American College of Physicians

ACP Statement on Apartheid

At the Board's request, a statement on apartheid has been prepared for Dr. Greenberger to take with him on his fall trip to South Africa to receive an honorary degree from the College of Medicine of South Africa. The statement was prepared by Abraham Verghese, MD, FACP, a new member of the Human Rights and Medical Practice Subcommittee. Dr. Verghese, who lived for a time in South Africa, wrote to the subcommittee last year to express his interest in working with the College to lend support to that country's positive political social change. The subcommittee met with Dr. Verghese and representatives of the Committee for Health in South Africa (CHISA) and the Medical Education for South African Blacks (MESAB) to learn about the situation in South Africa. The subcommittee is continuing to explore ways in which the College might assist efforts to address serious public health problems and inequities in health care delivery and access brought about by the system of apartheid. The International Medical Activities Subcommittee has been invited to assist or join with the HRMPS in pursuing this interest.

The attached statement was approved by HRMPS and revised and approved by HPPC on June 6, 1991. Board of Regents review and approval are requested.
INTRODUCTION:

Apartheid, (Afrikaans for "apartness") the policy of racial segregation designed to keep political, military and economic power in the hands of the white minority of South Africa while denying equal political rights to 80% of the population, has been in effect since the South African National Party came to power in 1948.

The remarkable political changes in South Africa of the last two years, beginning with the "unbanning" of the African National Congress in February of 1990, holds promise for the end of apartheid. The legal pillars and practices that constitute the core of apartheid are being dismantled one by one. As of June 1991, three laws that formed the core of statutory apartheid have been repealed: the 1913 Native Land Act (which deprived black South Africans of all but 13% of the land), the 1936 Land Act (which formalized segregation), and the 1950 Group Areas Act (which consolidated geographic apartheid, including forced relocation for all races). However, the practices instituted under apartheid are still legally permitted and many of the adverse consequences of apartheid remain in place even though the government no longer mandates racial segregation. Similarly, a May 1990 announcement by the National Health Minister, Dr. E. H. Venter, MP, declaring that all public hospitals could be opened to all races, has encountered significant implementation problems. Nonetheless, changes that once seemed unimaginable are taking place. However, it will be many years before the legacy of apartheid and the human distress brought about by the forced redistribution of people can be forgotten or undone.

HEALTH CARE IN SOUTH AFRICA:

South Africa's major health problems relate to poverty among the black population which is a direct result of decades of apartheid policy. Life expectancy for blacks is fifteen years less than for whites. Mortality for black infants is up to eight times greater than it is for white infants; for black children ages 1-4, mortality is up to 14% greater than it is for whites. Preventable diseases such as typhoid, tuberculosis, and gastroenteritis are widespread among the black population and have virtually been eliminated among the whites.

Many of these health problems stem from the often illegal past migration of thousands of blacks from the countryside to the townships. The shantytowns which have sprung up around the townships are particularly affected by poor water, inadequate sewage systems, and inadequate or nonexistent hospitals or other health services.
Using a normal ratio of 3 beds per 1000 citizens, the National Health Minister, Dr. Venter, has estimated that South Africa has a surplus of 11,700 beds for whites and a shortage of 7,000 beds for blacks. Resistance at the (white) patient level and, unfortunately, even some medical and nursing staff, will make equalization of health services between black, colored, Indian and white communities a difficult task.

The consequences of apartheid on medical education have been equally profound. Out of 27 million blacks in South Africa, there are fewer than 1000 black doctors. A deliberate policy of segregating and under-funding black primary and secondary education has resulted in a paucity of blacks pursuing professional education. And although the medical schools of Cape Town, Witwatersrand and Natal have instituted policy changes to admit all qualified students regardless of race, the new policies are not yet widely practiced.

Medical associations in South Africa have had a checkered history. The South African Medical and Dental Council (SAMDC) outraged physicians when it failed to find sufficient evidence of improper conduct by physicians involved in the death of Steve Biko. The Medical Association of South Africa (MASA) supported this position until an outcry by its rank and file physician membership prompted the formation of a new committee which disagreed with the SAMDC findings. The SAMDC and to a greater degree MASA have now spoken out against apartheid.

The medical organization with the most credibility as a conscientious voice of ethical medical practice has been the National Medical and Dental Association (NAMDA), an association formed in 1982 by physicians dissatisfied with the handling of the Biko affair. We also recognize the work of the College of Medicine of South Africa (CMSA), which has resolved to direct its attention to helping to structure medical education and health delivery systems so that they meet the requirements of all South Africans.

THE AMERICAN COLLEGE OF PHYSICIANS AND SOUTH AFRICA:

The ACP has followed with interest the dramatic and complex changes occurring in South Africa. The ACP Human Rights and Medical Practice subcommittee has studied the report of the American Association for Advancement of Science Medical Mission of Inquiry (5,6), and has also heard testimony from other U.S. organizations such as the Committee for Health in South Africa (CHISA) and Medical Education for South African Blacks, Inc. (MESAB), as well as other interested and informed parties.

The following conclusions and recommendations are a result of this involvement:

Apartheid has directly affected the health of millions of black South Africans. The American College of Physicians unequivocally condemns apartheid and applauds the recent changes that seek to dismantle apartheid. From a practical point of view, the simple revocation of the legal pillars of apartheid will not undo decades of wrong. Continued effort is necessary to ensure equal access not just to health services, housing, nutritional services and education, but also to organizational power.
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Segregation must be eliminated from all health care facilities in South Africa.

Educational opportunities for black physicians and medical students must be enhanced, beginning with black education at the primary school level. Medical schools should offer completely integrated classroom and hospital training. The ACP commends the efforts of MESAB which now has over 750 MESAB scholars in eight medical and health sciences schools in South Africa. MESAB provides both financial assistance as well as a Mentor Program which allows black students to make enormous academic, social and personal adjustments to university life. With the growth of the MESAB program in South Africa and the appointment of a full-time Deputy Director of MESAB in South Africa, this organization has an infrastructure that may provide a suitable vehicle for the efforts of the ACP and other organizations to encourage scholarship and financial assistance. This, and other similar opportunities, must be rigorously examined.

ACP recognizes and commends NAMDA for its courageous role in speaking out against apartheid, torture, and human rights abuses. The SAMDC and MASA have in the past responded inadequately to well documented health and human rights related abuses. These two organizations, once perceived as an arm of apartheid, need to become more outspoken about the health needs of all South Africans. They should introduce or propose schemes for correcting the inequalities of years past. Their charters should unambiguously state their position on apartheid, torture, human rights abuse, and ethical medical practice.

ACP recognizes that the international academic boycott which began following a sports boycott, an oil embargo and other sanctions, has been controversial both in South Africa and abroad and has not necessarily helped the anti-apartheid campaign. Rather than participate in an academic boycott, the ACP agrees with the policy of "selective support" as proposed by NAMDA in January of 1989: ACP members and academics traveling to South Africa are encouraged to do so under the invitation and sponsorship of organizations and universities with a record of opposition to apartheid. Similarly, invitations from abroad to South African academics should be offered to those who have an active record of committed opposition to apartheid.

Movement toward a health care system to replace the fragmented and multi-tiered system of apartheid medicine now in existence would best serve the needs of all South African people. (7)
REFERENCES: