

Alverson had commented on this attitude or left Hunter's letter out altogether.

In summary, Alverson is to be congratulated on her efforts to learn about the people, language and customs of Botswana. *Under African Sun*, despite a few factual errors, does a fair job in giving the reader insight into one of Africa's many diverse cultures. It would have been more constructive if it had included some discussion and critique, not simply descriptions of the people she met. Nonetheless, readers, especially those heading off to work in a different culture, would do well to think about the issues Alverson raises.

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de Beer, Cedric. *The South African Disease: Apartheid Health and Health Services*. Trenton, N.J.: African World Press, 1984. 86pp.

"The understanding of the distribution of ill health and medical services is essentially political. This is a truth which is simple and obvious. Yet it is not understood. The whole truth, which is a complex combination of scientific fact and social analysis, is lost. Our understanding of health has become de-politicised." (p. 65) Given that health and health services are directly related to the socio-economic structure of a society, Cedric de Beer, in his book *The South African Disease: Apartheid Health and Health Services*, examines the truth of ill health in South Africa as a direct reflection of the dominant socio-political reality of apartheid. De Beer holds that it is not enough to regard a sick individual as a set of physical symptoms. One must go beyond medical analysis and understand the social and physical environment in which those suffering from ill health live and how this environment has developed historically. To demonstrate the validity of a social analysis of health and health services, De Beer examines the socio-political roots of tuberculosis (TB), the National Health Services Commission of 1942-44, the health and health care of black urban workers and recent

developments in state health policy, health services in the bantustans and, health and the politics of 'ethnicity'.

Tuberculosis is South Africa's most common serious disease, killing between ten and twenty people daily. Estimates suggest that at least ten million South Africans are infected with TB. Whites make up approximately 0.5 percent of this total. In Chapter One, "Digging their Own Graves: A Social History of Tuberculosis," de Beer surveys the spread of TB throughout South Africa, linking the epidemic to the "massive social upheavals which resulted from the development of large-scale industry, beginning with the mines." (p. 12) Further changes brought on by industrialization beginning in the early 1900's were accompanied by the development of the migrant labor system, the creation of the bantustans and the destruction of the rural subsistence economy. In essence, the history of TB leads one into the social history of South Africa.

Through the historical analysis of the outbreak and spread of TB throughout South Africa three things become clear. First, TB was not a disease known to the African population until it arrived with the colonists and Africans were exposed through close contact with them. Secondly, where isolated cases occurred, it did not spread, primarily because social conditions at the time did not favor the spread of the disease. And finally, the discovery of gold in 1886 and the development of this industry led to a dramatic increase in the incidence and spread of TB among the native African population. De Beer points to a number of committee statements which recognized that the mining industry played a crucial role in spreading the disease mainly through the strenuous conditions in which the black miners worked and lived. De Beer then illustrates how TB spread from the mines to the bantustans, where it is now common, through the migrant labor system.

De Beer illustrates the different pattern of TB among white miners and attributes the minimal number of cases found to the "relatively privileged position of the white mine worker." (p. 9) De Beer explains this "privileged position" in socio-political terms, highlighting the trade unions and the level of political power which the white miners possessed.

De Beer emphasizes that the incidence of the disease reflects broader political and economic realities. TB currently

affects those people who are living in crowded conditions with inappropriate diets, and stressful work conditions, essentially the bantustan populace. This population is at the bottom end of the South African social hierarchy and does not have the political power to improve their situation. Because of the very nature of TB, medical science has been unable to control the disease. Because TB is a social disease as much as it is an illness, control and eventual cure requires "a major improvement in the political and economic position of those who are the most frequent victims of the disease." (p. 12)

De Beer turns his attention to the history of health services and examines the findings of the National Health Services Commission, 1942-44 (known as the Gluckman Commission) and the historical background of early health services from which the commission's findings arose. De Beer finds the report particularly noteworthy in three respects: first, after a detailed assessment of the nation's health, the commission reported that there was an unacceptable level of disease, particularly among the black population. The commission blamed this situation largely on social and economic conditions. Secondly, it criticized the existing health services as being inadequate, uncoordinated and misdirected. Finally, the commission designed a plan which could have made free health care accessible to every person in South Africa. There was, however, no serious attempt made by the United Party government to implement any of the Commission's major recommendations.

De Beer does not find tragedy in the fact that the commission's plans were not carried out, but in the fact that based on the nature of the economic system and the lack of political power of the oppressed people, they could not be carried out. While the Gluckman Commission recognized the social causes of diseases found throughout South Africa, and the responsibility of "long term economic policy" as the solution to these problems, they failed to understand the very nature of the economic system and the political structures through which they expected changes to be implemented. De Beer holds that poverty, housing shortages, and starvation are not accidental, but are direct and inevitable consequences of a social order built on economic exploitation and racial oppression. A state based on such foundations would be denying its very nature if it were to produce a Health Plan

that "treated its work-force as people with human needs, rather than as economic units." (p. 28)

Chapter Three argues that economic and political considerations have driven the state to an attempt to create a relatively stable, privileged urban work-force. De Beer examines current urban health and state policies, with particular concentration given to the Health Plan and Health Act of 1977. The Health Act was proclaimed as an attempt to improve health services, while the Health Plan gave details of how to implement such improvements. In light of the economic and political crisis which has arisen since 1970, De Beer views the Health Plan and the Health Act as a blueprint for strengthening the reformist strategy of Botha's National Party. He attributes the lack of reform to political reaction from the right wing, and a shortage of funds made worse by the deepening recession. While this health legislation subscribes to "enlightened ideas" of community health and preventive medicine, De Beer states that in the face of the existing reality in South Africa both the Health Act and the Health Plan merely pay lip service to the ideas which they promote.

