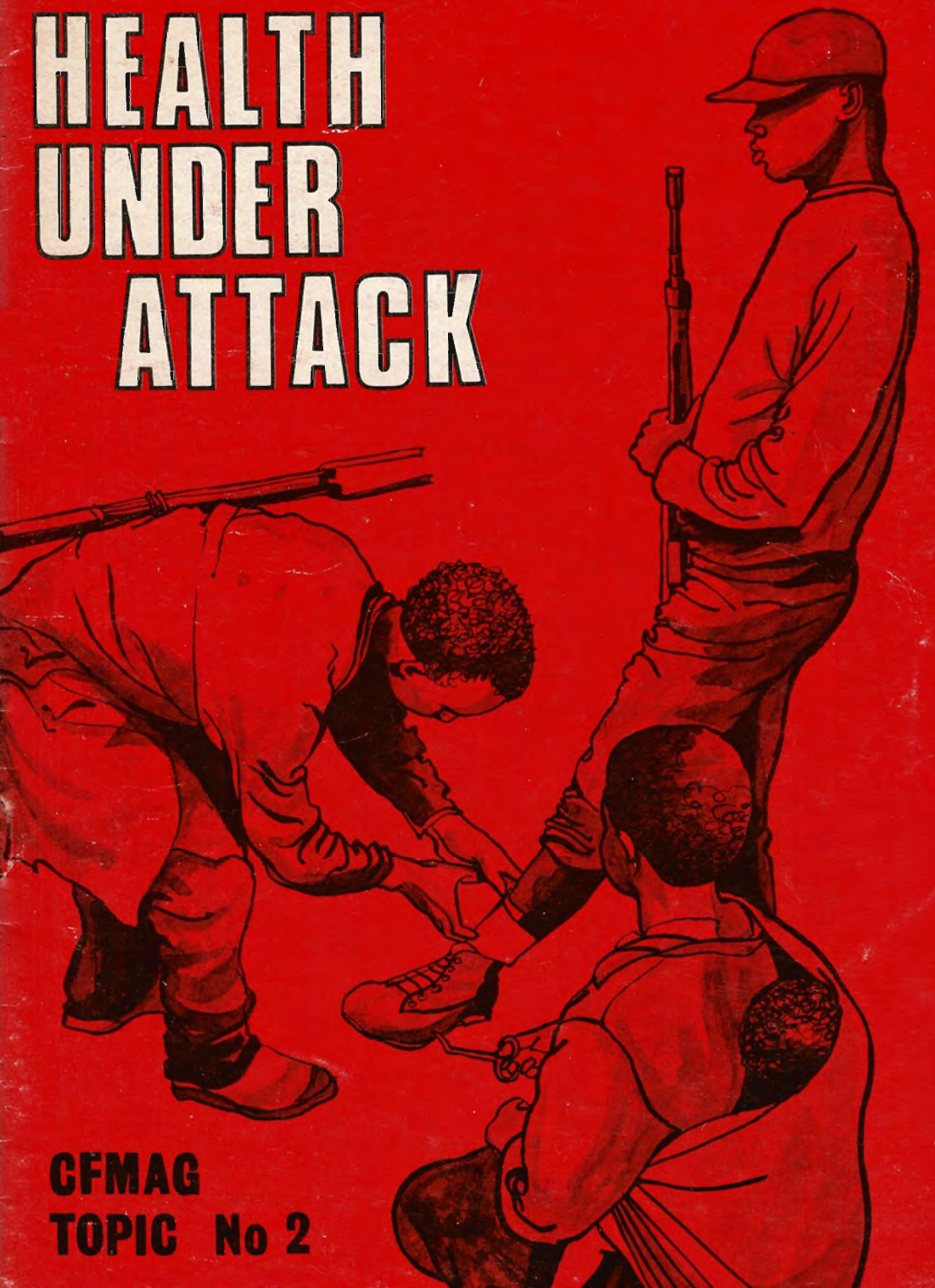
HEALTH UNDER ATTACK



CFMAG
TOPIC No 2

The people of Angola, Guinea-Bissau and Mozambique, under the leadership of MPLA (People's Movement for the Liberation of Angola) PAIGC (African Party for the Independence of Guinea and the Cape Verde Islands) and FRELIMO (Mozambique Liberation Front) have been engaged in armed struggle against Portuguese colonialism for over ten years now. In this time they have freed large areas of their countries, within which the building of new nations has begun. Despite the change of government in Portugal in April 1974 their struggle is not yet over.

