

**Opening van uitstalling, *Health and Health Care Under Apartheid*,
te Fakulteit Gesondheidswetenskappe, Universiteit Stellenbosch, Tygerberg-kampus,
deur prof Russel Botman, rektor en visekanselier, 19 Oktober 2010**

Thank you, chairperson. Distinguished guests, ladies and gentlemen, welcome here to the opening of this exhibition.

One could be forgiven for wondering just what is going on here. After all, it's been 16 years since our first democratic elections, en hier's ons wraggies by 'n uitstalling genaamd 'Health and Health Care under Apartheid' (Horwitz, 2009). Why the obsession with the past? Kan ons nie maar die verlede toemaak soos 'n boek en aangaan met ons lewens nie?

The thing is, the past is far too interesting to forget, as I will show in a moment. And of course, where we come from has implications for where we are going. So, given the fact that Stellenbosch University has embarked on a journey into a future that we want to be significantly different from our past – and significantly better – this exhibition could not have come at a better time (Botman, 2010).

Hierdie uitstalling kom na ons van Wits af, wat – nes ons – 'n groot Fakulteit Gesondheidswetenskappe en mediese skool het. Die uitstalling is die werk van die Adler Museum van Geneeskunde by Wits. En in hoofsaak vertel dit die verhaal van die uitwerking wat apartheid op mense se gesondheid – asook gesondheidsorg – in Suid-Afrika gehad het.

The exhibition makes no bones about the fact that “apartheid policies had a very damaging effect on the health of the majority of South Africans” (Horwitz, 2009). And it identifies some of the reasons for this, for instance:

- *“The health needs of the majority of South Africans were ignored”; and*
- *“Most resources benefited whites in whites-only facilities” (ibid.).*

This kind of racial discrimination resulted, for instance, in a higher infant mortality rate among black South African than their white counterparts, and a lower life expectancy (ibid.).

Onthou julle die “Slegs Blankes”-dae? Ons hoef nie ver te soek na iets om te herinner nie. Toe hierdie einste Tygerberg-hospitaal 35 jaar gelede deur die staat gebou is, is hy opgerig met identiese Wes- en Oos-vleuels: die een vir “Blanke” pasiënte, en die een vir “Nie-blankes”. En daar was dieselfde duplisering wat betref huisvesting vir verpleegsters en dokters.

Gelukkig is daardie dae verby, maar ons leef steeds met die nalatenskap van apartheid saam: endemiese armoede en onderontwikkeling onder 'n groot deel van die bevolking, wat nie net 'n menseregte-kwessie is nie, maar ook ernstige gesondheidsimplikasie inhou.

Die probleem word natuurlik vererger deur die feit dat daar die afgelope 16 jaar sedert ons oorgang van apartheid na demokrasie nog nie genoeg vordering in die stryd teen armoede en gesondheidsbedreigings gemaak is nie.

I was fascinated when I read recently that “the distribution of ‘virtually every disease in every industrialized country in the world’ was remarkably well-correlated with social class” (Duncan-Andrade, 2009). This finding was based on the long-term Whitehall Studies in the UK, which investigated the social determinants of health among British civil servants.

It seems that people in impoverished communities experience what is termed “multiple negative stressors” , and that the “exposure to chronic stress associated with living in these types of ‘socially toxic environments’ is now thought of as one of the most – if not the most – significant contributors to poor health” (ibid.).

Jeffrey Duncan-Andrade of San Francisco State University writes: “This research helps us understand that many of the health problems plaguing poor communities result from ‘unnatural causes’, confirming what we have known intuitively for years: inequality is making us sick” (ibid.).

Dié soort insig is bemagtigend, want as ons besef dat sosio-ekonomiese ongelykheid en armoede tot swak gesondheid lei, en ons doel is om goeie gesondheid te bevorder, dan stuur dit ons in die rigting van armoedeverligting en ontwikkeling. Ons Ukwanda Sentrum vir Landelike Gesondheid op Worcester en ander dorpe is ’n voorbeeld van noodsaaklike opheffingswerk. Só ook die nuwe Ukwanda Landelike Kliniese Skool wat op Worcester opgerig word as deel van die Universiteit Stellenbosch se HOOP Projek (US, 2010).

’n Groot uitdaging in die Suid-Afrikaanse gesondheidssektor is die wanbalans in die verspreiding van dokters tussen landelike en stedelike gebiede. Dít skep probleme, want sowat 46% van die bevolking woon op die platteland en gebrekkige toegang tot gesondheidsorg lei tot swak gesondheid (ibid.).

