

UNIVERSITY OF ZIMBABWE

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DEPARTMENTS OF

ECONOMICS

LAW

POLITICAL AND ADMINISTRATIVE STUDIES

*Paper 8*

*MEDICINE AS A WEAPON IN THE STRUGGLE FOR  
NAMIBIAN LIBERATION*

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**INTERNATIONAL SEMINAR SERIES**

**SEMINAR ON**

**SOUTHERN AFRICAN**

**RESPONSES TO IMPERIALISM**

**HARARE**

**22-24 APRIL 1987**

INTERNATIONAL SEMINAR SERIES

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MEDICINE IN THE STRUGGLE FOR NAMIBIAN LIBERATION

INTERNATIONAL SEMINAR SERIES: "SOUTHERN AFRICAN RESPONSES TO IMPERIALISM"  
UNIVERSITY OF ZIMBABWE, HARARE  
APRIL 22-24, 1987

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## INTRODUCTION

In 1849 when Rudolph Virchow, the famous German public health physician remarked pithily that "medicine is a social science and politics is medicine on a large scale",<sup>1</sup> he was to draw attention to a critical dimension of the link between political economy and medicine. The import of Virchow's statement is that in class society medicine in its broadest terms is indeed a reflection of class politics. This conception is very insightful for a fundamental reason. Medicine, given its generally innocuous aura, is often accorded value-free and non-political/non-social attributes. And yet in this epoch of imperialism, medicine has been organised principally to enhance the accumulation of capital and the politico-cultural hegemony of imperialism. The notion that medicine is scientific and therefore harmless and promotes health as an end in itself is nothing but liberal mythology.

Frantz Fanon captured the instrumental character of medicine under imperialism when he observed that:

In the colonies, the doctor is an integral part of colonization, of domination, of exploitation.<sup>2</sup>

The historical origins of modern medicine in Africa are deeply rooted in imperialism. In the long and systematic process of establishing European colonial control, medical doctors served as powerful agents of propaganda and socialisation to imperialist penetration and hegemony, oftentimes serving as officers in the

imperial armies. They were well placed for this role. As George Hardy, an eminent colonial sociologist, pointed out:

What is interesting about the doctor, quite apart from his (sic) capacities as a healer, is his potential for moral action. The privilege of the status which he occupies permits him to enter everywhere, to carry succor to everyone, rich or poor, without any strings attached, and to approach them in the moments of least resistance which sickness creates in the patient and his family. He is the person to whom one is obliged to open oneself and who becomes without your noticing it the confidant and the friend.<sup>3</sup>

In colonial societies, then, imperialism does not only create sordid health conditions for the exploited and oppressed peoples, it also makes use of the existing medical system to maintain a system of economic exploitation and political control. Oftentimes, too, medicine has a directly exploitative quality to it. It becomes a commodity bought and sold like any other. In the words of Marchel:

Medicine is sold for its weight in gold. Only those who can pay are treated.<sup>4</sup>

Against this general background, this paper focuses on:

- (1) the health consequences of imperialist oppression and exploitation of the Namibian people, via South African occupation;
- (2) the role of medicine in maintaining the imperialist/racist status quo;
- (3) the need for the Namibian liberation movement to counter the above situation by consciously elaborating a new "medical culture" that will both reflect and enrich the people's

aspirations and struggles for national liberation.

### IMPERIALISM AND HEALTH CARE IN NAMIBIA

Namibia today is among the most exploited and oppressed countries in the entire world. In this country of barely  $1\frac{1}{2}$  million people, imperialist exploitation is unparalleled anywhere in Africa. It is estimated that in 1977, for example, an incredulous 36 per cent of the country's Gross Domestic Product was repatriated abroad by foreign capital. This figure is believed to have increased dramatically in recent years as foreign capital has intensified its exploitation of the country's rich natural resources to make up for any future losses due to Namibia's imminent independence.<sup>5</sup>

As we know, imperialist exploitation in Namibia is guaranteed by South Africa's military occupation and colonial control. Like the former Portuguese colonies, therefore, Namibia has the distinguishing feature of being doubly exploited and oppressed by the advanced imperialist countries and by South African "sub-imperialism". The apartheid system of South Africa is reproduced there to ensure super exploitation by international capital as a whole. Namibia is the most militarised country in Africa, there being one South African soldier for every 12 Namibians. All sectors of civil

society have been increasingly militarised over the past two decades as the national liberation struggle has spread among the people.

