

Johannesburg Institute for Advanced Study: *State of Dis-ease* Workshop

Introductory Remarks

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For the last few months, I have been doing field research in a small Karoo town, nestled at the foot of a mountain. This is not a mountain gently calling your eyes to the horizon with valleys waiting to cradle you. It is one that looks you in the eye, commanding your attention. The mountain is always at your chest, or your back, hovering over your head, or swimming in your throat. Some days, mist swells over its flat top like waves, and the whole wall of rock and thicket seems to roll towards you.

Here, the mountain takes on many metaphors. When the local pharmacist talks about the weight of chronic illness here, she says, 'people must return to the mountain. They must remember Mountain is mother'. With nearly every prescription she dispenses, she recommends tea made from mphepho, harvested from the mountain. The pills that flowing over her counter are for 'bloed-druk' (high blood pressure), swekile (diabetes), respiratory conditions, chronic pain. The district health barometer will tell you that this area has among the highest rates of non-communicable chronic conditions in the country, compounded by a heavy TB and HIV burden. Many people are taking three or four chronic medications at once, with health staff desperately trying to support adherence, manage drug interactions, and cope with stock-outs. It is a town with a burgeoning industry of alternative remedies: nutritional supplements, cannabis oil, over-the-counter herbal solutions.

When you ask people about sickness here, some will say it's the water, which is no longer safe to drink. Others say it's the food: Here, fresh produce is hard to come by, and many families travel 10s of kilometers from neighbouring farms for their monthly groceries. Labourers work 12-hour shifts sharing bread and coke at lunchtime. Financial stress and crippling debt rattles black, white and coloured households alike. On nearby farms, there are wastelands where dams once were. Descendants of the KhoiSan, the trekboers, the 1920 settlers and amaXhosa live together in embattled, but deeply intimate relationship. Some whisper about the intergenerational traumas, and brewing resentments, manifesting in cancer of the breast, the stomach, the throat. 'Hurl the past into oblivion', writes a local poet, 'lest history evokes a hysteria and throw us all into a state of dementia.'

This is a place of great dis-ease, but it is also one of care: where nurses deliver soup in the clinic queues. Where Oom Gert sits patiently every week for the alcoholics anonymous meeting, even if no-one else shows. Where recipes for 'afval' with apricots are slow-cooked and shared on weekends. Where congregations gather to pray for rain on the mountain's lower peaks. Where clinicians are also mystics. Where town gossip lays bare each ones physical, emotional and historical wounds — ready for salt and soothing.

This is the story of one Karoo town, but in many respects, it is also the story of health and illness in this country. It is a story beckoning environmentalists to test the groundwater and

mend the soil. It calls on historians to trace the family lineages, the dispossessions and displacements. It appeals to sociologists and geographers to map and quantify the journey of the 2-litre coke battle, the burgeoning of big retail, and the distribution of medicines. It challenges pharmaceutical scientists to develop more palatable medicines; and policymakers to ensure that they are available and affordable. It cries out for poets and musicians, to tell the stories, to comfort the mourners, to celebrate the recoveries.

We need all of these lenses, and many more, in order to see the puzzle clearly, to wrestle with its complexity, to do justice to the lives it contains, and ultimately to build a healthier more humane country. It is this transdisciplinary approach to health and healing that is likely to yield more significant (and more lasting) gains. And make us all better thinkers and practitioners. That has been the impulse for this workshop.

Our programme over the next few days includes poets, microbiologists, psychologists, historians, novelists, doctors, journalists, nurses, attorneys, photographers, activists, theatre-makers, policy practitioners, musicians, and anthropologists – to name a few. It draws together presenters from seven universities, as well as representatives from government and civil society. The eclecticism even extends to the generations represented on each panel.

Emoyeni Parktown, where we are all gathered, holds great significance for our work: in close proximity to the Wits medical school, the Nelson Mandela Children's Hospital and the Charlotte Maxeke Hospital, and the site of the *Life Esidemeni* trials.

So far, JIAS has given me this mandate: to convene a project on South African health and illness that will disrupt stale, siloed thinking and encourage a reimagining of research, policy and practice. I want to thank you all for being here and for contributing to what will truly be a landmark moment for transdisciplinary discussions on South African health. Consider this a call to arms — a time to enrich your knowledge, seek out collaborators and co-creators, and join me in this work.