CFMAG TOPICS are intended to cover in more detail than is possible in a general pamphlet specific aspects of the liberation struggle in these three African countries. They do not attempt to give the whole context within which this struggle is taking place: a reading list for further information is included at the end. TOPICS so far are

1. LABOUR: FORCED OR FREE?
2. HEALTH UNDER ATTACK
3. WOMEN FIGHTING FOR FREEDOM
4. LIBERATION THROUGH LEARNING

Your understanding and your help can contribute to the fight for freedom and justice in Mozambique, Angola and Guinea Bissau.

Committee for Freedom in Mozambique, Angola and Guinea, 12-13 Little Newport Street, London W.C.2.

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There is nothing figurative about this title. It is against a background of napalm and fragmentation bomb attack that the liberation movements of Mozambique, Angola and Guinea Bissau are creating and running new health services.

For over a decade now FRELIMO, MPLA and PAIGC have been engaged in armed struggle against the Portuguese. During that time they have not been content with victories that are purely military: they have also been laying the groundwork for new and more just societies, by extending social services — including a health service — into even the most remote rural areas.

Colonial Legacy

Portugal has been a presence in Africa for hundreds of years. She has claimed the right to rule over Mozambique, Angola and Guinea Bissau along their present territorial limits for over a century. In recent years, when what has been going on in the colonies has become an embarrassment to her, Portugal has asserted that all citizens of the African territories are citizens of Portugal, and that European and African share the same quality of opportunity.

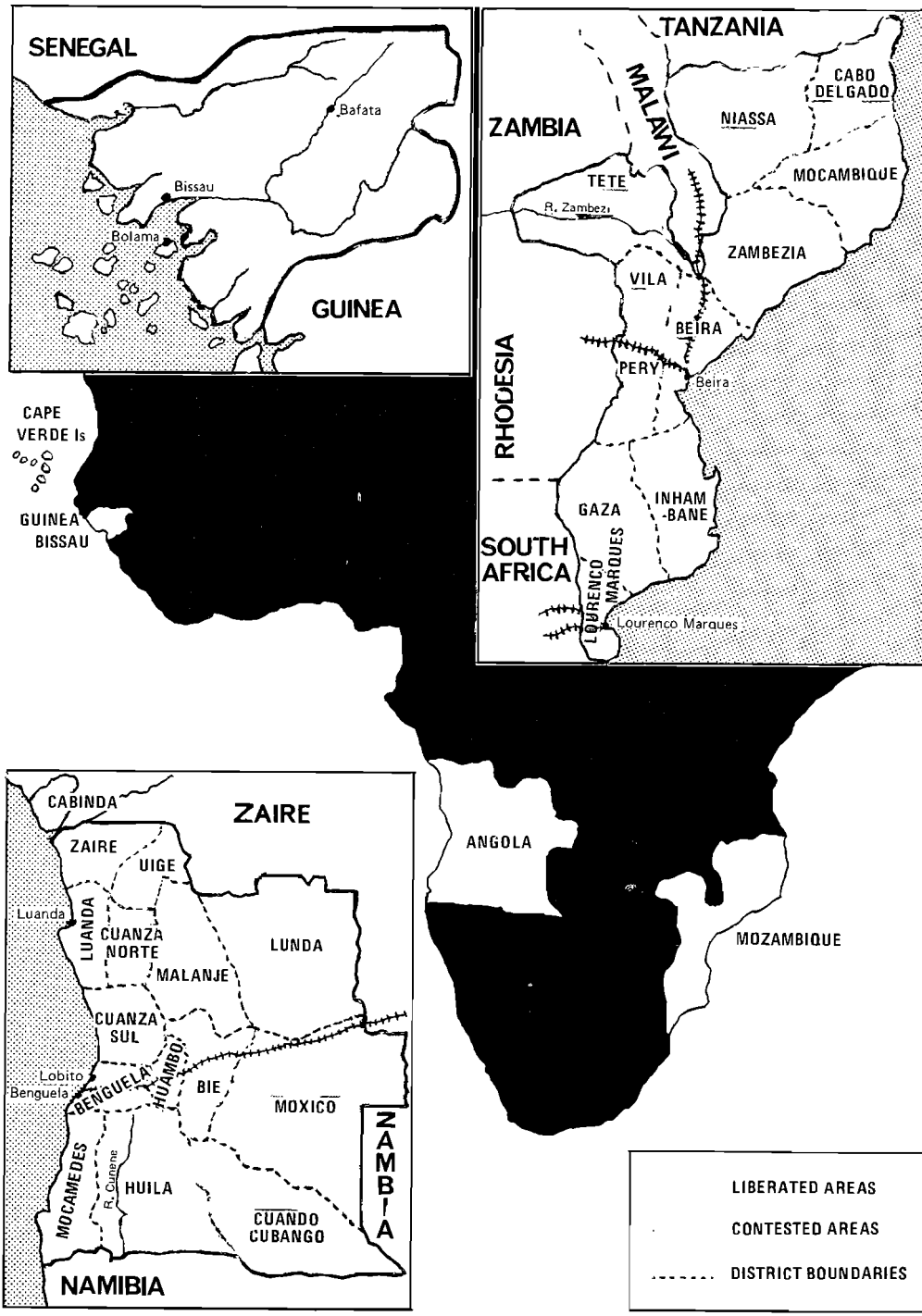
This is not so. Basil Davidson, in his book *Which Way Africa?* (Penguin 1964) writes

