

Chronic Countryside: Life in the face of colliding epidemics

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Presented at *Southern African Association of Rhodes Scholars* Alumni Conference

Parktown, Johannesburg.

August 2019.

1. It's 2019 and South Africa's *Citizen* newspaper carries a front-page article, declaring it the sickest nation on the planet. Twenty-five years into democracy, the country had come dead last in a global health survey. How could this be?

Thanks to what is now the world's biggest HIV-treatment programme, our AIDS-deaths have plummeted. Life expectancy is in fact higher now than it was in 1994. There is broad consensus that living standards have generally improved, with wider access to clean water, sanitation, housing and electricity. And yet, South Africans find themselves deeply unwell.

Within this story of sickness, I think, is another deeper story about unmet expectations: expectations held about the pace and nature of change. Despite the gains that have been made, most South Africans had much higher hopes for what democracy, and inclusion into global modernity, would mean for their lives. The story of sickness in South Africa is, in many ways, about how the cumulative effects of our past, and the profound uncertainties of our future, land themselves on the body.

The global health survey in which we had fared so poorly calculated 'wellness' using ten indices, including blood pressure and blood sugar levels, rates of exercise, alcohol consumption, tobacco-use, depression, obesity, and overall life expectancy. One might say it measured threats to a country's health – threats that are particularly associated with a category of illnesses termed 'non-communicable diseases' (NCDs). A totally inept term, but I will come back to that. Anyone diagnosed with this group of non-infectious conditions will have to manage them for the rest of their lives and they are often degenerative.

2. Diabetes, heart diseases, lung conditions and cancers are among the globe's biggest NCD killers. Because their causes are located in how we eat, move, settle and play; our prior sicknesses and our genetic inheritances; NCDs are also a powerful example of how social history encodes in the body.

The story of the NCD epidemic is about conditions of ill-health in which there is no single pathogen or mode of transmission. And yet if we fail to intervene at the right times and in the right ways, the consequences are dire for individuals, households, and the country more broadly. It means early deaths from strokes, heart attacks, and cancers. It means many days off work because of clinic visits or chronic pain. It means diabetics losing their sight or their limbs. It means millions of people with HIV more likely to die because they have developed another chronic ailment. It means immense strain on caregivers and on household finances.

And, for a health system that is widely considered to be 'in crisis', it means more patients to treat and monitor for the rest of their lives.

3. The fact that the experience of South African illness feels so intractable struck me while working in Ridgetown, Sarah Baartman, on adolescent HIV. It occurred to me that day that very few of the people who sat waiting in the clinic queue were feeling particularly sick at the time. They'd come to collect medication, to have blood taken, for scheduled check-ups, or to receive a contraceptive injection. After each visit to the clinic, they would receive yet another return date, and they would keep coming back, continuously. The notion that we go to clinics to be put right, to be cured of our ailments, seemed far away from this reality. Not long before this I had sat with a grandmother, whose family had experienced three generations of long-term illness — She was living with hypertension, and her grandson with HIV. Her daughter had died of AIDS and her brother was diabetic. She said: People are tired of being sick. They are tired of taking medication. And the illnesses keep on spreading... HIV and high blood pressure, they are the same: you take medication, but you are never cured.'

4. With my work on adolescent HIV now behind me, I was ready to embark on a new project: one which would try to make sense of South Africa's rising, and complex, chronic illness burden, as a type of social barometer. To my surprise, it started with this graph. I have always stayed quite firmly in my qualitative lane. This, from the district health barometer, shows the districts with the highest rates of hypertension in the country. High blood pressure (hypertension) is especially significant. It's the leading risk factor for NCD deaths. It often co-exists with diabetes and makes one vulnerable to heart conditions. After HIV and TB, heart diseases are South Africa's biggest killers. So, when it comes to understanding the country's NCD epidemic, high blood pressure is something to pay attention to. Half of the country's most hypertensive districts overlay the Karoo. This had nothing to do with their populations being elderly. It also unsettles common assumptions that NCDs are an urban problem. As it turns out, these illnesses have nothing to do with big buildings or dense populations. There are other forces at work that stretch into our hinterlands. I wanted to know more about these 'new' killers. How did they move? With what impact? And what was really so 'new' about them? Much to my own surprise, this work would take me only a few hours West of Ridgetown, to the Karoo regions of Sarah Baartman.

