

## THE MENACE OF TUBERCULOSIS AND THE DANGER OF SANTA

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The first part of the above heading needs no explanation, extension or argument for any medical people whose work brings them into direct contact with this disease, especially as it occurs amongst the Bantu. But even for some of them, and certainly for the many medical practitioners in the multitude of diverse specialties and occupations contained in Medicine today who are not immediately concerned with the ravages of this particular disease, the second part of the heading certainly calls for some sort of explanation and justification. It is my purpose to endeavour to supply both: not because I wish to attack SANTA (the South African National Tuberculosis Association) as such, but because I feel strongly that the presence of SANTA in our midst is (unwittingly) blinding the eyes of Government and public alike to the vastness of this whole problem. And when I say Government I am not referring specially to the present Government, but to any Government. There is nothing political in this, because this is a matter altogether beyond party-politics: and there is nothing personal in it, except that, as a person who has been engaged for nearly 30 years in working with and for sick Bantu, I have some small claim to know what I am writing about.

The immensity of the problem of tuberculosis as it occurs in the Bantu has been ever before me for many years; and I have tried without success during the past few years to get, through the Union Department of Health, an adequate grant to enable us to build a separate tuberculosis hospital here to accommodate the ever-increasing number of patients suffering from open pulmonary tuberculosis who come seeking admission. But always we have come up against the stone wall erected, unwittingly no doubt, by SANTA in their provision of *settlement beds* at a cost

not exceeding £150 per bed—a price at which it is impossible to build and equip a *hospital*. In the end our Hospital Board decided to drop the whole project. But when, at a recent count, I found that in this general hospital of 130 beds we have no fewer than 90 patients suffering from tuberculosis. I realized that whether we were disgusted or not, whether we wanted to do so or not, we were *compelled* to reopen the campaign for the provision of more accommodation, not only here but throughout the country.

And then—I happened to read the editorial in *The Territorial News*, Umtata of 20 September:

‘The eighth annual meeting of delegates from the many branches of SANTA was held in Port Elizabeth last week. Since its inception, this splendid body has gone steadily forward in its aim to halt the spread of the dread disease which, it was at one time feared, would play such havoc with the Union’s indigenous population that their future would be gravely imperilled. Thanks to scientific discoveries in recent years, and to a more vivid realization of the danger ahead, hope has been aroused that, within a measured term of years, tuberculosis can be overcome, provided the public generally remains conscious of the danger, and is prepared to assist in its eradication. The first and most important steps necessary to fight the spread of the disease is the segregation of the sufferer in a manner which will prevent its communication to others.

‘The heavy cost of building hospitals makes it impracticable to provide hospital beds for all those requiring treatment, and it is in this direction that SANTA has come to the aid of South Africa. Instead of £1,500 required for each hospital bed, SANTA has found the way to provide beds at an average cost of a little

over £100. In the past 8 years SANTA has made 1,970 beds available, and expects to add another 700 to this total before the end of March next. Each year will produce the maximum number which available funds can finance, until such time as the backlog in beddage has been overtaken. When it is borne in mind that the administration of all the settlements established has been almost entirely in the hands of local voluntary workers, the results achieved are indeed worthy of note. In addition to caring for the sufferers themselves, SANTA has done and is doing good work in caring for dependents, so that the patients are relieved of a good deal of worry which, otherwise, might hinder recovery.

'Among the additional settlements contemplated for the present financial year is one at Umtata, which it is hoped to see started within a very short time. Consideration is also being given to a number of settlements within the Reserves, though nothing definite has as yet been decided in this connection.'

Now *The Territorial News* is the leading paper in the Transkei, and the Transkei is the biggest Native Reserve in the whole Union. The Editor of this paper has published this article in all good faith: and it is not beyond the bounds of possibility that editors of papers with a wider circulation might very well publish articles of a similar nature. And what is the harm, or danger?

In the first place it seems to me that the general impression conveyed to the minds of the public might be that with the 'wonder drugs' now in medical hands for combating this disease, allied to the efforts of SANTA, the problem and the dangers of tuberculosis are neither of them so great or so serious after all; and that if we only had more SANTA settlements the whole thing could be brought under reasonable control in a comparatively short time. This, unfortunately, is far from being the truth.

The second paragraph of the article gives an entirely wrong impression. SANTA does *not* provide hospital beds because SANTA does *not* provide hospitals. What SANTA has undertaken to do is to endeavour to provide settlements or colonies where the fortunate few—patients who have been in hospital for a considerable time and who are now convalescent or in those whom the disease is already quiescent—can carry on their treatment with or without their families beside them. In any case the settlement idea postulates patients who are ambulant, i.e. who are able to be up and about for most of the day and who are even able to undertake light tasks.

This however takes no cognisance of the vast majority of Bantu sufferers from tuberculosis who are *quite unsuitable for admission to SANTA settlements* and whose primary need, and indeed whose *only hope* is to be accommodated in proper hospital beds where they will have to remain strictly in bed for varying but lengthy periods of time. Now, there is a great difference in the cost of building a *hospital* in the true sense of the word and building a SANTA settlement.