> the number of children in primary schools in Angola and Mozambique is generally believed (in default of any reliable statistics) to constitute less than 1% of the population, while the number at secondary school remains virtually invisible.

No wonder, then, that an extended education such as is given in Europe and America to doctors was achieved by only a handful of Africans under Portuguese rule. When the liberation struggle began in Angola, there were only six qualified African doctors, while in Mozambique there was not a single one, either trained or training. Nor were there many African nurses or other medical personnel.

Health care for whom?

However, as the Portuguese administration was mainly concerned with the health of its European population, the fact that there were so few African medical personnel was not of great importance. For the whites and those Africans able to afford treatment there have always been a fair number of Portuguese doctors operating, at least in the urban centres of the colonies. This has meant that Portugal has been able to present a false picture of health care in the overseas territories. In statistics published about Angola, for instance, by the Instituto Superior de Alto Estudes Ultramarinos, there is said to be one doctor for every 13,000 people. This would put Angola fourth in the African health league. It is only when one realises that most doctors devote their time to Europeans and that most Africans have never even seen a doctor that the absurdity of this figure becomes obvious. MPLA estimates that the correct figure is more like one doctor for every thousand Europeans and one to every 75,000 Africans.


SENEGAL
Bafata
Bissau
Bolama
GUINEA
CAPE VERDE Is
GUINEA BISSAU
TANZANIA
MALAWI
CABO DELGADO
NIASSA
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CABINDA
ZAIRE
ZAIRE
UIGE
Luanda
LUANDA
CUANZA NORTE
LUNDA
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ZAMBIA
MOCAMEDES
R. Cunene
HUILA
CUANDO CUBANGO
NAMIBIA
LIBERATED AREAS
CONTESTED AREAS
DISTRICT BOUNDARIES

The Three Countries; Basic Statistics, 1970

ANGOLA		MOZAMBIQUE	
Area	484,000 sq.mls.	Area	297,730 sq.mls.
Population	5,675,000	Population	8,235,000
White population	350,000	White population	200,000
Main products	coffee, oil, diamonds, sisal.	Main products	cotton, sugar, nuts, coal, tea.

GUINEA BISSAU	
Area	154,000 sq.mls.
Population	760,000
White population	3000
Main products	rice, peanuts, palm oil.

The figures for infant mortality in Angola are revealing, too: among the white settler population it is 45 per thousand live births, among the African population it is 125 per thousand.

It is the same with hospitals and clinics. In Angola there are three central hospitals, 15 regional hospitals, 57 rural hospitals and 26 leper hospitals, involving a total of 5,180 beds – for a population of five and a half million. In 1970 there were 235 dispensaries and 697 health posts, according to the health services director. But nearly all these health centres are concentrated in the coastal zone, which comprises about a quarter of the total territory and is where the European population is most dense. Towards the interior in the vast region covering Malanje, Bie, Lunda, Moxico and Cuando-Cubango with an area exactly that of France and a population of two million, there are only five regional and 16 rural hospitals, and 60 field dispensaries.

