

KBP-8 INSTITUTE OF CURRENT WORLD AFFAIRS

24 HOURS AT A HOMELAND HOSPITAL
Some aspects of South African life never change

American Express Travel Services
Merbrook, Box 9395
123 Commissioner Street
2000 Johannesburg, South Africa
July 1982

Mr. Peter Bird Martin
Executive Director
Institute of Current World Affairs
Wheelock House
4 West Wheelock Street
Hanover, New Hampshire 03755 USA

Dear Peter,

8:00 a.m., Bophelong Hospital, Mafikeng, Bophuthatswana. G-6, Casualty Ward. A fat, very sick looking man is brought into the casualty ward by a woman and another man. They are all "coloureds" (the South African term for light skinned blacks) and are more talkative than the rest of the people in the waiting room who are Tswanas.

The woman is speaking rapidly to one of the sisters when the sick man, in a sudden, unexpected rush begins vomiting a large quantity of blood. The man is sick with such force that the blood splashes from the floor onto the walls and the nearby patients.

A bucket and wheelchair are brought quickly to his side. The other patients, even those splattered, are either too surprised or too concerned to register disgust at what has occurred. The "coloured" man is so obviously ill.

The man is helped into the chair,

and wheeled to a bed in the ward. Dr. Uli Krech, a 22 yr. old

Swiss physician is on first call today. However, a middle aged Afrikaaner, Dr. Jacque Kriel is covering the ward when I arrive. It is he who is called to administer to the "coloured" man.

I meet Dr. Kriel just after he has seen the man. With a broad smile and firm handshake Dr. Kriel pulls me along with him, explaining that dramatic things like this do not happen often, and asks me how I have been for the past nine months.

"You know about me?"

"Oh, yes. I've known about you. The Dutoit's told me you were coming. You must forgive me for not getting in contact with you. I had not forgotten you, it was simply a choice not to call you because I was so very busy." I am not quite sure what to make of this but he seems so sincere, and is so jovial, I consider it a positive

Kendal Price is a fellow of the Institute studying the cultures of South Africa, her black homelands, and the bordering African states.

comment. We talk a bit more and then I do my best to turn into his shadow.

Sister Masuabi is a stout, confident woman who carries herself like at least one of everybody's distant aunts. She calls Dr. Kriel to look at what she believes to be a serious case. The man is a miner, a contract worker found unconscious in the bushveldt by fellow workers. Now he is confused and bleeding from the nose so he is immediately given sugar and saline. Dr. Kriel admits him for observation thinking he might be suffering hypoglycemia and hypothermia due to exposure. A night out cold in the cold is not very healthy.

The man is very dirty and unkempt and poor Sister Masuabi is taking note of this with visible disapproval. Dr. Kriel wears blue jeans under his white coat.

We move back to the observation room which is clean and well equipped. Mr. Leo, the chief pharmacist who is also black, drops in to chat. Dr. Kriel speaks with him for five minutes before he realizes he does not know him.

A small boy of 6 years is brought in by his older sister who is twelve. "Just a little GI infection," he tells her, instructing her to also give him plenty of fluids. Next is a woman for an examination and I offer to leave the room.

Out in the hall the staff are very polite to me. I wander into the "Emergency Room" while waiting. There are many bags of dextrose, sodium chloride, and ringer lactate on metal shelving. Also there are catheters and tracheal tubes. The instructions on the walls are all in English, including

a "Labothica IV Fluid Therapy Chart" and a hand made poster entitled "On Your Marks, Get Set Ready Go!!! Cardiac Arrest!!!"

There are eight nurses working in the reception room and thirty four people waiting to be seen by Dr. Krech and Dr. Kriel. Many of the people waiting to be seen are mothers with babies to be inoculated. All of the people waiting carry a pale blue folder with their records, and most wait patiently. They are quiet, and subdued.

