N O T E S

ON

THE DIFFUSION OF VENEREAL DISEASES IN SOUTHERN ANGOLA

(Ed. note: *UFAHAMU recently received the following research note from a Portuguese Military Doctor on tour in Southern Angola. His alarm over the spread of Venereal disease in that part of Angola left a deep impression on the editors and we wish to share his observations with you.*)

Workers recruited among the peoples of Southern Angola (traditionally herders) have been moved - either forcibly or voluntarily - from their homes in order to help in the work of the fishing industries along the Southern Angolan coast (Mocamedes, Porto Alexandre, etc.).

It happens that once these men have arrived (free of any contacts with diseases of alien introduction), they easily contract venereal diseases, especially blenorrhea or Gonorrhea. Once infected, the men are either deficiently treated merely with sufemides *per os* (alone)--producing false cures--or, very simply, they are not given any treatment.

Although guaranteed by Law, the health assistance for African workers in Angola is in practice almost non-existent--which is true for the greater part of the Angolan territory, and not merely for the region in question here. For example, one notes that the legal impositions in respect to the feeding of native workers are not observed by the employers, including the State itself. It should be remembered that the Rural Labor Code imposes the obligation of furnishing to the native workers specifically determined protein Calorie quantities recommending various types of rations, the following being generally adopted:

corn flour	850 grams
fresh meat	100 grams
dry fish	150 grams
dry beans	100 grams
palm oil	60 grams
oranges	200 grams
green vegetables	300 grams
sugar	40 grams

The indicated quantities are for a daily ration.

Nevertheless, it is verified that practically all the entrepreneurs furnish their workers with only the customary cup of corn meal and beans, or, in place of the latter, dried fish.

For obvious reasons we will refrain from discussing here the obvious implications of undernourished state in which the majority of workers exist, and the vicious circle which is established: (hunger--deficient health--illness--drop in productivity--decrease in the worker's salary--decrease in the worker's consuming power, and the suspension of the furnishing by the employer of part or all of the food ration--hunger--....)

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Resuming our description we will say that at the end of the contract period the workers return to their home and, obviously, spread the venereal diseases which they are carrying.

This diffusion of venereal diseases among the African peoples of Southern Angola is assuming today truly alarming proportions. Only the administrative authorities--and now we are not even speaking of the health authorities because they have a very deficient network covering the territory--do not even appear to be alarmed by this fact. The problem is so blatant that, according to data collected in Angola, the existence of about a 90 per cent infertility is verified--consequence of venereal diseases--among the women of a particular region of the Cuanhama. We regard this information with such gravity that we publish it reservedly. On the other hand, it is known that in certain areas among the Mucubais four out of every five men already manifest visual signs of gonorrhea, which clearly illustrates the advanced degree of the disease's spread.

The considerations stated above basically concern gonorrhea, a relatively easy disease for laymen to identify. As for syphilis, the appraisal of its diffusion is quite a bit more difficult for reasons of the particularities of its symptomatology: its primary manifestations (hard chancre) and secondary manifestations (mucus-cutaneous lesions) either do not exist or easily pass unperceived by the inexperienced eye; its terciary manifestations (cardiovascular syphilis and neurosyphilis), do not even allow the formulation of a correct judgment as to the disease's extent.

With interest of making use of as nearly exact data as possible on the gravity of the venereal diseases among the

African populations of Southern Angola, we contacted a doctor who did some testing of such diseases in the environs of Pereira d'Eca. Of the 300 women observed, about 250 (83.3 per cent) showed signs of venereal disease--gonorrhea, syphilis, venereal LINFOGRANULOMA and mycosis. It should be emphasized that while mycoses may not be considered primary venereal diseases, they were nevertheless, included in that number as they were localized in the sexual organs and, therefore, transmitted *aquando* (during) sexual relations. Of those 250 infected women, about 50 per cent were carriers of syphilis (diagnosis made microscopically). Tests on men were also carried out, but the number of infected individuals was quite a bit less than the number indicated for the women. We were further informed that the introduction of syphilis in the region of Pereira d'Eca is done principally by the workers who return from the mines of Southwest Africa--the native Cunahama easily cross the barbed wire of the Southern Angolan frontier, going to work in the mines of Southwest Africa where higher salaries are offered (relative to those of Angola).* The route of infection for a much more restricted number of cases would be by the workers returning from the tobacco plantations of Quilengues.

The marked proportions of venereal disease diffusion among the native populations of Southern Angola thus seem to indicate that it is traveling by large steps toward an accentuated populational decrease, independent of the other implications in the state of hygiene of those people. The awareness of that possible population decrease seems, moreover, to be present in the spirit of a certain governing authority who, upon being informed of the gravity of the problem, responded:

> *If later on we will have to spend money on bullets to kill them, it is by far preferable that they begin to die now with venereal diseases...*

In effect, the growing tension reigning between the Africans and Europeans (in view of the appropriation of lands and traditional watering points to which the whites are now unrestrainedly devoting themselves) causes one to foresee that the conflicts which until a while ago were more

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*With the recent concessions granted to the Namibian mine workers as a result of their strike, one can expect even greater numbers of Angolans to seek employment across the border.

or less easily muffled, may shortly pass to an open phase of hostilities which will very probably imply the aforementioned: "spending of money on bullets...." (Reports in early 1972 appear to indicate that fighting may have already started in this region thus opening a third front in Angola.)

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At the time we wrote these brief notes, the Health Services of Angola still had not taken any initiative in the fight against venereal diseases in the lands of Southern Angola (and, this at a time when the Africans are showing themselves extremely receptive to any and all aid--going up to whomever passes through the region, asking to be given medication for their venereal illnesses), because of ignorance of the fact and, also, as they lack any means to fight the diseases.

Meanwhile, the few people conscious of the gravity of the problem continue to ask themselves to what point ignorance, neglect and/or *CALCULISMO* will be able, with impunity, to play with the lives of the human beings who are subject to them.