The intensive imperialist exploitation of the colony's wealth, South Africa's military aggression, the resulting massive dislocation of the African population, and the application of apartheid laws and policies in Namibia have led to very negative health consequences for the black people. A few health statistics will be illustrative: Per capita health expenditure for whites (a mere 7 per cent of the population) is approximately 50 times that for the black population.<sup>6</sup> While there is 1 doctor for every 900 whites, there is only 1 doctor for every 30,000 blacks. There are less than six black doctors in the colony. The northern part of the territory, with a predominantly black population of 700,000, has only two government hospitals. The only orphanage in the colony is reserved for whites. Life expectancy at birth for whites is about 72 years, while that for blacks hovers around 40 years. The infant mortality rate for whites is 21.6 per 1,000 live births; for blacks it is 163 per 1,000.<sup>7</sup>

As in most imperialist-dominated countries, the black majority suffer mostly "diseases of poverty": intestinal and parasitic diseases, infectious and diarrheal diseases, poliomyelitis, typhoid, cholera,

tuberculosis, malaria, measles, schistosomiasis, and nutritional diseases. These diseases are known to have a much higher incidence in Namibia than is the case in the rest of Africa. But in addition, Namibians have more than their share of the "diseases of affluence." Cancer of the cervix, for example, is especially common. In 1981, it was estimated that 1/6 of all deaths in the country were due to cancer.<sup>8</sup> The high cancer level is attributable to the rampant use of unsealed asbestos in houses and the dangerous effects of uranium mining on black miners. Occupational health and safety measures are almost lacking. Alcoholism has also been found to be a very serious problem. According to a 1983 survey, 45 per cent of the residents of Khomasdal were alcoholic. The figure is even higher in the black townships of Katutura, Usakos and the bantustans of Kaoko and Ovambo.<sup>9</sup> Torture, assault and rape are also daily events (42 per cent of all supreme court cases in 1983 were rape charges).<sup>10</sup>

But more than creating ill-health for the Namibian people, South African occupation and imperialist exploitation also use health care as a weapon of oppression. Health workers suspected of supporting SWAPO and treating its combatants are routinely harassed, tortured and forced into exile; and police/military raids of hospitals (looking for SWAPO combatants) are common. In the war zone, many health facilities have closed down due to military raids and/or official neglect. The remaining ones have been increasingly militarised. Over 80 per cent of the professional staff in health facilities are military personnel.<sup>11</sup> Foreign health workers who have a history of sympathy for the Namibian liberation struggle are refused entry visa and work permits.

The blatant military penetration of the health services is in line with South Africa's cynical strategy of winning the "hearts and minds" of the oppressed people. As enunciated by the South African Administrator General in 1979, this strategy derives from a recognition that the war against national liberation consists of 80 per cent winning the people's support and only 20 per cent winning a military victory against SWAPO. It is instructive to remember that this is a practiced counter insurgency strategy that imperialism resorts to when the struggle for national liberation assumes a popular character. In this strategy, medicine comes quite handy. George Vincent, one-time President of the Rockefeller Foundation echoed this very well for the Philippines:

Dispensaries and physicians have of late been peacefully penetrating areas of the Philippines Islands and demonstrating the fact that for the purposes of placating primitive and suspicious peoples medicine has some advantages over machine guns.<sup>12</sup>

### MEDICINE FOR LIBERATION

But if in Namibia today medicine constitutes an important plank in the edifice of imperialist cultural hegemony, it also means that for the forces of national liberation, medicine can become a weapon of struggle. In response to the imperialist/occupationist "medicine for exploitation", there must be a counter "medicine for liberation." Medicine in this sense can play an effective role in popular mobilization for liberation. In general

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terms, as we know, political mobilization is most effective and enduring if it is undertaken around concrete issues, needs, demands and aspirations of the oppressed. Machel touched on the liberating potential of medicine in the context of popular struggles when he pointed out that it is through the construction of a popular medical system that

the people feel directly the fruits of independence and of the construction of socialism.<sup>13</sup>

Frantz Fanon and Che Guevara, before Machel, also clearly understood and articulated this need in the Algerian and Cuban liberation struggles *respectively*.