Dr. Krech grabs me (and grab I mean. She was on the Swiss National Sailing Team, and it shows), and we go off to a ward labeled simply A-6. Two burn patients, both children, need to be checked. They both have twenty to twenty-five percent burns; just about the limit for survivability. The one child's entire torso front is burned. Perhaps because their undamaged skin is so dark, and the contrast between it and the pink and white burned areas so great, I find the sight difficult to take at first. I have to put on sterile booties and a mask, but the room for the severely burned children is hardly sterile according to Dr. Krech.

A hi-lo European style ambulance horn alerts Dr. Krech to a new arrival, and we return to the emergency room. A young man is wheeled in on a stretcher, but a senior nurse wheels him back into the hallway. She takes several bags of I.V. solution and a couple of catheters with her.

Dr. Krech continues with the patients who have been waiting. A middle aged woman is led into the room. She looks stoney faced and unanimated. When Dr. Krech asks the woman to undress she does not—as with Dr. Kriel—ask me to leave the room. I am surprised but say nothing. Also,

this woman appears so remote it does not seem to matter to her that I am there. Dr. Kriel's patient looked obviously uncomfortable when asked to undress while I was in the room. I do not know if this has to do with color or poverty. I do not think I will find out, either.

Even though Dr. Krech carries out her examination with a sheet over the woman's lower torso and legs, I read a few more of the signs on the wall anyway.

A woman begins singing in the hallway. Sister Masuabi says the woman is confused and may sing until sundown unless given something to calm her down.

The man brought in by the ambulance has been taken to one of the beds in the open part of the casualty ward. There are curtains, however. An I.V. has been started and Dr. Krech is using a suction to clean out his mouth. He is young, and unconscious now.

Word comes back that the miner has a fractured skull. The woman continues to sing. I recognize a nursery rhyme among her ramblings in Tswana. Dr. Krech moves over to the next cubicle to a man holding the tiniest, cutest, but sickest looking baby I have ever seen. The child's face is swollen completely; cheeks, lips, and eyes are puffy. (This is when observing becomes frustrating. I want to help, to do something immediately. I want them to do something to fix this little child instantly. But as the standard questions are asked of the father, I realize there is no MacDonald's medicine here. Probably not anywhere else, either, but it takes being here to become fully aware of that fact.)

12:30 p.m. For the young man who was brought in unconscious by the ambulance, Dr. Mafasa Hlahame, the black assistant superintendent, and one of the Israeli doctors are called in for consultation. The woman in the hallway is chanting now. The three doctors, the young white Swiss woman, the middle aged black South African (officially: Bophuthatswanan), and the middle aged white Russian Israeli consult on the patient.

An old man begins to rant incoherently (to me, that is). Sister Masuabi translates that the old man believes his daughter to have robbed him of his savings. The daughter looks on tolerantly, her arms crossed, and quiet.

The unconscious man is prepped and Dr. Krech now alone, tries to stick a very large needle into his back. She is trying to perform a spinal tap, otherwise known as a lumbar puncture. Even with two people holding him in a literal bear hug he stiffens repeatedly out of pain or in a fit. Either way, he is impossible to hold still enough to work on.

"It was my first LP and I failed," Dr. Krech says with a brave attempt at a smile.

"It's a difficult position," I offer.

"Yes, half on the floor."

Even I know spinal taps are difficult.

Half an hour later the old man still shouts, but the woman is now strangely quiet.

Back in the examination room Dr. Krech hands me an x-ray and says, "look at this beautiful x-ray. It was of a prisoner who had hurt his hand. I could have been a plumber and known what was wrong. (That J-sleeve done come off the main or, my man's thumb is doin' the hurt dance.) The thumb is completely separated from the hand."

Another prisoner is brought in with an armed guard. The guard wears brown pants, a plaid shirt,

a silly looking necktie that reaches maybe the middle of his chest, and a large automatic—handle forward—on his belt. (Aah, these cowboys.) "Prisoner is to be examined so that he might be caned for theft," says the form. The punishment is to be four strokes of the cane on his bare buttocks. He has been found guilty of stealing a ball point pen and shoe polish from the Mmabatho OK Bazaars. After being caned he will be free. No imprisonment.

Dr. Krech is a little impatient and disapproving of this activity, but she examines the prisoner. The 19yr. old boy is dressed moderately well but his patent leather shoes stand out. Dr. Krech asks, "are these the shoes he stole the polish for?" The fellow looks understandably morose as Dr. Krech and I try not to laugh.

A black mechanic enters and displays a rash on his foot that has reoccurred since 1978. The note from the garage where he works includes a wonderful admission from his white employer. The note reads "as you have all of the laboratories and doctors please see what can be done." This sort of comment is good to see, according to Dr. Krech, because Bophelong has always been the "black" hospital, and Victoria Hospital in the center of town for whites only.

Victoria only has GP's, Bophelong is a much larger hospital, is better equipped, and has specialists. And yet, most of the whites prefer to go to Victoria. There are still few whites seen at Bophelong. (Dr. Krech relates a few tales of spectacular incompetence by Victoria's doctors—off the record, of course.) Yet, comments like that of the white

mechanic indicate a begrudged, but nonetheless gradual acceptance of the black doctors and technicians.

1:45 p.m. The flow of patients continues. Mr. Leo, the black chief pharmacist sticks his head in and says, "I'm going home now. It's like a Monday, there are so many people."

The x-rays of a man come and the fracture of his skull is quite obvious. However, this man walked in by himself. He wore a handkerchief around his face like a bandit. It was there to control the bleeding from his nose.

For the next two hours I am in operating room #1 (of three) with Doctors Krech, Hlahana, and Malkin. Dr. Malkin "dopes" as administering the anaesthetic here is called. Dr. Krech assists Dr. Hlahana, who spends the better part of 1½ hours using a hand drill with 3/4 inch bit to bore a hole into the skull of the miner. The poor fellow has a massive fracture and Dr. Hlahana is forced to remove a two inch square piece of his skull. The operating room is lively as many nurses come in just to see some of the unusual operation. Dr. Malkin very patiently explains all of the equipment to me, while Dr. Hlahana very patiently explains to everybody why this man's skull is so thick. "He has had a previous fracture on the back of the head, and the bone has grown thick. Our friend here has been hit from behind before." Dr. Hlahana has to use a pair of sturdy looking pliers to break away the edges of the hole and even it out. Occasionally as he uses both hands to break off a piece, little chips are shot off in all directions. Glasses are called for as some of the particles are hitting him and nurses in the face.

Finally a drain is put in and the man's head is sewn up. Dr. Hlahana tells me a plate will be put in on another occasion, after the miner has recovered a bit. There is time now, for it will take

this man at least four months to recover from the injury and operation.

Dr. Krech is trying to get the man to breathe on his own by gently but continuously slapping him on the cheek. As I look at her working on him, and the pieces of his skull in the stainless steel bowl, I wonder if there is going to be any part of his head that is not going to hurt when he wakes up.

Next is the other prisoner, the one with the great x-ray of his thumb. Dr. Krech gives him an injection and after waiting for the anaesthetic to work, she tries to set the thumb. He feels pain however, and she stops, turning to me. "That was three times the normal dosage for his weight. He must be an alcoholic and developed a tolerance." She schedules him for surgery at 8:00 p.m.

It is back to the casualty ward and Dr. Kriel. An infant is brought in by its seventeen year old mother. He had greenish stools and is very hot. He is to be admitted. The sensitivity of the mother is remarkable. We have seen so many children, and too many mothers with too many children.

Dr. Kriel is moved by this unique pair. He asks her if she is breastfeeding, and when she shakes her head bashfully, Dr. Kriel clucks disapprovingly. Is the child immunized? No, and more clucks from Dr. Kriel. The mother and child are admitted and Dr. Kriel promises repeatedly to try and have her out by Monday in time for school. She is very concerned about not missing any school.

There is no activity in the ward for a while and Dr. Kriel and I get a chance to talk.

Dr. Kriel came to Mmabatho in 1975 to help start the Uni-

versity of Bophuthatswana. He has been out of clinical medicine since that time, and it is for that reason that he is following the routine of an intern now, even though he is in his fifties and a well known physician in South Africa. He has left his position as rector of the university here, and will resume teaching medicine in South Africa.

One of his greatest teaching concerns is what he describes as the hidden curriculum, or simply too much training of young doctors by specialists. He feels students get the wrong assumptions about what is needed in the way of specialized equipment in the hospital. They come to believe good medicine cannot be practiced outside of that environment. In turn, this creates guilt over "not really practicing 'good' medicine. Or worse, a 'longing for Egypt' which has them shortly looking for positions as specialists in large medical complexes, abandoning the rural hospitals where they are so desperately needed."

As interested as he is in teaching a different medical philosophy to his students, Dr. Kriel is somewhat unsure about returning to a large, city hospital complex. He does not seriously think a medical philosophy urging a lack of dependence on specialized equipment can be successfully taught in a high tech environment.

However, Dr. Kriel credits Dr. Mokhobo (Bophuthatswana's black minister of health who also carries a sizable clinical load at Bophelong), with successfully teaching his interns under this new philosophy.

5:00 p.m. Dinner. It is a relief to get away from the hospital. I can understand how doctors can develop bad eating habits. I have been so busy just following them around there has been no time for a cup of coffee, let alone a sandwich. I am ravenous.

In a local roadhouse, which

is a combination corner store and fast food restaurant, I order a chicken. I have never been to one of these before, and I watch in awe as the entire thing is submerged in a vat of oil. They fish it out a little while later, and without so much as a perfunctory shake, it is stuffed dripping and oozing into a paper bag. And I thought watching the doctors operate was unsettling.

6:10 p.m. A man is brought in bleeding from the head and moaning semi-consciously. He is shirtless and has multi-colored string tied around his biceps. Dr. Krech puts in an I.V., takes his blood pressure. The man's forehead is a mess, but when he spoken to by the nurse, he is coherent. He has been fighting, and has two stab wounds in the back and one large cut across his head and face. He is quite drunk. (In the operating room Dr. Malkin said to me, "it's not that they drink too much, but that they drink too, too, too much.")

8:00 p.m. Another head injury. We are told he stopped another man from stepping in front of a car and the people got out and beat him. This fellow looks more distraught than all of the others. He is a bit drunk, but he has also been beaten severely.

Dr. Krech comes in and shows us a broken ankle. Dr. Malkin arrives and with Dr. Krech and Dr. Kriel the in-house joking begins.

9:45 p.m. Joking over. Two separate stab wounds and a spinal tap on a baby. Dr. Kriel does the latter effortlessly. He tells me of an unusual case for a civilized culture as this. A woman came in with "hysteria." She had complained of an

injured and thus stiff neck, but was easily tricked into moving it in ways to indicate it was not actually stiff. Even when confronted with this fact she maintained she had the injury. She was well dressed, and relatively sophisticated, but gave every indication of suffering from what Dr. Kriel could only diagnose as eighteenth century-style hysteria. He is fascinated by the case. He asks me my opinions, and then muses, "maybe it was something she read."

A woman enters complaining of backache. With a wink to me Dr. Kriel asks if she wants to also know if she is pregnant. "Yes, to investigate," the woman answers. Dr. Kriel gives her his not very convincing angry look. "You come at 11:30 p.m. Saturday night to find out if you're pregnant and don't expect me to be cross?"

The woman is embarrassed, but still wants to know. He examines her, somewhat apologetically explaining to me, "after all of this I can't send her on her way." She has a protruded belly so that Dr. Kriel says, "with a belly like that you come to the hospital to find out if you're pregnant? Even your oohma (grandmother, syn. with blind in this context) could tell you you're pregnant." But then he begins the examination and finds out her stomach is always like this, even when she is not pregnant. In this case, however, she is.

Dr. Kriel explains that speaking about sexual or genital issues is difficult for the Tswanas and they will often complain of other things to avoid the subject directly.

A man with a deep stab wound in the lower back is given a quick look by Dr. Kriel. It appears to have pierced the lung, but the man, who is lying on his stomach, is joking with his friends

in the hallway. "You certainly look jolly," says Dr. Kriel a bit surprised. The man says a few words in Tswana, grins, and then says something else. One of the sisters translates "please, I'm dying, please help me." More grins. Dr. Kriel smiles at me and says, "I think you'll survive," and sends him off for x-rays. The results come back unusually fast. The knife pierced the lung, however the lung has reinflated itself. Dr. Kriel relaxes for a few minutes and explains to me how that could occur, and what he would have done had it not.

For a few minutes there is a welcome silence, and we allow each other time for private thoughts.

I must try and reconcile something within myself, because my thoughts and reactions today have surprised and confused me.

During a very short period of time I have seen the results of a great amount of violence suffered by blacks. I have seen their blood all over their clothes while smelling the alcohol and vomit on their breath. I have gazed at the torn and punctured bodies, attached to drunken, uncomprehending faces. I have looked at these people through the same eyes that have shed tears at the mere desolation in the faces of Johannesburg waiters. But for my battered and broken and intoxicated brothers here my eyes have been strangely dry, unusually distant.

Perhaps I have become unfeeling after ten months in South Africa. Or perhaps it is simply that self degradation has no defendants, not even in full-time bleeding hearts like myself. Either way, it has been a very sorry sight here today.

A prime-up, or first pregnancy is brought in with

gastric pain. "Which ward do we admit her to, Sister?" asks Dr. Kriel. It is a question, not a quiz "Is it a medical case or a gynaecological one, Doctor?" Dr. Kriel rebuffs her gently. "At twenty-seven weeks pregnant, Sister, everything is gynaecological."

At 12:30 a.m. Dr. Kriel decides to take a break at home—he is giving the sermon at church tomorrow and he has to look up a few things yet. He asks me to join him and we drive to his house in Mmabatho, a few kilometers from the hospital.

The Kriel household is still up, and in the main room we find Dr. Kriel's wife Carol, a black medical technician Sam, his friend Jeremy, two visiting white university students from Johannesburg, four kids (two his) in sleeping bags on the living room floor, and a dog. It's another nice break from the hospital.

On the way back an hour later I ask Dr. Kriel about all of the stab wounds I have seen. He explains that for the number of people out here now, the number of stabbings is very, very low. Although Mafikeng and Mmabatho are small towns, largely because of the forced removals just before "independence" there are close to two hundred thousand blacks living in "towns" in the surrounding bushveldt. He tells me I must visit the hospital in Soweto over a weekend. "There's no comparison to this. You'll think you're in a Vietnam field hospital during a battle. It's incredible."

Back in the casualty ward there is (appropriately enough) another split head. A very humble looking, skinny fellow with his head shaved, and a bandage placed loosely upon the five or six inch cut. The sisters attend to him entirely, and a few minutes later I walk into the side room where they are stitching his head up. He is talking to them almost continuously in Tswana. He is very entertaining, and several

times the sisters have to stop stitching because they are laughing so hard. Then, right in the middle of a long stream of Tswana he looks at me and says clearly in English, "not great, but otherwise." The sisters start laughing again, stop working, and I leave the room. I figure if he keeps stopping them he will sober up before they finish.

A young woman wrapped only in a blanket comes in with a small stab wound in her back. "Two stitches," says Dr. Kriel tiredly. "Make that one if you want."

Dr. Krech takes over from Dr. Kriel but after a few minor cases the ward is empty. I offer to stay up in the ward but Dr. Krech insists I go to sleep. She promises to call me if she herself is called during the night, but she wants some sleep quite badly.

Dr. Krech treats me like a good luck charm; if I am sleeping, then perhaps she will not be awakened tonight. I have brought my sleeping bag, and I sleep on the floor in the apartment of two vacationing doctors.

Dr. Krech is right, and sleeps undisturbed. Morning arrives as I sleep through my 24th hour at Bophelong. Just like many of the unfortunate arrivals I witnessed, I am unconscious of the arrival of the new day.

Sincerely,



Kendal Price

P.S. Sorry about the absence of photographs in this and the previous newsletter. All of my photographic work for the year—about 3,000 negatives, etc.—was lost when my car was broken into in August.

Received in Hanover 11/29/82