ANGOLA	Africans	Portuguese
infant mortality rate	125 per 1000	45 per 1000
life expectancy	30 years	65 years
doctor-patient ratio	1:75,000	1:1000

In the capitalist and colonialist zone, the hospital is one of the biggest centres of exploitation . . . You do not enter a capitalist hospital and receive treatment as and when you need it. If you are poor and without power or influence, it is hard to obtain a bed in a hospital. . . In the capitalist zone it is not your sickness that is analysed but the thickness of your wallet. Medication is sold at the price of gold. Only those who pay receive treatment. Food, special diets, fruit, milk, salads, meat and fine fish restore the convalescent's strength. But they are given only to those who can pay, not to those who need them. Even the ambulance which in an emergency goes to fetch someone who is dying will come back empty if the person's family cannot guarantee to pay the bill. In the enemy zone the rich man's dog gets more in the way of vaccinations, medicines and medical care than the workers upon whom the rich man built his wealth . . . In the mines where we work, on the company plantations that we cultivate, on the roads that we build, in the factories, in the fields, in the villages, there are millions and millions of Mozambicans who have never seen a doctor, who have never seen a nurse. Millions who never get any medical care when they are ill.

— Samora Machel, addressing FRELIMO health cadres, 1971

Neglect, but . . .

In recent years Portugal has been increasing the number of medical personnel in her colonial territories. Between 1963 and 1967 the number of doctors in Angola rose from 261 to 414 and the number of para-medical personnel from 985 to 1566. To a considerable extent these figures can be accounted for by the war — by the increase in military personnel requiring medical care — since during the same period the number of men in the army rose from 7,000 to 70,000, plus 20,000 extra security agents and militia. However there is no doubt that with the outbreak of war and the loss of large areas to the liberation movements the Portuguese authorities felt the need to improve the social services. This has been part of an attempt to demonstrate in an active fashion the concern for the African peoples under her rule which Portugal has long claimed to feel. Consequently health care in the zones under Portuguese control has improved slightly — a response to the liberation movements' success in the field of health care.

Death and destruction

So on the one hand Portugal has offered improved social services, albeit belatedly and still insufficiently. On the other she has escalated the war, using increasingly sophisticated weapons. Napalm, fragmentation bombs, herbicides . . . all have been

used and all have increased the number of those in need of medical attention. A doctor working with the Angolan Medical Service (SAM) described one such attack in July 1970:

> Five enemy planes flew low over the shores of the Luena river. Two bombers circled over the area, hunting after traces of human life. The three other planes, civilian planes, began spraying the field with herbicides. Now and then the bombers dropped fire bombs over the gardens and camouflaged houses in the forest. The herbicides acted very quickly upon the cassava leaves and stalks. They became completely dry within two days. The herbicides also affected the forest where the trees were severely burned. They looked like they had been in a large fire . . . Sprayed roots, which were later eaten, caused severe stomach pains and diarrhoea . . . The people had also been affected by the chemicals and were displaying symptoms of difficulty of breathing, digestive ailments and bleeding from the mouth.

In addition there have been countless deaths from conventional weapons. The Portuguese have been increasingly ruthless in their killing – and liberation hospitals have been a primary target. A report by a group of middle ranking Portuguese army officers (*Guardian*, 23.4.74) cites one example:

> In November 1973, in a helicopter attack on a FRELIMO hospital in Zambezia, some kilometers south-south-west of Mueda in Cabo Delgado, the hospital was destroyed and all the people found in it, including the wounded and auxiliary staff were killed.

In 1971 Dr. Americo Boavida, one of Angola's six doctors, and director of SAM, was killed in a Portuguese bombing raid.

Military treatment seems to be the Portuguese government's prescription to deal with the campaign of disobedience during the past few months in hospitals in Lisbon, Oporto and Coimbra . . .
Many doctors are refusing to give service, hindering hospital routine, picketing hospitals, inciting colleagues and other members of staff to strike, and engaging in acts of protest. Over the past few years many doctors have preferred to leave Portugal rather than accept positions in the African territories. But the difficulty of finding employment outside Portugal means that doctors, like members of certain other professions, are greatly affected by the government's power to conscript doctors up to 45 years of age for repeated terms of military duty in Guinea, Angola and Mozambique.