The Editor is not exaggerating when he quotes the figure of £1,500 per bed as being the cost of building and equipping certain hospitals for the treatment of tuberculosis. The Government has in recent years constructed hospitals at this very high cost; but also in recent years when mission hospitals, such as our own, have gone forward to the Government with offers to build hospitals and provide beds for the treatment of tuberculosis at a very much lower figure, provided the Government will make adequate grants, these have been turned down and we have been told in effect that if SANTA can provide beds not costing more than £150 then we should be able to do the same. It is perfectly amazing that high officialdom should have been misled into this same confusion of thought in comparing the cost of providing beds in *hospitals* with that of beds in a *settlement* or *colony*; but that is what has happened.

In our case we offered to build and equip a 100-bed hospital here at Sulenkama at a cost of only £300 per bed, which is one-fifth of the cost incurred in certain Government Institutions. Not only so, but we are able to run our mission hospitals—and run them well—at a cost per patient-day of anything from a half to a fourth of the costs pertaining in Government hospitals. But I repeat, our offer has been turned down because the Government (with no excuse) has made the same mistake of confusing proper hospital beds with SANTA beds.

It would be well to face the truth, and one aspect of the truth is contained in the report of part of a speech made by Dr. M. J. Broderick, National Secretary for SANTA as reported in the *Sunday Times* for 22 July 1956, and which reads as follows:

'HOME TREATMENT OF T.B. HAS FAILED IN S. AFRICA. MORE BEDS NEEDED IN HOSPITALS'

'Contrary to what was thought a year ago, the experiment of home treatment of tubercular patients, particularly non-Europeans, is not a success, and has not provided an answer to a tremendous problem.

'Tuberculosis was gaining ground in South Africa in spite of all efforts to combat it, said Dr. M. J. Broderick, National Secretary of SANTA, when he spoke at a conference of the South-Western Districts Regional Santa Committee at Mossel Bay.

'One of the first things in home type of treatment was to educate the patients about the spread of infection, he said.

'How could the spread of disease be prevented when patients receiving treatment in their homes, were ignorant of the ways and means in which the disease spreads?

'Drugs do not cure—they only help the body overcome the disease, said Mr. Broderick.

'What is needed is more hospital accommodation where patients can be properly fed and rested. More beds, in short, are required.'

Another aspect of the truth is contained in the figures arrived at by a leading Tuberculosis Officer in Government employment who, as the result of a survey and investigation carried out in the Transkei, arrived at the conclusion that, on a conservative estimate, 2.3% of the Native population of the Transkei is suffering from active open tuberculosis, i.e. the type requiring hospital beds.' Now this would work out at the shattering figure of over 30,000 individuals *in the Transkei alone* . . . suffering from active tuberculosis.

When we revert to the above editorial we read: 'In the past 8 years SANTA has made 1,970 beds available and expects to add another 700 to this total before the end of March next'.

Let us then add these two figures together and say that by the end of March next SANTA hopes to have made available 2,670 beds, and let us remember that these beds are for the convalescent and/or ambulant type of patient. Now set this figure of 2,670 against the figure quoted above of 30,000 and let us remember that 30,000 represents the estimated figure for the Transkei only, and it immediately becomes apparent that despite their splendid efforts SANTA is barely touching the fringe of this mighty problem, and indeed these very same efforts are in danger of lulling the public mind into a state of complacency over what is indeed the greatest public health menace in South Africa.

Further on the article says, 'Each year will produce the maximum number (of beds) which available funds can finance, until such time as the backlog in beddage has been overtaken'.

Until such time! When is this state of Utopia to be reached? If it has taken SANTA, with all the help of voluntary workers and newspaper publicity and all the rest of it 8 years to provide 2,000 beds, it is obviously utterly impossible for them to overtake this problem in any measurable or practical period of time.

By all means let us pay tribute to the splendid efforts of the voluntary workers and paid officials of SANTA and let us go on supporting them to the limit of our ability. But this problem goes far beyond SANTA or any other private organization and *can only be dealt with at top level* by the Government working through the Union Health Department, the Provincial Administrations and possibly the Native Affairs Department.

This is probably the most real of all the 'problems' in our country today: and only a Government can command the necessary funds to tackle it. Money will have to be spent, plenty of money: but a tremendous economy could be effected if the Government would avail itself of the many mission hospitals throughout South Africa which are able, for a variety of reasons, both to build and to run at much lower costs than the Government can be expected to achieve through its usual channels.

SUMMARY

*It is submitted:*

1. That SANTA is (unwittingly) blinding the eyes of Government and public to the immensity of the problems of tuberculosis.
2. That because of the low cost structure of providing beds in SANTA settlements, mission hospitals are being offered inadequate grants for the building of hospitals for the treatment of tuberculosis.
3. That there is a danger of the public being misled into a state of benevolent complacency as the result of newspaper articles

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written in all good faith but based on misconception and on lack of knowledge of the true facts.

4. That the incidence of active, open tuberculosis in the Native population is truly appalling; and that it constitutes a problem which *cannot* be tackled by any 'private' organization but must be dealt with at top level by Government.

5. That if it only would, the Government could work through the many valuable mission hospitals in the Union and so provide more hospital beds for tubercular patients at an economical figure.

1. Wiles, F. J. and Rabie, C. J. (1955): S.A. Med. J. (1955), 29, 866.