid society is also being examined as are the long term effects of repression on children and society as a whole.

In conclusion, the non-racial experience (afforded by being a member of NAMDA) so necessary for most of us who have been brought up in separate ethnic corners of apartheid South Africa, is personally fulfilling. The camaraderie and comradeship, in the sense of belonging together, equal and sharing tasks and responsibilities, contributing towards one common objective - all of us black and white - is a unique experience.

## References

1. *S.A. Medical Education - Ivory Tower or Community Based?*, Critical Health No.25, December 1988.
2. *Community-Based Medical Education*, NAMDA Special Bulletin 1, November 1988.



**NAMDA has begun to examine the long term effects of repression on children as well as issues such as health care in a post-apartheid society.**

## **Contact address**

**NAMDA Head Office**  
P.O. Box 17160  
Congella  
4013