There is evidence that SWAPO is developing a similar conceptualization and has initiated efforts in that respect. In its Political Programme of 1976, SWAPO stated a 7-point health policy for a liberated homeland:

- (1) There shall be comprehensive, free medical services in an independent and democratic Namibia;
- (2) There shall be hospitals and clinics in every district of our country;
- (3) There shall be nurseries and clinics in every community for the working people and their families;
- (4) There shall be health education centres for preventive medicine and family planning;
- (5) There shall be training institutions for the training of medical and para-medical personnel;

(6) There shall be rehabilitation centres for disabled and infirmed persons; and

(7) There shall be an International Red Cross Society.<sup>14</sup>

At an international seminar on Health in Namibia held in London in October, 1983, SWAPO restated the key goals of its health programme in slightly more political terms as follows:

- to create an equally distributed service for all Namibians, irrespective of race, sex, colour, religion and social status;
- to emphasise preventive strategy, placing emphasis on the needs of the rural population;
- to support free medical services for all and to terminate the present exploitative private practice.<sup>15</sup>

In preparation for these tasks, SWAPO has established a Department of Health and Social Welfare in the refugee settlements. In Angola and Zambia, it has health centres to meet the needs of nearly 100,000 refugees. For many of the refugees, this is their first opportunity to benefit from modern medical services. Through its emphasis on preventive work, SWAPO has succeeded in reducing the infant mortality rate in some of these areas from over 100 per 1,000 live births to 41 per 1,000.<sup>16</sup> This, we may note, is a far cry from the situation in Namibia itself and indeed in many independent African countries.

There is, however, much more to be done. What is urgently required is a clearly articulated political conceptualization of medicine and its role in the anti-imperialist struggle. The question of the democratization of health care (in all its forms) in a free

Namibia cannot be divorced from the broader questions and issues of the struggle against imperialism. It is only in a free and socialist Namibia that a healthy society is possible. And this possibility can be prepared for even now only if certain crucial questions relating to medicine and political economy are addressed.

There is, for example, the specific question of traditional African medicine. In Namibia, as in the rest of Africa, one of the few surviving pre-contact social institutions that still hold out some prospects for enriching our struggles against imperialism is traditional medicine. In the early wars of European conquest and African resistance, traditional medicine and its practitioners played a progressive role. African combatants very rarely went into battle without first consulting traditional medical practitioners for spiritual protection and, oftentimes, the traditional practitioners themselves were in the vanguard of the resistance battles. Today, while traditional medicine does not play this overtly political-military role, it nevertheless constitutes the primary source of health care for the oppressed masses. For this practical reason, at least, it cannot be ignored. But there is also a more profound reason, at the level of the ideological struggle, for paying attention to it: if properly considered and promoted, it can be a powerful element in developing a liberating medical culture, away from the elitist and exploitative medical system engendered by capitalism. Traditional medicine, by virtue of its historically popular character, affords such a possibility. And it would seem that any serious effort to decolonise the medical system must explore and promote traditional medicine as a starting point.

