

**Center for Global Health and Diseases**  
**Medical Student Elective**  
**Caledon, Western Cape, South Africa**

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**Class of:** 2005

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[http://academic.sun.ac.za/health/Support\\_services/profdev/international/index.html](http://academic.sun.ac.za/health/Support_services/profdev/international/index.html)

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Site Coordinator, Caledon Hospital

**Setting:** Provincial hospital and municipal clinics, primarily agricultural area, 120 km east of Cape Town in the Western Cape province. Affiliated with Stellenbosch University.

**Accommodation:** In a self-catered guesthouse in town, 100 South African Rands per day (subject to change)

**Transportation:**

Nearest airport: Cape Town International. South African Airways has daily direct flights to Johannesburg International from Atlanta and JFK. There are 24 daily flights between Johannesburg and Cape Town.

Ground transport: public transportation in South Africa is notoriously unreliable or even absent. You will need to rent a car to make it from Cape Town to Caledon. In 2005, a one-month rental for a manual transmission car was about US\$500, excluding insurance and fuel. Automatic transmission cars are significantly more expensive. Main roads are in good repair, but there are some roads that are graded but unpaved. You will seldom have to travel these roads unaccompanied.

**Communication:** Cellular telephone coverage is excellent. If you have an international (tri-band) GSM phone, you can buy a SIM card for pay-as-you-go service. Otherwise, cell phone rentals are available at the Cape Town airport. Land line pay phones are also widely available and take coins or pre-paid cards.

**Languages:** Afrikaans, Xhosa (an indigenous language), English. This is a primarily Afrikaans-speaking area. Afrikaans is most closely related to Dutch, but has elements of Dutch, English, French, Malay, Indian dialects, and native languages. Most Black and Colored (mixed-race) patients speak Xhosa and Afrikaans. Many understand some English, but can express themselves better in Afrikaans. A few patients can both

understand and express themselves in English. The nursing staff can usually translate. If you're not good with languages, I would not try to do a rotation here.

**Experiences include:**

- ward rounds
- time in the operating theatre for basic procedures
  - cesarian sections
  - hernia repairs
  - emergent appendectomies
  - tubal ligation
- casualty/ED
- outpatient clinics-at various municipal clinics, prison, and on mobile clinics
- post-mortems

**Impressions:**

Probably the statement that best summarizes the situation in South Africa in 2005 is that it is a first, second, and third world country. In 10 short years since the fall of apartheid, the country has made remarkable strides, however the remnants of apartheid are still evident. The provincial hospital was built during the apartheid era, and there are two separate parts to the hospital, connected by a long hallway. Formerly, these were to distinguish between the "White" section and the "Black and Colored" section. These days it's more convenient to use one wing primarily as an ob/gyn section, and the other as a med-surg/pediatrics section. This hospital is staffed by one full time General Practitioner (Dr. Frank), two Community Service doctors (the equivalent of second-year residents), and private General Practitioners who take call once per week.

A typical day would be to arrive at 7:30 am to share a cup of coffee with Dr. Frank. Then we would attend to the operating theatre schedule. Often I was first assistant. The most common operation I saw that month were Cesarian sections. They are equipped to handle most basic operations: hernias, hemorrhoids, circumcisions, tubal ligations, emergent appendectomy, and dental procedures under general anesthesia. After all the cases were completed, we would complete wards rounds, and usually someone has a clinic to attend.

In terms of public health, the Western Cape province has established clinics through its municipalities. These clinics also dispense many basic medications. These are available to all comers. Those with high paying jobs can afford Medical Aid (insurance) and can see a private doctor. This highlights the gap between the rich and the poor that was institutionalized by apartheid and still exists in the country. Although this community is scarcely an hour by car from a tertiary hospital, the economic barrier to getting a patient referred to these centers is huge. While there are patient transport vehicles, they run a particular route only every other week, and cost the patient up to three days wages. Private patients, however, can elect to be transported to private hospitals, where the care approaches that in Western nations.

Another way that the municipalities have attempted to reach the public is through mobile clinics. These are VW minibuses that go out to local farms 4 days per week to provide primary care to the farm workers. These are staffed by a primary care nurse who is qualified to give vaccinations, birth control, perform well child checkups, and perform basic pre-natal care. This allows farm workers and their children to receive basic health care without going into town—a difficult task because of lack of transportation. However, anything beyond basic care must be referred to a local clinic.

Special issues unique to the area include diseases of the developing world, HIV, and tuberculosis. The government has provided running water and electricity to the formal and informal settlements around the country in an attempt to make living conditions safer. However, in the rural areas, children still play barefoot in the same environment as livestock, making them prone to worms and other parasites. The Western Cape does not have as high levels of HIV as other parts of the country. However, constant migration in search of jobs has caused geographical barriers to fall, facilitating the spread of HIV. Nationwide, access to antiretrovirals is extremely limited. Regional clinics have been established, but will only take patients if they meet certain strict criteria. Often these clinics are not accessible due to lack of public transportation. Tuberculosis is rampant in the region. Over 600 diagnosed cases are being treated by the TB DOTS program in the Caledon catchment area (population approx. 11,000). Compliance, even with DOTS, is a major problem, which leads to multi-drug resistant TB.

My presence in town was the subject of some confusion. Caledon is far enough removed from the mainstream that international students, much less Americans, do not usually pass through the hospital. That, along with being of Chinese descent caused some people to turn and look as I made my way around town. The language barrier was difficult, but low enough that I could pick up some phrases of Afrikaans and muddle my way through a history. By the end of the month, I had picked up a few words and phrases relevant to common presentations in the area. However, your experience in this area would be enriched if you have a working knowledge of Afrikaans, Dutch, or German.

This rotation was challenging for several reasons. As a general practitioner, one has to be able to switch from one specialty to another just going between patients. The language barrier, though not insurmountable, made life more difficult. However, being able to witness third world medical problems while still having the comforts of the first world is a good introduction to those who have not been to third world countries before. Also, being able to witness the remnants of apartheid was a unique experience.