Chapter Four provides a description of life in the bantustans on the premise that "all privilege depends on depriving someone else of material or political advantages." (p. 49) Those deprived of these "advantages" are those black Africans who are confined to their various 'homelands'. De Beer assesses a statement made by Sheena Duncan of the Black Sash: "They create walls around the cities, trapping people in the homelands. The situation that faces them in the homeland amounts to genocide." (p. 47) While De Beer recognizes that genocide is a strong term, he feels that its accuracy depends on showing that conditions in the bantustans are such that forcing people to live in them is sentencing a large number to death by illness and starvation. De Beer supports this statement as he describes life in the bantustans. He examines overcrowding, unemployment, low pay and limited farming possibilities, as well as the serious lack of social amenities and health services and the devastating impact migrancy has on family relationships. This enforced social disruption is directly linked to widespread disease and illness and the deaths of thousands of people each year. He argues that apartheid allows the state to claim that South Africa's health

services are good, while acknowledging complete breakdown in health services in the bantustans. It says that the bantustans are not a part of South Africa, that the people from the bantustans are foreigners, and, finally, that the government has no responsibility for the provision of health services in these areas.

Black people bear the overwhelming burden of disease in South Africa. Unfortunately, the understanding of this fact has been linked with the opinion, widely held among whites, that black people are ignorant, backward and uneducated. The truth of the matter, that illness is caused as much by socio-political exploitation as by germs, is largely overlooked. Attention has been turned away from the political roots of disease. Throughout Chapter Five de Beer focuses on the de-politicization of health, medical care as a commodity, and the fallacy of the community medicine approach for the homelands as promoted by the South African government. De Beer stresses that South African society is not just a conglomeration of 30 million people, but a complex web of social institutions which play particular roles under the existing structure of apartheid. If we are to understand why individuals are ill, we must closely examine the social and physical environment in which they live and their relationship within this entire social structure.

In conclusion de Beer posits that "a social analysis of disease requires that we should examine the society to see which aspects of it are responsible for causing ill health, and then work for whatever changes are necessary and possible to improve the situation." (p. 78) Those interested in building a healthy society must not retreat from political questions. The "artificial barriers" that have been erected between health and politics must be dismantled. De Beer holds that it is the responsibility of medically trained people to destroy the myth that sickness and its prevention is simply a matter of germs and chemicals. He admonishes the medical profession to show that patterns of disease are related to class, standard of living and political power. Change, however, will obviously not be handed out by those in power, it must be forced from them. Through organizations, such as trade unions, community organizations and women's organizations the black Africans can confront the forces that oppress them and dictate the conditions in which they live. De Beer emphasizes

that the struggle for social justice is also a struggle for health.

The realities of apartheid are not to be found in segregated parks and separate lavatories, but in the infant mortality rates, the spread of TB through the bantustans, the number of measles cases resulting in death among children, the prevalence of malnutrition and the high incidence of work related accidents among black miners and urban workers. The explicit link between socio-economic status and health has been emphasized among health professionals for several decades. Cedric de Beer did not formulate this concept. What he has done is take this fact and illustrate its truthfulness in the context of South Africa. Given the reality of the situation in South Africa today, this is an invaluable work. While the South African government brags the highest standard of living on the African continent, millions of black South Africans suffer the repercussions of this standard. Mr. de Beer illustrates the direct and obvious connections between the social policy as designed by the South African government and the living conditions as experienced by the black populace. He explains why TB is epidemic among the black population, why blacks are unable to access health services and why the government has neglected social development in the bantustans. He supports his arguments with statistical information and a wealth of historical evidence.

Apartheid is the dominant social reality in South Africa today. Widespread disease and ill health are also social realities in South Africa. The fact that the white populace is far healthier than the black populace gives rise to a number of questions and implications. Mr. de Beer examines these questions and implications. His evidence is supported by a number of other publications, including one published by the World Health Organization. (World Health Organization, *Apartheid and Health*, Geneva, 1983.)

Health is a direct reflection of a government's socio-economic policies. Cedric de Beer in *The South African Disease: Apartheid Health and Health Services* holds a mirror to the face of the South African government and demands that people take strides to end the ill reflection. His demands are not lofty or unrealistic, but expressed within the reality of the entire situation. De Beer is absolutely correct in his statement that health must be regarded as a fundamental political right.

This book is a powerful reminder of this truth.

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Sanchez, Sonia. *Under a Soprano Sky*. Africa World Press Trenton: New Jersey. 1987. 101 pgs.

Sonia Sanchez, a 1985 winner of the American Book Award for *Home girls and Handgrenades*, and author of twelve books, has a new publication on the scene. In this book of poems, entitled *Under a Soprano Sky*, she chronicles our contemporary times and speaks to issues of the heart and the soul.

Sanchez' down-to-earth poems resound with colorful imagery which play upon the senses, bringing people, places and happenings into focus, and sharpens our vision. She speaks in iambic pentameter, she raps, and she's lyrical. Her tone is at once reflective, contemplative and inspirational - called a "blue-black sound" by Houston Baker.

As we read and move through the five sections of her book, we change cadences and experience a variety of forms - blank verse, haiku, tanka, elegies, formula poems, letters, fragments, songs and vignettes - slices of Black life in America and South Africa.

In these poems, the time and happenings are now. Right now. One of her first poems is dedicated to her brother who died of AIDS. The poet deals with death, coming to terms with and living through it. Sanchez then follows with poems about Blackness, identity and becoming for adults and children, the African Diaspora, the struggle of Black people in South Africa, racism, the blues, Black leaders and relationships.

After having begun our sampling of Sanchez' pieces with a poem bearing the title of the book which ends with lines..."under a soprano sky, a woman sings lovely as chandeliers," we end with a poem of hope. As a woman, a Black woman, and individual, Sanchez' persona in her last