The People's Republic of China has probably advanced farthest in promoting and integrating traditional medicine into the national health care system in a way that has demystified bourgeois medical science and made it a living part of the mass culture. This revolutionary effort rightly saw medical science as the summation of the experience of the labouring classes and as a collective asset. Traditional Chinese medicine, for long neglected and ridiculed by agents of foreign domination and capitalist-trained doctors, became a new weapon in the Chinese people's struggles against the negative forces of nature and imperialist exploitation. Conscious efforts were made to

unite all medical workers, young and old, of the traditional and western schools, and organise a solid united front to strive for the development of the people's health work.<sup>17</sup>

In the history of African liberation struggles, a similar revolutionary approach to the question of traditional medicine is conspicuously lacking. FRELIMO of Mozambique is probably the only movement that came anywhere near this when it announced in 1977 (a year after liberation) that

In the field of traditional medicine we will dynamize investigation, eliminating obscurantist practices and evaluating scientifically the positive aspects.<sup>18</sup>

But even this limited goal has not been consistently and ardently pursued. Often, as is in many African countries, the practice has been to separate out herbal remedies for research, neglecting or

rejecting what are considered "obscurantist and quack practices and practitioners." This has resulted in an unfortunate dismembering and emasculation of traditional medical sciences, achieving in the process the same colonialist purposes of the past.

SWAPO will do well to avoid this by amply broadening its conception and programme of health care development now to include traditional medicine.

There is also the question of imperialist health aid. In a free Namibia, imperialism will naturally attempt to achieve by insidious means what it failed to achieve on the battlefields. In this context, health sector aid is bound to feature prominently. Given the generally perceived humanitarian nature of health sector aid, it has not attracted the same critical attention that other more overtly imperialist aid attracts. But health aid, like all other forms of imperialist aid, leads to increased dependency, and is almost always based on ideologies and theories of capitalist exploitation. So what has to be done? The point is not to reject all foreign health aid. A good deal of foreign health aid, especially from the socialist countries (and to some extent from the SADDG countries) will be beneficial and should be sought. It will not be motivated by the same exploitative intentions as imperialist aid. But in the final analysis, a successful medical decolonisation in Namibia will only come from a conscious effort on the part of SWAPO to decolonise the medical system at the same time as it decolonizes the political economy of the country. In response to those who are

went to emphasize the practical difficulties of achieving this goal, we can only point to the instructive lessons of the Cuban experience in this respect. Following the accession to power by the liberation forces in 1959, approximately half of Cuba's medical personnel fled the country (mostly to the United States of America). Not long after that, the United States imposed an economic blockade which instantly cut off needed medical equipment and pharmaceutical products. But these otherwise catastrophic events caused by imperialism were dialectically seized as an opportunity to revolutionize the health care system. The elitist health professionals who fled the country were replaced with new ones trained and dedicated to serve in the long-neglected rural areas. A crash programme of self-sufficiency in essential drugs and equipment was launched in order to minimize the destructive effects of the embargo. Medical education was democratized and the health care system was decentralized. Today, the Cuban people are among the healthiest in the world, although their country is by no means among the wealthiest.

There is little doubt that when SWAPO wins the war of national liberation and embarks on socialist reconstruction, Namibia will find itself in a similar situation as Cuba and also Mozambique found themselves in after their liberation.<sup>19</sup> South African medical personnel will leave, even if they are encouraged to stay. Without a free South Africa, it is almost guaranteed that the racist occupationist South African regime will impose an embargo. It is also almost guaranteed that the few medical facilities existing now

will be destroyed by the occupation forces as they leave.<sup>20</sup> In the event of this happening, important lessons could be learnt from the Cuban experience.

The point is not that a free Namibia will have to do exactly what the Cuban revolutionaries did. The point is that a fully de-colonized medical system in Namibia will be possible only as part of the process of building socialism. And even in this early stage of national liberation, efforts must be made towards that goal. A clear theoretical articulation of socialist medicine is needed, and in its health work SWAPO must deepen and strengthen the democratic process. Health care must be conceptualized not only as meeting a necessary human need, but also as a mobilizing force in the national and social emancipatory struggles of the Namibian people. SWAPO has stated the goal of its political programme as the building of a self-reliant and liberated Namibia based on the principles of scientific socialism. Towards this goal and at this first stage of national liberation struggle, the major task remains that of fully mobilizing and organizing the broad masses of Namibians for independence. Our point here is that, in this crucial task medicine can be a progressive mobilizing institution. Through it, SWAPO's policy will touch "the most sensitive points of the population: health, well-being and life itself" as Machel once pointed out. And not only will a democratized medical system increase the fighting strength of the combatants of PLAN (the People's Liberation Army of Namibia), it will also help counter the neo-colonial medical system that imperialism fosters in dominated countries.