— *The Lancet*, 25.12.71

THE LIBERATION MOVEMENTS

The liberation movements began developing their health services from nothing or virtually nothing. When the armed struggle began in Guinea Bissau in 1963, PAIGC had no doctors, a total of four nurses, and a handful of people with rudimentary first aid knowledge. Their supplies were limited to surgical spirit, antiseptic lotion, anti-tetanus serum and some dressings and bandages. Those seriously wounded in the early days of the war had to be taken many miles on makeshift stretchers to hospitals in neighbouring countries.

When the hazards of war are added to the lack of existing medical facilities, it is clear that FRELIMO, PAIGC and MPLA are building their health services in dangerous and difficult circumstances. Nevertheless they are succeeding with a radical approach to health care. Their struggle is a triple one: against disease, against ignorance, and against their military and political enemies.

> **. . . where curative and preventative measures are concerned, the latter correspond to our long-term objectives and come within the realm of our possibilities. However, the full and proper application of this strategy requires as a precondition a thorough study of the regions. We have to know the population, their habits and customs, their traditions, their economic life, their environmental conditions, and so on.**
>
> — FRELIMO communique, First Conference of Health Services, 1973

Disease

The health teams of MPLA, PAIGC and FRELIMO have to deal with all the problems common to neglected rural areas in Africa: malnutrition, anaemia, diarrhoea, pneumonia, parasitic diseases, malaria, tuberculosis, leprosy, yaws, sleeping sickness, smallpox, bilharzia, trachoma, measles, scabies, ringworm . . . The emphasis is therefore on prophylactic measures, both immunisation and public health.

During the 1965 smallpox epidemic, and only a year after they had taken up arms against the Portuguese, FRELIMO vaccinated over 100,000 people. Smaller campaigns have since been organised against tetanus, TB, measles, typhus, polio and cholera. In Guinea there have been large-scale vaccination programmes against smallpox and yellow fever, and innoculation against TB is now being planned.

Health through learning

Education is almost as important as prevention. The people, whose needs have been neglected for so long, have to be trained in the most elementary principles of hygiene and sanitation, without which good health is impossible. They have to learn that flies carry disease, that pit latrines should be used, that a balanced diet is essential. So although the liberation movements do not underestimate the importance of

Constant attention should therefore be given to the consolidation and proper functioning of the health structure to ensure that they always fully cover all the zones under FRELIMO control; that is, that they provide medical care for the most advanced base, for the most remote village.

– FRELIMO Communique, First Conference of Health Services, 1973

modern technology, their medical care goes further than simply killing bacteria and performing operations. "We must teach our patients to read and write", FRELIMO President Samora Machel told health cadres in 1971:

> We must organise short courses on hygiene for the patients so that they will acquire proper habits of hygiene which will themselves help to prevent many diseases. We want all those who come to our hospital for treatment to become active disseminators of methods of hygiene when they leave. We must also remember that in many regions of our country people have very bad eating habits. The people must acquire new eating habits; to achieve this the hospital must organise short courses for the patients, especially mothers, explaining to them the different nutritional values of foods, and the ways of preparing them . . . Thus our nurses, our medical staff, besides having their specific tasks, are also instructors, teachers, political commissars . . .

The role of the health service is thus seen as more than simply an attack on disease. "A FRELIMO hospital", Samora Machel continued, "is a centre where the political line – that of serving the masses – becomes reality. He went on to point out an analogy between corrupt ideology and disease:

> Just as we disinfect ourselves when we enter the operating theatre, so it is absolutely necessary that we purify ourselves and eliminate wrong ideas and attitudes that could contaminate a hospital. Just as we put on masks and smocks, so we must always be armed with out unity and class consciousness so as to serve the masses in a revolutionary way.

