
EDITORIAL

We cannot continue to ignore TB

Tuberculosis has been a major problem in South Africa for a long time. It entered the lungs of people when we entered the earth to remove its gold and diamonds. Some have made a lot of money from this and others have had to be satisfied with fringe benefits. The price to most South Africans has, however, been high.

Migrant labour has effectively distributed M tuberculosis across our land. At the same time it has destroyed the fabric of society by destroying family structures to a frightening level. We have reaped not only tuberculosis but violence and destruction of community systems for the maintenance of enough order to grow, develop and live with joy and safety in many a neighbourhood.

Twenty years ago, a woman in a rural area said to me, "I prefer my husband being away as a migrant labourer. He doesn't bother me so much then and I can get on with my life." For many, migration became the desired norm.

Much is said about the epidemic of TB in the Western Cape. I have often wondered whether the violence, uncertainty and lack of control experienced by the large number of dislocated and translocated people in the area cannot be blamed for the epidemic. Most of us have been infected by the bacillus some time or other. I have witnessed colleagues "break down" with PTB when they have had to face more changes and difficulties than they were wishing for.

Bernard Fourie, the director of the National Tuberculosis Institute, mentioned three reasons why the problem of tuberculosis is getting out of hand, at the recent MASA Congress. Health services are not

delivering effective care in many areas. Secondly, the HIV infected person becomes highly likely to break down with tuberculosis as their immune system deteriorates. And thirdly, the problem of multidrug resistance is becoming a major threat to the possibility of promising patients effective therapy.

Instability in society seems to influence all three of these factors adversely and will therefore also contribute to the growth of the expected TB epidemic in more areas than just the Western Cape. We will have to start taking more interest in this scourge in the fields of research, in the teaching of health personnel and in just caring effectively for people with TB. We need to make the diagnosis more quickly, make better plans of management that actually fit the individual's problems and find better ways of preventing and treating the disease. Lastly, TB of epidemic proportions is just another sign that we are a society in disarray. It will not be good enough to address the symptom only.

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