CONCLUSION

Let us end with a necessary caveat. The "medicine for liberation" approach being argued here is not the same as the cynical imperialist programme for "winning the hearts and minds" of the oppressed. The point of our argument is that a people's medical system unlocks and enriches their emancipatory spirits. In the struggle against imperialism, this is a valuable asset. Modern medicine stripped off its exploitative and foreign characteristics, assumes a profoundly popular and emancipatory role. In his incisive analysis of medicine in the Algerian war of national liberation, Tanon shows that the same medical science that had been used to oppress the masses, when in the hands of the Algerian combatants became a liberating force. The Algerian "revolution and medicine manifested their presence simultaneously", he pointed out.<sup>21</sup> The same must be realized in Namibia. In geo-political terms, this will represent a crucial blow to the forces of imperialism as a whole in the Southern African region.

NOTES

- <sup>1</sup>Quoted in George Rosen, From Medical Police to Social Medicine: Essays in the History of Health Care, (New York: Neale Watson Publications, 1974), p. 65.
- <sup>2</sup>Fanon, F., A Dying Colonialism. (New York: Grove Press, 1965), p. 134.
- <sup>3</sup>Quoted in Jim Paul, "Medicine and imperialism in Morocco," MERIP Reports, No 60. Pp. 3 - 12. 1977.
- <sup>4</sup>Machel, S. Sowing the Seeds of Revolution. (London: CFAM, 1974), p. 47
- <sup>5</sup>For information on imperialist exploitation see Ann Seidman and Neva Makgetla: Outposts of Monopoly Capital: Southern Africa in the Changing Global Economy. (Westport: Lawrence and Co. 1980)
- <sup>6</sup>International Defence and Aid Fund. A Nation in Peril: Health in Apartheid Namibia. (London: IDAF, 1985), p.3
- <sup>7</sup>SWAPO Department of Information and Publicity. To Be Born A Nation: The Liberation Struggle for Namibia. (London: Zed Press, 1981), pp. 92 - 3.
- <sup>8</sup>International Defence and Aid Fund, op. cit., p. 10.
- <sup>9</sup>Ibid
- <sup>10</sup>SWAPO Department of Information and Publicity, op. cit., p.30
- <sup>11</sup>International Defence and Aid Fund, op.cit., p. 30
- <sup>12</sup>Quoted in Brown, E.R. "Exporting medical education: professionalism, modernization, and imperialism," Social Science and Medicine 13B:585 - 595, 1979.
- <sup>13</sup>Machel, S., op. cit., p. 48
- <sup>14</sup>SWAPO, Political Programme (Lusaka, 1976)
- <sup>15</sup>Quoted in International Defence and Aid Fund, op. cit., p. 33
- <sup>16</sup>Ibid., p. 34

17 Quoted in Horn, J. "Away With All Pests." (New York: Monthly Review, 1969), p. 76

18 Quoted in Barker, G. "Are 300 drugs too many?" In Mozambique: Towards A People's Health Service, Walt, G. and Angela Melamed (eds) (London: Zed Press, 1984), p. 140.

19 The very insistence by imperialism that Namibia's independence should be made conditional upon the withdrawal of Cuban internationalist forces in Angola bespeaks imperialism's hostile intentions towards a free and socialist Namibia.

20 This, of course, is only one of several scenarios. It is perfectly possible, may be even probable, that Namibia will win its independence at a time when a progressive change would have occurred in South Africa itself, in which case these problems will be minimal. It is also possible that imperialism will succeed in cajoling the national liberation combatants from the woods with a neo-colonial settlement.

21 Fanon, F., op. cit., pp. 121 - 146



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