

THE ORIGINS OF THE "WELFARE STATE" IN PRE-APARTHEID SOUTH AFRICA

David Duncan

i) Introduction

The history of South Africa, like that of any other country, cannot be viewed in isolation. Despite its apparently unique political and economic development, important aspects of South Africa's twentieth-century history must be placed within the context of broader patterns, whether they relate to Africa and the Third World or to western capitalist countries. This paper considers one facet of South Africa's political economy, namely, the development of health and welfare provisions for African workers down to 1948. [1] The paper analyses the extent to which pre-apartheid South Africa followed other countries in creating the foundations of a welfare state for its African labour force. The central argument is that, in the face of a range of pressures, the South African state increased the tempo of health and social planning. However, the government's commitment to meaningful provisions was never more than lukewarm. It cynically manipulated the more progressive elements within the State to give the appearance of action and thus contain unrest during World War II. The immediate post-war period saw the government shedding its appearance of commitment to health and welfare legislation. The state had overthrown plans for improving the lot of African workers even before the National Party took power in 1948 under the banner of apartheid.

From the 1860s, South Africa's mining economy dragged hundreds of thousands of African workers into a world of migrancy, very low wages, extremely harsh working conditions and barrack-like living quarters. By the 1920s, a small but growing manufacturing sector was taking its place alongside the mining industry. More and more Africans were leaving the rural areas and seeking work in the towns. White South Africa tried to retain control of its destiny through a policy of segregation - by regulating mineworkers' movements, applying influx controls to urban-dwellers and preserving white supremacy in the political arena. Both the National Party under J B M Hertzog (Prime Minister, 1924-39) and the South African Party under Jan Smuts (Prime Minister 1919-24, 1939-48) shared these basic goals. The unification of the parties from 1934 to 1939 underlined this. In the administrative sphere, the state's front line was the Native Affairs Department (NAD), which oversaw the application of segregationist legislation. The system became more difficult to maintain as industrialization and urbanization picked up pace through the later 1930s and the 1940s and as the state itself became increasingly complex. Nowhere were these problems more apparent than in the field of health and welfare provision: the Public Health Act (1919) and the founding of the Labour Department (1924) and the Social Welfare Department (1937) impinged heavily on the notion of segregated administration.

From the mid-1930s, groups ranging from Afrikaans nationalist organizations to African trade unions pressed the government with demands for social welfare. Within state structures, the Department of Labour, the Industrial and Agricultural Requirements Commission, National Housing and Planning Commission, Social and Economic Planning Commission (SEPC), Social Services Commission and National Health Services Commission, recommended a social security system fit for a prosperous, post-war, industrial economy. World War II also brought greater contact with Britain and the United States, where state intervention and social planning were already well established. The impact of these factors on Smuts's wartime coalition government (1939-48) can be seen in several areas. This paper covers housing, pensions and unemployment insurance in section (ii) and hospitals and medical services in section (iii). Two points are stressed: changes over time in the state's approach to health and welfare generally for black workers; and the ways in which different

parts of the State appropriated aspects of the question and impacted on the overall development of social services before 1948. [2]

ii) "Outdoor Relief" for the Urban African Proletariat

In the 1930s and 1940s, South Africa took the first faltering steps towards a "welfare state". There were several external pressures on the government to introduce welfare legislation. From the mid-1930s, white liberals drew public attention to the maltreatment of African workers under existing legislation. Those involved in this effort were members of the Institute of Race Relations and, from 1936, the Natives Representative Council and MPs elected by Africans. [3] Proponents of welfare laws could count on support from key civil servants, including Ivan Walker, the Secretary for Labour (1932-45), Public Health Department officials such as Peter Allan (who had conducted the first survey of the spread of TB in rural areas in the 1920s), Harry Gear and George Gale, and Douglas Smit, the Secretary for Native Affairs from 1934 to 1945. [4]