It is against this backdrop that the Ukwanda Centre for Rural Health was launched in the Boland and Overberg regions of the Western Cape by Stellenbosch University in 2001. And now, an ambitious expansion programme that will lead to the establishment of a fully-fledged rural clinical school has been developed by our Faculty of Health Sciences, in partnership with the Western Cape Provincial Government (ibid.).

Ons het dus ver gevorder sedert dae van apartheid. Maar dis goed om ons te herinner aan wat verkeerd geloop het in die verlede sodat ons nie dieselfde foute herhaal nie. In hierdie uitstalling word uitgewys hoe Wits se Fakulteit Gesondheidswetenskappe selfondersoek gedoen het na sy aandadigheid aan onreg in die apartheidjare. Wits het ’n voorlegging gedoen aan die Waarheids-en-Versoeningskommissie (WVK) se openbare verhoor oor die gesondheidssektor. En hieruit het die Fakulteit se Interne Versoeningskommissie voortgespruit (Horwitz, 2009).

This exhibition shows that some of the conclusions by the Internal Reconciliation Commission of the Wits Faculty of Health Sciences were that in the apartheid years:

- *“there was a general lack of sensitivity to black students;*

- *“the Faculty as a whole colluded with ... apartheid and enforced racial discrimination”;*
- *“teaching at the University-affiliated teaching hospitals was racially structured”;*
- *“the majority of Faculty members ... did not interact with black students”;* and
- *“there were some notable individuals who did stand up to the apartheid regime but they were in the minority”.*

Van hierdie bevindings is waarskynlik ook op Stellenbosch van toepassing, maar dalk moet ons weer ’n gesprek hieroor aan die gang kry en die ongeskrewe geskiedenis van wat hier in die apartheidjare plaasgevind het, opteken.

Die grondslag vir so ’n selfondersoek sou die Universiteit se “Strategiese raamwerk vir die eeuwisseling en daarná” wees, wat in 1999 opgestel en in 2000 deur die Universiteitsraad goedgekeur is (SU, 2000).

Two aspects of this “Strategic Framework” are pertinent. In it, Stellenbosch University:

1. Acknowledges that it had been a role player in the injustices of the past; and
2. It expresses a commitment to redress, which we undertake to pursue through:
 - Equity – building a staff and student corps demographically more representative of society; and
 - Service – promoting development in the context of pressing needs in South Africa and the rest of the continent.

This acknowledgment and commitment has since grown into the HOPE Project, which was launched in July. This advancement campaign enables us to apply our academic excellence and research expertise in a purposeful manner and on a large scale to the benefit of society.

The five themes and 22 academic initiatives of the HOPE Project are focused on providing scientific solutions to tough societal challenges. And forming part of these challenges are the goals of promoting human health and of improving the health care system.

Die HOOP Projek het ook ’n interne fokus, onder meer om die sukses van ons personeellede en van ons studente te handhaaf en te verbeter. Dít sluit in om dokters en ander gesondheidswerkers met ’n sin vir sosiale verantwoordelikheid op te lei.

Dit is hoekom ’n uitstalling soos hierdie nie net gaan oor die verlede nie, maar ook oor die toekoms. Deur wat verkeerd geloop het in die verlede te belig, dwing hierdie uitstalling om te vra hoe ons dinge beter kan doen in die toekoms. En dit sluit in hoe ons as Fakulteit en mediese skool meer verantwoordbaar aan die gemeenskap kan wees.

Thank you to the organisers for brining this exhibition to Stellenbosch University. It’s just what the doctor ordered. May it stimulate vigorous debate about our role in society – as a university, as a faculty, as students and as professionals.

Baie dankie.

REFERENCES

Botman, H Russel. 2010. *Public launch of Stellenbosch University's HOPE Project*. Speech at Stellenbosch University on 21 July 2010. URL: www.sun.ac.za/university/Management/rektor/docs/HOPE_Project.pdf

Duncan-Andrade, Jeffrey MR. 2009. "Note to Educators: Hope Required When Growing Roses in Concrete", *Harvard Educational Review* (Summer 2009 Edition). URL: <http://edreview.org/harvard09/2009/su09/s09dunca.htm>

Horwitz, Simone. 2009. *Health and Health Care under Apartheid*. Adler Museum of Medicine, Faculty of Health Sciences. Johannesburg: University of the Witwatersrand.

Stellenbosch University (SU). 2000. *A Strategic Framework for the Turn of the Century and Beyond*. URL: www.sun.ac.za/university/StratPlan/index.htm

Universiteit Stellenbosch (US). 2010. *HOOP Projek*. URL: www.diehooprojek.co.za