5. In the small Karoo town where I've set up base, every day is a confrontation with the mountain. This is not a mountain gently calling your eyes to the horizon, with valleys waiting to cradle you. Instead, it looks you in the eye, commanding your attention and your reverence. The mountain is always at your chest, or your back, hovering over your head, or swimming in your throat. On one of the mountain's lower peaks stands a tall crucifix, growing larger as you draw closer to the edges of town. During my first few weeks here, congregations gathered at the foot of the cross to pray for rain. On nearby farms, I had seen wastelands where dams once were. All around the region, farmers dug deeper boreholes, and deeper debt.

When the local pharmacist talks about the weight of chronic illness here, she says, 'people must return to the mountain.' With nearly every prescription she dispenses, she recommends tea made from *mphepho* (*helichrysum*), harvested from the mountain's slopes and 'returned

to the people'. The pills flowing over her counter are for *bloed-druk* (high blood pressure), *suiker* (diabetes), respiratory conditions and chronic pain.

While they may not be technically 'communicable', the escalated awareness and diagnoses of NCDs has often felt like a similar 'contagion'. Many people here are taking three or four chronic medications at once, with the town's health staff desperately trying to support adherence, manage drug interactions, and cope with stock-outs. In the town's public clinics, I quickly learn the names of *Tramadol* (for pain relief) and *Tripoline* (an anti-depressant), adding to the assortment of pills swallowed daily.

When you ask people about sickness here, some will say it's the water. Others say it's the food. There is talk of the dust in the air and the cold in the mountain, the slow nights of fast drinking and the families shook by traumas. Labourers work 12-hour shifts sharing bread and Coke at lunchtime. Financial stress and crippling debt rattle black, white and 'coloured' households alike. Businesses offering cash loans or funeral services outnumber grocers. Here, descendants of the KhoiSan, the *Trekboers*, the 1920 British Settlers and Coba's amaXhosa live together in embattled, but deeply intimate relationship.

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

7. Health and healing are embedded in the origin stories of this mountain town, and the Karoo more broadly. In the latter half of the 19th century, the region would be advertised as a sanctuary for Victorian 'consumptives' (tuberculosis patients). The Karoo's sanatoriums promised to clean the lungs with 'fresh air' and good climate.

10. The idea of 'Karoo as Retreat' has been resilient. Karoo tourism circulates images of rural hideaways and farm-to-table cooking; pristine desolate plains; and 'slow living'.

12. And yet, while *padstals* (farm stores) sell boutique preserves and top-quality biltong, showing off the best of Karoo food; some in these areas live in nutritional deserts, kilometres from anywhere fresh produce is sold. For all the imagery of fresh Karoo air, many people here are struggling to breathe. Those with stiff lungs — from smoking or dust inhalation— carry emergency pumps in their pockets.

13. The Karoo is in fact very sick. It doesn't take long to spot the signs and symptoms. The town's online classifieds page is awash with advertisements for cannabis oil, cancerbush and aloe vera gel. All manner of herbal remedies for all manner of chronic ailments. These are interspersed with advertisements for affordable medical insurance, or assistance with debt collectors. Those hoping to lose excess weight are sold quick-solution supplements: two capsules daily for two months and customers are promised a loss of 20-30kg. Posts about the degeneration of bodies run parallel with those about the degeneration of land and infrastructure. Water is a palpable crisis point.

15. In search of a place to stay on my research visits, I met Essie, a white Afrikaans woman, probably in her late sixties, and the owner of a small *Air BnB*. When I told her I was coming to research *siektes* (illness), she said solemnly: 'a lot of cancers here. But people can't afford to be sick'. It would be the first of many times people told me about cancer. Only a few weeks before, it had killed the head of their Hospice. During my drives around town, I had seen trees wrapped in tattered pink fabric, in support of the local cancer organisation; and overheard conversation in the supermarket about 'so-and-so not being able to stomach food because of the radiation'.