A second set of political pressures came from a combination of public concern over deprivation amongst white people and the rise of Afrikaner nationalism. Meetings of the Afrikaner *Volkskongres*, the Report of the Carnegie Commission and the 1936 National Congress on Social Work heightened public awareness of the "poor white" problem. [5] The extreme right-wing Purified National Party, founded in 1934, mobilized poor Afrikaners around the issue of white workers' declining health standards. [6] White South Africans generally became concerned about the threat to their health from squalid African living conditions in proximity to white urban areas. "'Horrible' Native Townships", the *Rand Daily Mail* proclaimed in 1935: "Hovels and mangy dogs: plague spots that must be cleared up." [7] The emphasis here was on the plague aspect - besides being an outrage to the conscience, the spread of slum conditions, malnutrition and disease amongst blacks was a "positive danger to the community" which required official remedial action. Although the State accepted that health services were required in both the rural and urban contexts, the forms of "outdoor relief" discussed in this section - pensions, unemployment benefits and subsidized housing - were primarily aimed at the urban-dwelling, proletarianized population. All branches of the State agreed that mine employees were well enough cared for under existing provisions, whereas white farmers were considered too poor to contribute to such schemes for their workers. Faced with these sorts of pressures, the Government took action where opposition nationalists most demanded it; socially, it treated the symptoms where they impinged on white sensitivities and quality of life. [8]

World War II brought further economic, political and social impulses which focused official attention on welfare provisions. Boom conditions in primary and secondary industry made the national economy more able to shoulder the cost of welfare legislation. Black and white trade unions increased their bargaining power as manufacturing activity mushroomed and the armed services drew manpower away from industrial production. Workers themselves turned militant as inflation and overcrowding worsened their quality of life while employers reaped the benefits of a sheltered domestic market. The government, meanwhile, was eager to avoid major confrontations during the war. Senior cabinet ministers publicly admitted the need to improve conditions for workers of all races.

None of these elements would have shifted the state towards broader efforts at social planning, had it not been for the example of events overseas. The American president, F D Roosevelt, introduced the Social Security Act in 1935; in doing so, he was consciously following legislation in Germany, Denmark and Austria. [9] Even more important for South Africa was wartime planning in Britain, especially by the Beveridge Commission on Social Services, which reported in 1942. As the British social scientist Victor George put it,

There is no doubt that the promised improvements in social services were seen by the government as part of the strategy of

winning the war; it was felt that such improvements, in the words of Galbraith referring to the American situation, 'would reassure those who were fighting as to their eventual utility as citizens'. [10]

The Smuts government was just as eager to reassure its citizens that they were fighting for a better future. Following the British example, it appointed wartime commissions to formulate health and welfare schemes. These were supposed to ensure a better quality of life for all. No matter that the State could not immediately effect the plans; the important thing was to keep people's minds concentrated on the post-war era, when a much expanded economy and welfare-minded government would deliver all things to all people. The government naturally enlisted the assistance and expertise of its civil servants; officials in the Labour, Public Health, Social Welfare, and Native Affairs Departments helped to draw up plans in all the aforementioned areas.

From the start, state officials were anxious to portray their efforts as a meaningful contribution to living standards. The Departments of Public Health and Labour, which administered housing and unemployment benefit legislation, respectively, were themselves products of a "changing pattern of society", their purported function being to "improve economic and social conditions". Like the Social Welfare Department, they claimed to promote these ends on a colour-blind basis. The NAD could hardly make similar claims; instead, its officials manipulated (and, to a certain extent, were manipulated by) a different legitimating ethos based on trusteeship and protection. The degree to which officials in each department stuck to these lofty principles was displayed in the evolution and application of social welfare laws.

The widespread influenza epidemic which hit South Africa in 1918 was a powerful stimulus behind the Public Health Act (1919). However, the Public Health Department which it described had very limited powers and financial resources. Its chief purpose was to give advice to other authorities and private employers. Although the act made no specific reference to race, the fact that the bulk of health provisions were to be applied by local and provincial authorities, rather than by the central state, meant that the department lacked the powers to enforce equal health care for all the races. In any case, as a memorandum from 1921 suggests, Public Health officials were not thinking in terms of equality. For sure, "equity and justice towards the natives themselves" were important; but the real reason for taking action on such issues as housing for blacks was to protect the white population against "native discontent ... and the carriage of disease from natives to whites". [11]

