

Review

Simone Horwitz (2013) *Baragwanath Hospital, Soweto: a history of medical care 1941-1990*. Johannesburg: Wits University Press

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In the weeks leading up to the national elections of 7 May 2014, discussion of health care policies and infrastructure occupied a far more central place than has yet been the case in South African electioneering. While all parties agreed that the country's public health system is still failing to meet citizens' Constitutionally-affirmed right of access to health care, the forcing of this recognition into the political arena has in part had to come 'from the ground up', from those who work at state hospitals and clinics, including at South Africa's 'legendary' Chris Hani Baragwanath Hospital in Soweto. With just under 3,000 beds, the hospital is amongst the largest in the world, and has a far higher ratio of patients than WHO recommended standards. In October 2013, in a well-publicised media protest, eight Baragwanath doctors were photographed holding aloft posters stating, for example, 'Patient in need of simple operation discharged (theatre lists too long). He died a few weeks later', and 'Tired Doctors (Shifts Longer than 16 Hours) = Compromise of Patient Care And Doctors Safety'. One young doctor was quoted as saying, "I really love my job. I love working here, but it's just extremely difficult to look my patients in the eye and feel that I've done my best for them... We just feel like we let them [our patients] down". Ominously, the report added: 'She's scared about speaking out – if she's caught, the consequences could change the course of her career' (Green 2014).

As Simone Horwitz's book, *Baragwanath Hospital, Soweto: a history of medical care 1941-1990*, powerfully illustrates, unfortunately, South African medics have long had to struggle against the governments that fund them and the broader economic and political terrain in which they work in order

to improve not only their own working conditions, but also to ensure even the most basic care for, if not the very lives of, their patients. The time period covered – 1940s to 1990 – is of interest for those concerned with apartheid era health, medicine and policy, for unlike many of the other major hospitals already researched Baragwanath (named the Chris Hani Baragwanath Hospital in 1997: it is most usually simply referred to as ‘Baragwanath’ or ‘Bara’, however) had neither a nineteenth century liberal nor Christian missionary foundation. Rather, it was a secular institution established at a time when the Union of South Africa was on the cusp of a new national health care era, which would have seen a wider community health-care clinic model (7). Instead, over the next half century or so there was the entrenchment of an already massively lop-sided health-care system and an emphasis on curative hospital-based medicine.

The dissertation on which this book is based had the title ‘A phoenix rising’, and it is one that might have been retained in the title of the book (though with a question mark after ‘Rising’, perhaps) as the metaphor is woven through the chapters and works as a graceful mode of periodising the different stages of Baragwanath Hospital’s history. Horwitz identifies four major phases (or phoenixes, if you will): the first, brief, phase was during the 1940s from when the hospital was hurriedly constructed as the Imperial Military Hospital for convalescent Commonwealth soldiers, to its transfer to the Transvaal Provincial Authority in 1947-8. Initially, the hospital ‘took over’ black patients from Johannesburg General Hospital. It also became the University of the Witwatersrand’s teaching hospital. This three-way relationship was significant, since biomedical research was in part facilitated by the sheer amount of clinical patient data that could be drawn on at Baragwanath; but also the relationship with Baragwanath and Soweto helped to radicalise later generations of Wits students. Gaps in authority could lead to frustrations, but could also be exploited to the hospital’s advantage on occasion.

The second ‘phoenix’ phase lasted from 1948 through the decades of high apartheid. While facilities were segregated, importantly, little if any of the medicine or clinical science research at Baragwanath supported scientific racism. Seen as something of a ‘backwoods institution’ doctors – particularly specialists – in its early decades, had to be recruited from overseas; and it was during these early phases, Horwitz suggests, that a distinctive ‘Bara ethos’ was forged. This largely, though not exclusively, masculine identity of the ‘Bara Boeties’, emphasized loyalty, deep commitment to the hospital,

and the ability and willingness to respond to shortages and emergencies in creative ways.

A further shift came in the late 1980s when the Nationalist government's cosmetic changes in apartheid saw a reorientation of funding and policies, some recognition of primary health care; but this meant less financial support for tertiary hospitals. Interestingly, this often met with mixed reactions from hospital-trained nurses (129) and sometimes contradicted the aims of the policies leading to intensified pressures on hospitals since although the 'clinics were a success in their own right ... they still fed patients to the hospital' and more patients than before were referred to Baragwanath for 'advanced treatment', often at their own request (178). Another baptism of fire – into 'a phase of transition' – was begun in the 1990s.

The healthscape of apartheid South Africa was (and is) characterised by many anomalies. The most obvious example of this was between the world class, high tech specialist expertise and medical services available in some facilities, most notably the world's first successful human heart transplant at Cape Town's Groote Schuur Hospital in December 1967. This, at the same time as the dire neglect of the health care of the majority of black South Africans, except by mission hospitals, many of which were themselves taken over or closed by the government in the 1960s and 1970s, and black patients were legally obligated to go to racially segregated, often under-resourced, hospitals.

As Horwitz writes:

Even the rationale behind some of the building expansion at the hospital [Baragwanath] was fundamentally rooted in apartheid logic: for example, the establishment of a maternity ward in the late 1960s had as much to do with the government's desire to prevent black women giving birth at the Bridgman Memorial Hospital in 'white' Johannesburg as it did with the needs of the Soweto population. The state feared that an increasing number of black children born at Bridgman might claim rights under section 10 of the Group Areas Act to remain in Johannesburg. (5)

Bridgman was closed in 1965.

