

INTERVIEW

Face to face with Cheryl Carolus

Not too long ago, it was generally taken for granted that if the African National Congress got into government, Cheryl Carolus would walk into the cabinet portfolio of either health or education (certainly, either would probably have been hers for the asking). Therefore the news that the captivating and highly regarded ANC spokesperson on health had chosen not to run for election on either the provincial or the national list took the country by complete surprise. But, as she told me somewhat tongue-in-cheek recently, the only government appointment she is willing to consider is that of park ranger of Table Mountain, a childhood ambition.

She talks first about the Medical Association. Flashing her characteristic smile, she compliments MASA Secretary-General Dr Hendrik Hanekom for being 'a very persistent advocate of your organisation', even when — as often happens — 'he and I have talked from different corners of the boxing ring'. She recognises the MASA as a strong and solid association representing a large proportion of the medical fraternity. 'There is a need for a vibrant body of civil society in our country, and we in the ANC see a very clear place in the future for professional organisations such as the MASA, among other things to set and maintain standards through peer review.' The next government will be looking to such bodies for advice and counsel.

Emphasising that we are all part of the same country, she warmly applauds the fact that South Africans (including the ANC) 'have developed the capacity not only to negotiate, but to accept that it is OK to have diversity, and that diversity can be good for the country'.

Not that she regards the Medical Association without reservations. 'Historically,' she observes in an obvious understatement intended to be charitable, 'the MASA has not been counted among the forces for change and democracy in South Africa.' Even now, she continues, the top echelons of the MASA are heavily white-male dominated. Where are the female members of the Association? The past can be put behind us; but as we look to the future, it is urgently necessary for the MASA ('and the SAMDC for that matter', she adds) to find ways to democratise themselves, and 'to cultivate a culture of change in relation to gender, race and geography' (urban/rural).

Turning to the ANC National Health Plan (NHP), Cheryl says 'I am pleased that the MASA has chosen to take this document seriously. I must also compliment the MASA for drawing up its own health care proposals. Committing oneself in this manner requires courage, because it puts one on the line.' The NHP is not cast in stone, she intimates. It continues to be in the public domain for public debate, and the MASA can still provide valuable input. Indeed, a 'no-holds-

barred' meeting has already been set up between the MASA and the ANC for this very purpose.

The ANC sees health planning as an integral part of an overall national strategy that includes the provision of shelter, employment, electricity, food and clean water. The NHP needs to be read together with another document, the Reconstruction and Development Programme or RDP, which describes the ANC's strategy for human upliftment, because 'most deaths in South Africa cannot be reversed by medicines and prescriptions'. The ANC is currently taking a lot of criticism in respect of both the NHP and the RDP, 'but then again, we're the only political organisation to put specific plans on the table. We can expect to be criticised. Indeed, we are actively soliciting criticism, because we don't want an ANC plan, we want a plan for South Africa.'

She asserts that the current high cost of national investment in health is not matched by an equivalent output in terms of the health of the nation. 'I am proud that I am a South African,' she beams, 'and that we pioneered heart transplantation in this country. But I also hang my head in shame that our immunisation programmes are in a shambles. We have a sophisticated capacity in medical technology, but we have as yet been unable to effectively address the health problems of deprivation.' As an example, she cites the prevalence of TB in the Western Cape, said to be the highest in the world.

The ANC is not negative towards hi-tech research, and will continue to support it as long as it is directed at solving the health problems of the

community. She cites with approval the DNA research at Tygerberg Hospital, which is aimed at unlocking the mysteries of the tubercle bacillus. She speaks enthusiastically about academic medicine, and says 'We don't want to ruin the capacity we have at academic level. In fact, we need to increase it.' However, medical training based solely at the academic centres, and which does not expose the trainee to deprived settings, is both inappropriate and unacceptable. Under an ANC government, there will be a shift of resources towards primary health care. As a result, there will then also be a shift in referral patterns, so that primary care needs are not provided at expensive tertiary care facilities. The overall effect should therefore be a redistribution rather than a reduction of tertiary resources. This redistribution must be carefully worked out, in close consultation with those working at the coalface, so that we do not compromise standards or delivery.

The conversation comes to an end and, as she leaves, I can't help thinking how much more secure I would feel as a Capetonian, knowing that she were in charge of Table Mountain.

DANIEL J. NCAIYANA