J A Mitchell, the Secretary for Public Health from 1919 to 1932, was unusually well acquainted with the miserable social conditions prevailing in Cape Town's African locations. [12] Yet, despite this awareness, neither the will nor the money was available for the Public Health Department to launch large-scale housing schemes for Africans or to enforce decent standards of planning, construction, hygiene and sanitation. The Housing Act of 1920 established a Central Housing Board under the department's aegis to provide government loans for approved schemes. But it was left to local authorities to decide whether to take up the loans and the Government offered the money at market rates. By the end of 1930, only 7,609 dwellings had been built for Africans and coloureds with Central Housing Board loans. A large proportion of those were single rooms in barracks, while many of the actual houses had only two rooms. [13] From 1930, the Government approved sub-economic housing loans for the "poorer classes" but excluded Africans until 1934. From that year, municipalities could build location housing using state funds at 2 per cent interest (in 1936, the interest was reduced to 0.75 per cent). Local authorities still held the sole discretion to initiate loans. Central state bureaucrats were aware that municipalities were not taking advantage of the scheme; Mitchell's successor as Secretary for Public Health, Sir Edward Thornton, sat on the 1935 commission which found that Johannesburg had been clearing slums under the 1934 Slums Act without building sufficient new housing in the locations. [14] But the Department of Public Health preferred not to interfere: as Thornton

informed the Cape Eastern Public Bodies in 1936:

It is not considered possible for the department to obtain parliamentary sanction for the making of further grants to local authorities. [15]

By 1939, the State had approved £3,750,823 in sub-economic loans "to assist low-paid workers in receipt of wages too small to permit of their participating" under the economic housing scheme. Again, this figure was an aggregate for black and coloured people. The government lent a total of £5,445,100 from the sub-economic fund, which stood at £13m. Local authorities had built nearly 13,000 dwellings for "non-Europeans" under the sub-economic scheme and 10,000 under the economic scheme. [16]

It was not until the Second World War that the state began to treat the shortage of affordable housing seriously. The situation by this time was acute. Whereas the 1920 Housing Committee estimated a shortfall of 10,000 houses, the 1936 Public Health Department Report put the figure at 16,000 in the eight largest cities alone. By 1942, accelerated urbanization had made things even worse. The Smit Committee found "large numbers" of Africans living in makeshift dwellings. The shacks were insanitary and overcrowded, with no foundations and protection against damp, and overrun by vermin. [17] Even in housing provided by local authorities, there was overcrowding in "most, if not all" dwellings because high rents forced tenants to take in lodgers and relatives. Overcrowding was a prime factor in the spread of infectious diseases such as tuberculosis. The lack of washing facilities, latrines or refuse-disposal services compounded this problem. [18]

The Thornton Committee on Peri-Urban Areas (1938-39) and the Smit Committee (1942) gave officials the opportunity to voice their dissatisfaction. [19] The Smit Report called for the accelerated development of housing schemes. It proposed that municipalities should make up the losses from their General Revenues and not solely from their Native Revenue Accounts. A further spur for the government came from squatting movements which sprang up around Johannesburg during the war. In 1944, the Housing Amendment Act abolished the Central Housing Board and set up the National Housing and Planning Commission. The Housing (Emergency Powers) Act of 1945 allowed the central state to take the initiative by undertaking housing schemes and recouping the costs from local authorities. [20] In the process, the state came to see low-cost housing not just as an aspect of public health or as a means to control the urban proletariat, but also as part of the wider task of social welfare provision. It was no longer just a question of providing the minimum safety net: the government was now supposed to be thinking on the grand scale, planning for after the war when workers of all races would not accept the poor deal they had had to put up with for so long. As a 1944 House of Assembly resolution stated:

This House requests the Government to consider the advisability of introducing a comprehensive programme of legislation and administrative measures embracing the subjects of the provision of employment, social security, housing and public health, nutrition and education, such programme to constitute the people's charter as the outcome of the war. [21]

