

## Who Cares for . . . ?

Seven of us drove through the far Northern Transvaal on a visit to the health services in what is said to be some of the poorest areas of our country. With the very favourable rains that we have had, the poverty is largely hidden by lush grass and trees looking more healthy than I have ever seen in my lifetime. At a Mozambiquan refugee camp with reportedly 27 000 refugees only about 20 huts were visible through the lush growth from the edge of the camp. You have to get closer to the villages to see the lack of a safe water supply, of access to health care, the trachoma, malnutrition and typhoid endemicity. And that is not in the refugee camps but in the South African community.

Mr FW de Klerk gave the Independent Development Trust (IDT) two thousand million rand to spend on the poorest people in the country. Most of the money is to go to housing and education. Some money is also available for health and community development. The IDT is now in the phase of considering applications for this money. They put a high premium on projects that can show real participation by local communities. Projects that will enable the communities to care for themselves after the money is spent rather than make them more dependent on outside agencies. We were visiting the Northern areas to look at possible projects that could be funded by the IDT.

You might very well ask what all this has to do with general practitioners and other clinicians in the primary health care sector. Quite a lot. Many of us, even those in the private sector are involved in communities that are very needy as far as health services are concerned. If so, you are ideally

placed to assist your local community in formulating an application to the IDT to enable them to improve their lot. The grants are available for the establishment of infrastructure and or training of people in the communities to be more selfsufficient. Money is not available for ongoing commitments such as salaries. The IDT is to spend its money within three years and can only get involved in start-up and non-recurring costs.

Who cares for the poor? My impression is, almost no one! On this trip it was obvious that most of the doctors serving in these areas were expatriates who had no other option. They are given restricted registration for a particular job and are locked into it like South African graduates in Saskatchewan. My impression is that they will stick it out there as long as it takes to get open registration or a visa for North America. Of course there are dedicated South Africans and expatriates who have made a long term commitment to these health services but they are in need of colleagues that can stay with them willingly.

Our health services are short of money. The medical schools will have to rationalize. John Gear recently said we might have to close some medical schools. How about starting with those schools that have the most graduates outside South Africa and the least number of graduates in the areas of need more specifically!

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