Horwitz is to be commended for pushing to have this book published in South Africa, at an affordable price, and having written it in such a way that it should be accessible to the majority of those she writes about. Unfortunately, in a number of places, the editing is less than exemplary; one reviewer, who has inside knowledge of working at the hospital, has pointed

to some minor factual and spelling errors (Huddle); and the physical layout and presentation of the book do not do justice to the book's contents – the photographs for instance are disembodied from the text and could have been deployed so much more imaginatively. These small points notwithstanding, this history of Baragwanath is a timely and important contribution to the now established field of hospitals' history world-wide and to the history of health care in modern South Africa.

In the introduction, Horwitz makes it clear that she is not attempting a full social or even medical history of Baragwanath; nor could she in a book of just over 200 pages. Instead, drawing on Guenter Risse, she offers its history through a series of 'hospital narratives and case studies' (11). This 'broad strokes' approach means that the main actors of most hospital histories – doctors, nurses and administrators – necessarily occupy centre stage. There is however the welcome addition of some poetry that reflects the essence of 'Bara', as well as often excellent deployment of oral histories, newspaper and other sources, and an occasional intriguing vignette of how the hospital was reflected in the cultural and social world outside its ever expanding physical complex.

Early in the book it is also explained that the central foci are: firstly, to situate the hospital's history firmly within the political, and socio-economic milieu of the decades of apartheid South Africa; and, secondly, to add further evidence to the argument put forward by Deborah Posel in the late 1990s that apartheid was no seamless 'grand design' and that its policies and institutions were often put in place in an ad hoc way, with complex and sometimes contradictory consequences. As Horwitz puts it on page 95, the central contradiction of Baragwanath Hospital's history is encapsulated in the 'availability of specialised medical care in the face of the lack of so many basic resources'.

Thus, like Vanessa Noble's book on the Durban Medical School (also published in 2013), which trained black doctors, Horwitz's *Baragwanath* grapples with the ambiguities, contradictions and challenges of state-funded institutions which were deeply shaped, though in many important ways not totally defined, by apartheid inequalities. Indeed, it is the central argument of both works that these respective institutions were no mere 'showpieces of apartheid', but rather, could become, sites of resistance to apartheid ideologies and practices. In part, this was because such institutions and medicine itself brought doctors, nurses and community health-care workers face-to-face with the realities of apartheid in the worlds outside their

homes, university or workplaces. It was at Baragwanath for instance that Dr Neil Aggett became involved in championing workers' rights in the early 1980s (101). Moreover, medical and other hospital personnel were daily faced with stark inequalities in resources that existed even *within* the same hospital. Horwitz demonstrates this poignantly in her discussion of the surgical separation of the craniopagus conjoined twins, Mpho and Mphonyana Mathibela, at Baragwanath in the late 1980s. The procedures were immensely intricate and costly, and the story brought the world's media to Baragwanath in droves (as well as National Party representatives and international movie stars). What the world did not see however were terribly inadequate facilities for other thousands of patients who were by now being forced to lie on 'beds' stacked in three tiers (179).

While the story of Baragwanath as detailed by Horwitz is simultaneously familiar to historians of hospitals and medical care in South Africa, and fresh, with many insights and narratives that are unique to the hospital itself (and which cannot be adequately commented upon in this review), what did – and does – make Baragwanath unique in terms of South Africa's medical history is its size and its location. In 1960 Baragwanath received some of those wounded in the Sharpeville massacre; and following June 1976, it stood in the midst of the violent turmoil that broke all around it: not only did this impact on patients and staff, but also forced to the extreme was the medicine that had to be practiced 'as the weapons of choice in the township shifted from bicycle spokes and knives to guns' (6). As to other hospitals in South Africa, medics came to Baragwanath from all over the world in the 1980s to hone their skills in trauma medicine. Later, they also came to learn about HIV/AIDS, a disease that deepened the wounds inflicted by apartheid.

Chronic overcrowding meant that the strain on Baragwanath's facilities and staff was both constant and intense. Strike action was sparked by a variety of factors, with major work stoppages or go-slows occurring with more frequency throughout the 1980s. The impossible dilemma which this presented for many nurses in particular is movingly recounted in the oral testimonies presented in chapter 5. While on occasion there were more police than protestors, the strikes did become more militant, and particularly post-1976 polarised the staff along racial and generational lines in ways that had not happened before (see especially pp. 150-1).

Not surprisingly, these degrading facilities, along with the state's attempts to showcase Baragwanath as a shining example of the excellent health care supposedly being afforded to black South Africans under apartheid, saw the

hospital's doctors long-simmering discontent boil over. This culminated in a letter by '101 Doctors' – 'almost the entire Baragwanath Department of Medicine' – that was published in the *South African Medical Journal* in September 1987 (182). The state's response to these doctors, as it was to striking Baragwanath nurses, was heavy-handed and punitive; but this marked the death throes of the apartheid era phoenix and the situation at Baragwanath and indeed across the country could no longer be ignored. Change was imminent.

Somewhat optimistically, in closing the book, Horwitz argues that 'in the second decade of the new millennium.... the troubled phoenix of the transition has finally died and the one born into a more mature democracy has begun its life on a more hopeful note' (210). Unfortunately, especially with the added tragedy of a government that failed to respond appropriately to the crisis of HIV/AIDS, in the post-apartheid period there was no rapid recovery for the South African public health care sector. Indeed, the protesting doctors of 2013 may well have felt the shades of kindred spirits from the past who had also attempted to 'look their patients' in the eye' in their attempts to provide decent care at Baragwanath. With the adoption of the National Health Insurance scheme and the opening in Soweto (coincidentally?) just a week or so before the elections of a second state health-care facility, the Zola-Jabulani Hospital, one might just begin to kindle some hope that this phoenix will have a more stable and longer incarnation than its predecessors, and that South African health care policies and ideologies will no longer fail to meet the needs and rights of those who must rely on the state for their well-being.

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