The National Housing and Planning Council speeded up the rate of building at sub-economic rates. In 1947, the Commission financed 10,355 "assisted" dwellings at a cost of £4,667,531. Yet the attitudes which prevailed in the various departments and the extent of the state's commitment as measured against the size of the problem were still markedly different. [22] In effect, the Committee - which also included senior members of the Public Health and Social Welfare Departments - saw welfare work primarily in terms of limiting unrest. The Public Health Department's own reports for 1946-48 show that officials still preferred to pass responsibility to the municipalities, despite the state's new powers. [23] The government itself soon flinched at the size of the crisis: it imposed limits on losses under assisted schemes

and left the National Housing and Planning Commission doubting whether it would be granted the necessary funding. There were signs that the Treasury would make further funds available in the last few months of the Smuts era; but the Smuts government bequeathed a huge and worsening problem to the incoming National Party. [24]

Government-sponsored investigations into post-war social welfare provision also promoted benefits for Africans such as pensions and unemployment payments. The impetus came in part from the Social and Economic Planning Council, set up in 1942 as a semi-official advisory body reporting to the Prime Minister. The SEPC embraced social security as one of its basic "guiding principles" and sought to advance schemes which were within the "productive capacity" of the country. [25] The Council secured the appointment of a Social Security Committee in 1943, including several senior civil servants - P Allan (Secretary for Public Health), G A C Kuschke (Secretary for Social Welfare), W J G Mears (Under Secretary for Native Affairs) and I L Walker (Secretary for Labour). When it reported the following year, the committee advocated a full programme of pensions, and health and unemployment insurance. [26] This was to be the "Welfare State" in no uncertain terms, providing minimum subsistence standards for all contributors plus a system of smaller benefits for Africans in the reserves. Having already accepted the need for social security, the government could not lightly dismiss this report. Instead, Smuts shifted S F Waterson from Commerce and Industry to the new position of Minister of Economic Development. [27] As Chairman of both the Inter-departmental Committee on Social Security and the Select Committee on Social Security, Waterson whittled down the rates set by the 1943 Social Security Committee. The government's White Paper on Social Security backed him up in 1945 by proposing to restrict state expenditure on pensions, contributory schemes and other allowances. [28]

The actual laws passed in the war years were even smaller in scope. The Pensions Laws Amendment Act of 1944 which brought Africans under pension legislation for the first time established three levels of £21, £9 and £6 per annum, depending on whether the recipient lived in a city, town or rural area. [29] Prospective pensioners were subject to means tests of £18, £13.10s. and £9, respectively. By the end of 1946, Native Commissioners operating on behalf of the Pensions Commissioner were doling out 140,000 pensions. The NAD estimated the eventual number of participants at 367,000 with an anticipated annual expenditure of £2,336,000. [30] The scheme provided for blind people at the same rates. The Secretary for Native Affairs could issue grants for invalids at his own discretion (the anticipated expenditure being £781,000) and could make poor relief grants in exceptional cases. This might involve local relief of famine, drought or epidemics. The department could fund feeding schemes for pre-school children and short-term work projects for the semi-fit. [31] The act fell far short of the minimum subsistence envisioned by the SEPC, though it put a considerable strain on local NAD officials. Thus, the government's policy of "doing it on the cheap" resulted in woefully inadequate payments for people without any other means of subsistence and much extra work for the NAD, whose role in welfare administration for blacks expanded through the 1940s.

The Unemployment Insurance Act of 1946 was a direct product of the 1944 Social Security Committee Report and the 1945 White Paper on Social Security. [32] The original statute of 1937 permitted the establishment of unemployment benefit funds by employers and unions in certain scheduled industries. The law kept the number of Africans affected to a minimum by excluding labourers who came under the Native Labour Regulation Act (1911) or who earned less than £78 per annum. [33] The government claimed the new act would cover about 700,000 workers under a central Unemployment Insurance Fund; the lowest-paid would contribute 3d. a week while the state and employer put in 9d. each. The smallest benefits would be about £5 per month which, the government foresaw, "should not be so high as to affect the stimulus to work". [34]