Building from scratch

From their small beginnings, the health services in the liberated areas of all three countries have grown considerably. The liberation movements are concentrating their efforts on training as many health cadres as possible on the Chinese 'barefoot doctor' pattern, rather than surgeons and specialists with many years' training, as on the Western model. In 1969 the Angolan Medical Service, reckoning its personnel as 6 doctors, 2 medical assistants, 7 nurses, 2 midwives, 1 pharmacist and 18 first aid assistants, set up a school of elementary medical care to teach hygiene, first aid, anatomy, physiology and pathology, which can train fifteen cadres at a time. In Guinea Bissau, where for the first three years of the war there were no doctors, six regional PAIGC hospitals now train health workers: the total complement of staff is now 12 doctors, 12 foreign doctors, 25 nurses and 365 auxiliary nurses and first aid assistants. In each liberated area of Mozambique there is now a regional hospital and several smaller medical and first aid posts.

Here in the Como sector of southern Guinea, liberated from the Portuguese since 1965, Vasco and I visited the main clinic today. Tidy thatched huts in clearings under trees: mainly for outpatients but they have a few beds. Thirteen nurses, five men and eight women: all PAIGC personnel, trained since 1966. The registrar, a man of about thirty, showed me his register, a foolscap sized exercise book in hard covers: for October I counted 280 visits by patients and 392 for most of November, listed by names, villages and maladies. The local people all state there were no medical facilities in the Como area when the Portuguese were here.

—Basil Davidson's *Diary,* liberated Guinea, late 1972

All three movements have hospital facilities beyond their own borders where serious cases can be treated and health workers trained: PAIGC has the Solidarity Hospital in the Republic of Guinea, MPLA a somewhat rudimentary hospital in operation at Dolisie, Congo-Brazzaville, and FRELIMO the Boavida hospital at Mtwara in Tanzania.

Nevertheless, the difficulties they face are tremendous. As the health workers of the liberation movements teach the people about nutrition, their crops have been attacked with herbicides. As the infant mortality rate from umbilical tetanus drops, more tetanus cases from war wounds have been brought into the dispensaries. The medical teams have been mobile field hospitals on the battlefield. As an MPLA report in 1971 succinctly put it: "With the steady advance of the liberation struggle the population and fighters to be cared for are becoming increasingly numerous. The constant bombing raids with fragmentation bombs and napalm are causing a consistent increase in the numbers of people burned and wounded. The surgical equipment at our disposal is very limited. Furthermore, the need for more advanced training of our technical assistants, especially in the field of war surgery, is making itself felt".

There was, *at least* in the district of Tete, aerial spraying of herbicides over vast cultivated areas, in the region near Chicoa village, the last confirmed operation having taken place in February 1973, carried out by a Dakota, assisted by two Fiat fighters. As in the case of Angola there were serious cases of poisoning among the peasants. We know that one of the defoliants used is the 10-Bromacil formula 5-Bromo 3-Sec-butil-5-metiluracial, sold under the trade name of 'Hyvar-XG' by the South African company Kop Marketing Ltd (PO Box 55, Silverton, R.S.A.)

Besides this product another one was used, which has not been identified, but is believed to have been supplied in drums by an American company.

— Report by Portuguese army officers, *The Guardian,* 23.4.74.

Health to the people

Even while the war, with all the demands it has made on the medical services, has been going on, the liberation movements have been agreed that their priority for the future is the provision of basic health care for the largest possible number of ordinary people. They have refused to fall into the neo-colonial trap of basing their medical services on the Western model which squanders resources on sophisticated hospitals and curative services for the benefit of a privileged elite. "Our buildings are so modest that from outside one can barely distinguish them from ordinary grass huts," said the President of FRELIMO, But

> Our hospitals belong to the people. They are a fruit of the Revolution. Our hospitals are far more than centres for dispensing medicines and cures. A FRELIMO hospital is a centre where our political line — that of serving the masses is put into practice. It is a centre where our principle that the Revolution frees the people becomes a reality.

We are all united in the fulfillment of our tasks. There are no menial or unimportant tasks for us, just because I might ben an orderly and someone else a nurse of a doctor. All our tasks are essential, even though our responsibilities may be different.

We study collectively and our progress goes in waves, everyone advancing together. This requires a spirit of mutual aid among the students and medical staff, the falling behind of one being regarded as a step backward for the movement, a step backward in serving the people.

This collective spirit should govern our entire lives. Without national unity we will be defeated by the colonialists. Without unity, our worker and peasant class will be dominated by the exploiters. Without unity, our health work will fail.