16. Many people here travel long distances on the road: farmworkers, farm owners, fencers, truck drivers and so on. Roadside stops are a common place to eat and an interesting reflection of what is being consumed. Among cooldrink bottles and polystyrene boxes, I found two blister packs of Type 2 diabetes medications: Medformin and Glimepiride. This speaks not only to the rates of diabetes in the area, but the fact that both food and pills must be consumed on the move.

17. Much of the global health literature on NCDs talks about an epidemiological 'transition' from infectious epidemics to non-infectious, degenerative diseases. But in South Africa (and elsewhere on the continent), what we are seeing is more like a collision. HIV/ TB and NCDs co-exist in the same communities and households, and sometimes in the same individuals.

In Cookhouse (EC Karoo), rates of HIV are high because of the town's location on the N10 Highway. It's an important truck stop and was once an important train stop. But Cookhouse is also dealing with another much simpler infectious epidemic at the moment: scabies. The reason they are not getting rid of scabies is that the simple act of washing all the clothes and linen of a home with hot water is virtually impossible when there is no water (nevermind hot), no summer sun to dry laundry, and relatives come and go. The living conditions fuel the contagion. This is as true of scabies as it is of hypertension, diabetes or respiratory conditions in this area.

19. Urbanisation has had its effects in rural areas too. Young people leave for the cities leaving the middle-aged and elderly to care for the children. Sometimes these carers are as young as 40. Sometimes the 'children' are as old as 40. It is these carers, who in many ways shouldered the responsibility of caregiving during the peak of the HIV/AIDS epidemic, who now find themselves especially vulnerable to NCDs. And it is not just about age. Grief, trauma and financial stress seep into the body, leading to higher rates of hypertension for those caring for HIV-positive grandchildren. Caregivers are also less likely to seek healthcare for themselves. Recently, I saw a woman at risk of stroke refuse to go to hospital because she needed to be home for her grandchildren. The same is true of those caring for stroke victims, or other chronically ill relatives. For many families, it has felt as though, 'when one door closes, another door closes.'

20. Karoo has NOT undergone an epidemiological transition. The so-called POLITICAL, ECONOMIC and ENVIRONMENTAL 'transitions' have been equally messy, with unanticipated side-effects, thundering shocks, and stubborn continuities. All of these have worked their way through people's bodies.

Farms that, at one time, had been largely self-sufficient; growing vegetables and wheat alongside the rearing of livestock, and living off their produce – are now re-orienting themselves. ‘It’s no longer a lifestyle, it’s a business’, one farmers’ wife told me. Many bypass local markets for bigger metros or even foreign customers.

Meanwhile, the brutal, deeply intimate, and deeply feudal relationship between farm owner and farm worker has also shifted significantly. Payment has moved from a package of farm food and very limited wages, to a purely cash based system grounded in minimum wage. Workers must travel long distances to shop, buying food that is often cheap, processed and non-perishable to make it last longer. The workforce on farms has also shrunk, as owners opt for temporary contract workers, often from outside the country. And many switch to game farming where the labour needs are vastly different.

Big supermarkets, the proliferation of small spaza shops, and democracy have arrived simultaneously. Many white farmers have packed up and left — ‘Die ontvolking van die platteland.’ Their land is under-worked, and returns to desert. The drought I’m told has lasted 7 years.

21. Loan sharks, called ‘skoppers’ sit outside the ATMs at month-end with a handful of ID books, ready to withdraw their debts. Some families are buying food on credit; medicine on credit.

22. In many of the Karoo towns I visit, waste is at the centre of everyday local politics. Residents use it to bemoan ineffectual municipalities: a few organise drives, clearing litter along the river banks or the national highways. On windy days, plastic is flung against farm fences and cans shoot through the air like bullets. For waste-pickers, this is a livelihood: some are employed by public works, patrolling plastic in bright orange overalls. Others are trash-heap hustlers, setting up shack-lands on the outskirts of dumps and gathering recyclables in exchange for cash. Without the arrival of Big Food, Alcohol and Tobacco, much of this waste would not exist.

24. Time of Sickness – Time of uncertainty/ of the incurable
Deep distrust of food, of Pharma, of authority, of the future of their land.