The 1945 White Paper deliberately left vague which classes of employee would come under the act. From late 1945 until Parliament passed the Unemployment Insurance Act in 1946,

this provoked conflict between the Departments of Labour, Mines and Native Affairs, the Native Affairs Commission, the Natives Representative Council and the Chamber of Mines. The confrontation began when the mineowners realized the Government's proposals would include South African miners and others not subject to compulsory repatriation. The thought of paying nine pence a week for some 200,000 labourers horrified the mineowners, who used every argument they could think of to excuse themselves. [35] J E Barry, for the mines, claimed in March 1946 that workers would resent the statutory deductions; their fixed contracts would mean they would never benefit from the scheme; the Social Security Committee had only supported contributions for urban-dwellers; the plan would encourage ex-mineworkers to swell the ranks of the urban unemployed; and the levy would have nasty repercussions on the mines' working costs and therefore on the national economy. [36]

The Chamber of Mines enjoyed full support from the Department of Mines, then under the ministerial guidance of Colonel Stallard. [37] The Secretary for Native Affairs from 1945, W J G Mears, provided further backing: the scheme would be impossible to administer, owing to impersonations and the difficulty of making migrants from remote areas appear before claims officers. Mears argued that mineworkers who stayed on in the towns and found other employment would be brought under the act anyway. Although he couched his language in administrative terms, his underlying concern may well have been to preserve the migrant labour system which his department oversaw and which would have been undermined if ex-mineworkers could remain in the towns and look for work. The scheme would also have interfered with the Government's commitment to influx control, reasserted in the 1945 Natives (Urban Areas) Consolidation Act. [38] The Secretary for Native Affairs eventually accepted a compromise - that the mines should be spared from paying contributions for migrants whose return fares were provided by the employer. This would force a real monetary concession from the mines (in the form of the return fare) while also bolstering the long-term future of the migrant labour system and discouraging the drift to the towns and all its contingent social problems. [39]

The mineowners' chief opponent was the Secretary for Labour, F L A Buchanan. Like the Chamber and the NAD, he put his case in practical and economic terms. On the first count, there was no reason to exclude a large and wealthy group of employers like the mines who would be hit no harder than any other business. For administrators, it was very hard to distinguish between "tribal" and "urban" Africans, as many migrants already drifted between the towns, mines and rural areas. The scheme would provide real coverage for the unemployed; it could not be made economical unless the "good risk paid for the bad". The Labour Department also emphasised the reaction from overseas: the International Labour Organisation would not ratify the act unless it included the mining sector. If the Chamber of Mines was really worried about the negative effects of contributions on mineworkers' mentality, Buchanan added, they could always pay the employees' share themselves. [40]

The Department of Labour needed the mining industry's financial support in order to make the new law work. Labour officials were unlikely to worry if it later proved that African miners could not get a return on their threepence a day. However, the Government came down heavily on the side of the mining industry. The 1946 act specifically excluded African gold and coal workers who were provided with accommodation and food, along with farm labourers, domestic servants, Africans employed in rural areas (but not in factories), and casual labourers. [41]

The government thus reduced the potential threat from African unemployment in the towns where the problem would be most visible and where workers were more proletarianized and better organized. It also dealt with it at a time when business was booming, before any peacetime slump could swell the ranks of the jobless. Given the government's waning support among whites in the mid- to late-1940s, its limited moves to provide a social safety net for Africans may have been politically foolish. Its measures were not enough to satisfy critics on the left, but more than sufficient to provide ammunition for Afrikaner nationalists. In taking the steps it did, the state was responding more to long-term planners in South

Africa and to the example of developments overseas. It envisaged a social welfare programme fit for a fully developed, industrial economy, on American or British lines. On the other hand, the Government effectively rejected the SEPC's call for "minimum protection against want". Rather, it paid heed to the needs of the most important sector in terms of revenue and to political fears of alienating white voters through raising taxation or demanding contributions from farmers. In unemployment benefit, as in pensions and housing, the debate over welfare provisions for the post-war era thus ended in something less than half a loaf for the African population.

