

THE JACKSONSDRIFT CLINIC PROJECT

CRITICAL HEALTH interviewed Dr Prakash Vallabh from the Health Workers Association, on the Jacksonsdrift Clinic Project

Could you please give us some background to Jacksonsdrift Clinic?

In the late 1970's, medical students at Wits started a project in Eldorado Park. The people there needed the service, but not as desperately as the farmworkers. So Jacksonsdrift was chosen.

Can you tell us a bit about the area?

Jacksonsdrift is a farming area about 25 kilometers from Johannesburg. There are approximately 10 000 farmworkers and their families living there. These people are not migrants in the classic sense, but they don't qualify for Section 10 rights. The farms are therefore their permanent homes.

The majority of people work on dairy or vegetable farms. Some of the big farms are owned by Anglo American, and are easier to organise. We work mainly with the smaller farms which are privately owned and where workers are more vulnerable.

What are some of the general problems you come across in working with these farmworkers?

Firstly the farmworkers are in a very vulnerable position legally. They can't go and work in the cities and they have nowhere else to go and make a living. Therefore they are subject to abuse and assault. They can't report these cases for fear of losing their homes on the farms.

Secondly, accomodation is tied up with employment. So if the labourer dies, the family loses its accomodation.

Thirdly, their salaries are very low which means they live in a state of poverty. There is little chance of ever improving their position.

Fourthly, schooling for their children is extremely inadequate. There are two schools in the Jacksonsdrift area. One has been set up by the Rand Waterboard and is open only to children of those workers who work for the company. The other is a semi-state run school. However, the majority of kids only go up to form 2.

What are some of the main health problems you encounter?

Well, firstly, we see about 60 percent adults and 40 percent children. With the children, the most common health problems are upper respiratory tract infection,



Children being examined prior to immunisation



Jacksonsdrift medical project - immunisation

measles, burns, scabies, gastro-enteritis and diarrhoea. Malnutrition is rampant. It is ironic that on some of the richest dairy farms in the country, workers' children are not even given free milk!

With the adults we see T.B., chronic hypertension, diabetes, osteo-arthritis, burns and injuries from machinery.

Could you tell us a bit about the relationship between the Health Workers' Association and Jacksonsdrift Clinic?

In 1980 the Health Workers' Association became involved in the Jacksonsdrift Clinic. Up until then the clinic had been running as a curative service. The problems that we encountered in rural health care made us realise that a curative service was not enough. We knew that the only way to gain the confidence of the people in the area was to run the clinic as a proper, comprehensive service. So a number of programmes were devised.

What types of programmes have been taken up at the clinic?

We started a health education programme. The emphasis is on socio-economic problems and their relationship to health. On a Sunday for example, the clinic opens at 8.30 and people are checked for weight, height, temperatures and so on. At 10 am the clinic comes to a halt. We then give talks and arrange for speakers from various organisations to come and address us.

Issues range from infant-feeding in the community to wider political problems and their relationship to health. We look, for example, at how and why diseases like T.B. and malnutrition become rampant in South Africa. We also discuss national political problems such as the crisis in education and problems in Soweto.

In the last few months, people from the Jacksonsdrift community formed a committee which gives talks on relevant issues. This, we feel, is an important development.

So you can see that our education programme is ongoing and extensive.

What are some of the other major programmes you have been involved in?

Our second major programme has been (and still is) the immunisation programme in the community.

What made you start the immunisation programme?

There is clinic at Kibler Park where they immunise. But, it is too far for farmworkers to get to easily as there are transport problems. Also, the clinic runs from Mondays to Fridays, and most farmworkers can't get away from work during those times.

There was a sister who apparently went out in a mobile clinic to immunise.

But we weren't sure if this was correct because children were still getting ill. So in 1982, we conducted a pilot study and found that only 23 out of 419 in our population sample had actually been immunised. This prompted us to start our own immunisation programme.

What do you see as important about this programme?

Well apart from the obvious health implications of a proper immunisation programme, it gave us a chance to actually go onto farms and look at the socio-economic conditions there. The programme thus gave us crucial data for a general socio-economic profile of the farming community.

We found that only eight percent of children on farms had been vaccinated. This was close to the five percent found in our pilot study.

In which other projects is the Jacksonsdrift Clinic involved?

Our contact with the farming community made us aware of the plight of many of the old people living on the farms. We found that they didn't know anything about pensions - they didn't even know about their rights to claim them! They couldn't fill in forms, didn't know where to go to get them from, or could not afford the transport to town.

So in 1984, a legal clinic which was part of Jacksonsdrift Clinic was set up. That clinic fizzled out, but we are presently starting one again. We intend to run a legal clinic under the auspices of the Jacksonsdrift Clinic Committee. We have clerks to sort out simple problems such as pensions, documents for people, disability grants and so on.



A pilot study in 1982 found that only 5 percent of children on farms had been vaccinated

Any other programmes?

We also have a family planning service run by our clinic. We find teenage pregnancies and sexually transmitted diseases a big problem. So we give contraceptives, have an antenatal clinic and are currently researching the possibility of a pap smear programme, which we intend to do in the future.

What are some of problems the Health Workers' Association faces in running Jacksonsdrift Clinic - in terms of your own organisation?

We have been running the programme for about six years on a weekly basis. There are problems of sustaining the interest of members of the HWA. Also because we only go out once a week, it is difficult to establish structures in the community easily. We have to debate whether in fact our involvement makes the community more dependent or independent.

What problems do you face in terms of farmers' attitudes towards you?

They seem quite happy for us to treat their workers only - not other workers. People can get shot if they are caught trespassing a farmer's land.

They worry about us politicising their workers. They say we are "making the farmworkers clever".

They tend to view us with suspicion because we try to make workers aware of the connection between their health problems and the conditions under which they live and work.

What are the financial problems you face?

Money has been a big problem for us but we have just been given a donation. Drugs and equipment have been donated by general practitioners. We bear the costs of transport.

Do you see the clinic doing the work of the state in some ways?

No, not at all. Firstly, the financial burden of health care is relieved from the community.

Also, it is much more convenient, as the farmworkers do not have to worry about transport.

A third factor is that we train the community in dealing with simple cuts, burns, first aid and diarrhoea.

But most important of all we see ourselves very differently. We do not simply provide a curative service. We see ourselves as playing a conscientising role in the community.



The Jacksonsdrift clinic aims to provide a proper, comprehensive service
What do you feel are some of the major gains you've made in running Jacksonsdrift Clinic?

Firstly, we do provide a comprehensive health care service.

In addition, we feel we have made certain inroads into the community.

By us constantly talking about what is happening in the country, we feel we are making an impact in a small way.

Concerning the issue of unionisation, we are aware of the victimisation of farmworkers. However, we feel it is important to talk about the benefits of unionisation and let farmworkers express their fears about the its consequences for them.

We are also aware of the helplessness of farmworkers and their difficulties in getting involved in community structures. But let me give you an example.

The Jacksonsdrift community wanted to set up a creche: They reasearched the matter and eventually found there were too many obstacles in their way - legal problems as well as farmers refusing land. We are now looking at alternatives such as childminding, but the important point is that the community itself did the work.

What are some of the advantages for your organisation in running the clinic?

It gives us the opportunity to test ourselves and our commitment to the communities in which we work. We also feel it is extremely important *organising health workers within the State of Emergency.*