The collective spirit makes us face each problem, each shortcoming as if it were our own. There is no problem to which we are indifferent. Power belongs to us and therefore we cannot sit with folded arms when faced with a situation, however small, which hampers our progress. A minor cut may open the way for tetanus, which destroys the whole organism. In the case of the body, a cut on the little toe can kill if it isn't treated. We must not disregard problems just because they don't affect us personally: they are part of the body to which we too belong.

— Samora Machel, President of FRELIMO, speaking to health cadres.

GAMMA

The health services of MPLA, PAIGC and FRELIMO are short of resources, both manpower and materials. They need practical help as well as political support, and practical help must be geared to their needs

GAMMA (Guinea Angola Mozambique Medical Action) is a group of British healthworkers affiliated to CFMAG. After consultation with the liberation movements GAMMA has undertaken the following tasks:

* to supply portable health kits for use within the liberated areas. These will contain dressings, simple surgical instruments, vaccination needles, a sterile umbilical cord pack, and a range of basic drugs. Each health kit will cost about £100; GAMMA would like to supply 500 kits, to meet the needs of the rural health workers in each of the three countries.

* to organise blood donor sessions in order to meet the need of the liberation movements for freeze-dried plasma.

* to review health education material and to send what is suitable; because the situation demands new approaches to medical education, to design a series of teaching aids.

Recognition of Guinea Bissau by the British government would carry great influence in Portugal. It would be an important step in helping to bring the war in my country to an end.

— Dr. Manuel Boal, Director of Health Services, Guinea-Bissau

GAMMA Needs People

GAMMA needs people to contribute money, time, blood and effort. Will you be a blood donor, or help to organise the blood donor sessions? Can you mobilise support for the liberation movements within any professional body or trade union to which you belong? Can you get that organisation to agree to give money to GAMMA, preferably on a regular basis? Or will you do so yourself as an individual?

The Conference stated that this aid, although far from meeting our needs, is an extremely valuable contribution to our struggle. The Conference expressed its appreciation for the action undertaken by governments, organisations, groups and individuals in support of our cause, and expressed the hope that this solidarity will be intensified and result in increased support, not only for health but for all sectors of our work.

— FRELIMO communique, First Conference of Health Services, 1973

If you are a healthworker, or are interested in helping the health group, contact

GAMMA
c/o CFMAG
Top Floor, 12-13 Little Newport Street,
London W.C.2.

extract from *To Point a Moral* by Marcelino dos Santos

A hospital for the people,
a school for the people,

it's not reality

in our land it's not possible
without digging the soil of Revolution.

To expect rice
without sowing it
is not the history of man.

The second step
comes after the first
we live today
not yesterday nor tomorrow. . .

Today's task,
comrade,

is to dig the basic soil of Revolution
and make a strong people grow
with a submachine gun, a bazooka, a 12.7
in Muidumbe, in Catur,
and to the south again,
in Nampula, Macequace and Inhambane.

And a strong people,
comrade,

will move mountains,

create hospitals,
create schools.

What matters is not what I want
or YOU want

but what WE want.

Further Reading

Amilcar Cabral, *Revolution in Guinea* (Stage One)
Basil Davidson, *The Liberation of Guinea* (Penguin)
Eduardo Mondlane, *The Struggle for Mozambique* (Penguin)
Basil Davidson, *In the Eye of the Storm: Angola's People* (Longman)
James Duffy, *Portugal in Africa* (Penguin)
William Minter, *Portuguese Africa and the West* (Penguin)
Abshire and Samuels (eds), *Portuguese Africa: A Handbook* (Pall Mall Press)
E. de Sousa Ferreira, *Portuguese Colonialism from South Africa to Europe* (Aktion Dritte Welt)
Portugal and the EEC (Angola Comite, Amsterdam)
Portugal and NATO (Angola Comite, Amsterdam)
War on Three Fronts (CFMAG)
Our People are our Mountains: Amilcar Cabral on the Guinean Revolution (CFMAG)
Growing from Grass Roots: the State of Guinea Bissau (CFMAG)
White Power: The Cunene River Scheme (CFMAG)
British Financial Interests in Angola, Mozambique, Guinea and Portugal (CFMAG)
Ruth First, *Portugal's Wars in Africa* (International Defence and Aid)
Bruno da Ponte, *The Last to Leave* (International Defence and Aid)
CFMAG TOPICS (see inside front cover)
Guerrilheiro, CFMAG's bi-monthly bulletin.

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