The SEPC saw the social welfare debate as a direct result of the war: it "broadened the social conscience" and "showed what could be achieved by deliberate organisation". [42] To SEPC members, this meant planning by experts - scientific management of resources by people without political bias from the academic world, administrators, the representatives of business and capital and groups involved in social work. This followed developments in Britain, where Beveridge's Interdepartmental Committee on Social Insurance and Allied Services was already writing the blueprint for Britain's welfare state. [43] Locally, the social welfare debate increased in stridency in the 1930s when rapid industrialization and townward migration caused unprecedented social problems. Faced with the peculiar exigencies of the wartime situation, the Smuts government adopted the language of the international social reform movement and gave the impression that much thought was being put into creating a better world for all. Founding such bodies as the National Housing and Planning Council, the SEPC and the National Health Council allowed the Government to appear committed to social welfare while in fact it held back to weigh the political and financial costs. For their part, civil servants generally welcomed these initiatives. The occasional repudiation of their proposals by a semi-governmental organization, as in the conflict over unemployment insurance, was clearly irritating; but the presence of bureaucrats on committees of experts, planning for the future without the usual immediate restraints of budget votes and anxious political masters, could not have been inimical to their self-esteem.

Nevertheless, the government had no intention of taking more from all the proposals and counter-proposals than it felt was politically necessary or financially expedient. The Smuts regime in its last years was not a reforming government, set on implementing a new deal for all its citizens. On the contrary, it was a hard-pressed coalition, torn by pressures arising from the National Party's growing popularity among Afrikaners. Black working-class poverty and unrest were taken seriously in the later 1940s; but, in the eyes of the Government, it was easier to contain it with repression and half-measures than to risk a white backlash to the introduction of an expensive "welfare state".

iii) "Mother Wit" versus National Medical Health Services

Shula Marks tackles the development of health services for Africans in her essay, "Industrialization, Rural Health and the 1944 National Health Services Commission in South Africa". She describes the effects on health of overcrowding, landlessness, very low wages and poor conditions, from the time of the discovery of diamonds in 1867. With the mineral revolution, agricultural transformation and industrial growth, came malnutrition and infectious diseases. No part of the country was safe. Migrant mineworkers continued to carry tuberculosis back to rural areas (though there was a sharp decline in the incidence of TB in the mines from the 1920s and again after the introduction of X-rays for all mineworkers in the 1940s). As the Native Economic Commission observed in 1932, Africans in the rural areas faced a bleak future: "a desolate picture of denudation and erosion" in parts of the Ciskei; the spread of weeds, overstocking and erosion in the Transkei; low yields and no irrigation in the Free State; "general congestion" of people and cattle in the Transvaal; sleeping sickness and malaria in Natal (the latter was alleviated in the 1930s by local malaria committees and the Native Affairs and Public Health Departments). [44] Malnutrition was common in various parts of the country, causing deficiency diseases and lowering resistance to infections. [45]

Conditions in the towns were no better: municipalities were slow to apply basic regulations on sanitation and garbage disposal. Councils insisted on self-balancing Native Revenue Accounts and even diverted revenue from Africans for other purposes, instead of making money available to improve locations. [46] Infectious diseases spread rapidly in the cramped and overcrowded conditions of town life. [47] There were 2,000 doctors in the country in 1940 for a total population of over 10,000,000. [48] As the Gluckman Commission stressed, existing health services did not come close to meeting the needs of either town- or country-dwellers. [49]

Two problems identified by the Gluckman Commission were the "limited conception of public health which obtained in 1919" (when the act was passed) and the complex division of powers among local, provincial and central authorities. [50] Although Parliament had the power to override provincial authorities, the provinces administered general hospitals and had overall control of local authorities and pauper relief. Local authorities handled non-personal matters such as sanitation, water and hygiene as well as outbreaks of infectious diseases. Under the 1919 act, the Union government took charge of district surgeons (who, as part-time servants of the State, were supposed to provide for indigent patients) and leper and mental hospitals. As the Gluckman Report put it, this still left considerable work for "mother wit" in the training of personnel. From the 1920s, though, the Public Health Department found itself building hospitals for other communicable diseases, including tuberculosis and venereal disease. Local authorities were expected to contribute to their maintenance. By an amendment of 1935, the department began to support district nursing services. Two years later, following the Report of the Inter-Departmental Committee on Poor Relief and Charitable Institutions, poor relief services (except in Natal) were transferred to the Department of Social Welfare. [51]

Two other laws made more specific reference to African workers. The Native Labour Regulation Act (1911) allowed the Government to issue regulations on medical examinations and vaccinations of labourers and their families, the care of the sick or injured and the prevention of communicable diseases. [52] The Public Health Department played a role in enforcing these regulations. It encouraged large employers to build their own hospitals, laid down minimum conditions and occasionally assisted the NAD in investigating allegations of maltreatment. [53] The department also supervised medical examinations of African males at pass offices in the larger urban centres [54] However, the examination was perfunctory, partly because doctors believed they were inadequately remunerated for their services. In the 1920s and 1930s, the department repeatedly refused to include women or to introduce further periodic tests. [55] Examinations helped to reassure the white public that their towns were not awash with disease-carriers but did little to protect African workers' health.

The fact that health care was split between different authorities and under several laws made it at once easier to ignore the lack of provision for Africans and harder to do anything about it. The Public Health Department annually published the upward trend in the number of hospital beds available to "non-Europeans", showing a steady rise from 12,520 in 1932, to 23,593 in 1946. [56] But these were total figures, including mine and factory hospitals, mission hospitals and private nursing homes as well as provincial and general hospitals. The number of beds in the department's own infectious diseases institutions rose from 1,081 to 2,340 over the same period.

In the late-1930s, Hertzog's government resisted pressure from the Purified Nationalists and the Labour Party to create a national health insurance scheme for whites. It was not until 1942, as part of the ongoing planning for the post-war era, that Prime Minister Smuts appointed the National Health Services Commission under the subsequent Minister of Health, Henry Gluckman. [57] Marks shows the role of the Native Affairs and Public Health Departments in this process. The NAD was calling for a rural health scheme from the late 1930s: the Chamber of Mines had considered (though not provided) financial aid to improve migrant labourers' health at source. [58] The Smit Committee of 1942 which included

prominent members of the Native Affairs and Public Health Departments, recommended increasing the subsidy for health visitors and district nurses and introducing compulsory child welfare and maternity schemes. [59]

Officials in the Public Health Department were divided on their commitment to a comprehensive health care system. [60] George Gale's appointment in 1938 added an important voice to those calling internally for preventive care clinics. [61] On the other hand, the department had long been concerned about the cost of such a scheme and did not open its first clinic, at Polela in Natal, until the provincial authorities threatened to close their African hospitals for lack of funds. Marks argues that the department feared for its own position in the early 1940s in the face of calls from the medical profession for a national health service. The department finally dropped its opposition and George Gale guided Gluckman in drawing up the report, published in 1944. But the Smuts government rejected its report's proposals for a national health scheme as too expensive. [62] The one positive outcome, the establishment of another fifty health centres over five years, withered away in the 1950s as the National Party government sought alternative solutions to improving Afrikaner health.

Of course, it is quite possible that, even without the extra administrative difficulties involved, neither the Public Health Department nor the central state as a whole possessed the will to develop a basic health care system for Africans. When the need had become too obvious to disguise in the later 1930s, officials had pretended that the change was due to the increased African regard for western medicine and not to widespread poverty and disease. [63] It was only in the 1940s - with the publication of the Smit Committee Report, the SEPC Reports, the Van Eck Commission, and, most importantly, the Gluckman Report - that the State was forced to admit the need for change. Senior personnel in the Public Health Department had long supported the government in its unwillingness to press local authorities beyond the barest minimum requirements - namely, in its attitude that public health was about preventing white people catching diseases from blacks and in its fear of heavy demands on the public purse or adverse effects on the medical profession. On the other hand, certain officials, such as Park Ross (at Durban), Allan, Gear and Gale had tried hard to improve public health within their limited powers and resources. The degree of autonomy they were allowed by the government, the lack of consensus within the department, and the effects of severe financial constraints and white public opinion in general, are reflected in their limited achievements before 1948.

iv) Conclusion

The entire field of health and welfare in South Africa has been neglected by social historians. This is all the more surprising given the great impact of disease and undernourishment from the late nineteenth century and the consequent increasing dependence on medicine, poor relief and other forms of welfare provision. [64]

For analyses of the state, too, this area is highly significant. The manner in which successive governments organized subsidized housing, "outdoor relief" and medical services speaks volumes about what they regarded as the state's basic priorities. The underlying structures existed already by the early 1920s, and yet it was only with the pressures of the 1930s and 1940s, coupled with shifts in the public debate about what the role of the state should be, that they were expanded beyond the bare minimum. Even then, the Smuts government used the apparatus of committees and commissions to appear more committed to social welfare than it actually was. In the meantime, the government was dedicated to winning the war before introducing any full-scale revisions.

It remains to be explained why the state was so unwilling to accept responsibility for health and welfare. The chief factor here was cost. White voters were afraid of disease among Africans but would not have welcomed substantial tax increases for black social services. As

the Chamber of Mines showed in its protests against unemployment insurance, the mines were strongly opposed to social policies which interfered with low-wage migrant labour or with profits. In parliament, the Nationalists attacked the government for wasting taxpayers' money on Africans and thereby encouraging the black influx to the towns. [65] More specifically, Dr K Bremer, a leading National Party health spokesman, argued that South Africa could not afford public health for the entire African population until Africans "contributed to the national economy". [66] Once the need for wartime propaganda passed and political parties began to focus their attention on the first peacetime general election, the government judged the time unpropitious for heavy spending on the disenfranchised majority.

The SEPC and the Social Security and National Health Services Commissions had planned without detailed attention to cost constraints. The SEPC, for example, recommended increasing social security and health spending by over 200 per cent (from £17.5m, to £52m). The Parliamentary Select Committee endorsed the spirit of the SEPC Report but called for drastic cuts to the original plan, with spending of £32.5m. [67] The Gluckman Report put the cost of a national health scheme (for the central government) at £12m with further expenditure by provincial and local authorities. [68] In Parliament, the government accepted the report in principle but stressed that it could not be implemented overnight. It made Gluckman Minister of Health, created an Advisory Committee and a Co-ordinating Council and built relatively inexpensive health centres. The government did not envisage expenditure on the scale proposed in the Gluckman Report. Provincial administrations, which controlled general hospitals, also strongly opposed a rapid, costly expansion in their facilities and the government rejected coercion. [69] As a result, legislation passed from 1945-48 on unemployment insurance, pensions, housing and health care, fell short of the high expectations of wartime planners.

During World War II, the state appropriated the concepts of public health and social welfare to buttress its power at a difficult time. The councils and commissions of the 1940s helped to show how in step the Union was with its allies, a world player in domestic as well as foreign policy. It further allowed the government to appear to be providing a forum for the expression of different views while in fact coming down heavily in favour of a narrow vision of the "Welfare State". Meanwhile, the line purveyed in speeches, press releases and official publications always emphasised the state's commitment to developing better welfare provisions.

The study of health and welfare provides us with valuable evidence of how the central State interacted with other authorities at the provincial and local levels as well as in the business world and how it operated within its own entanglement of laws and departments. This was critical in health care, with its overlapping jurisdictions. It was also important in such areas as unemployment insurance where the NAD's function in administering to Africans gave it a right to comment on amendments but where the primary responsibility for drafting legislation lay with another department.

By 1948, the South African state was as aware of the impoverishment and miserable living conditions of the African working class as it was of the need to enhance what David Harvey has called "the happiness, docility and efficiency of labor". [70] The state was alive to the need for social stability and the possibilities of legitimating itself to diverse groups by extending its participation in health and welfare provision. This had to be balanced against the danger of going too far - of demanding too much from the white taxpayer or of leaving itself open to the charge of negating the "work ethic", by which workers were assumed to have a fundamental duty to provide for themselves and their families. The state bureaucracy played an important role in resolving these two components, sometimes acting in the interests of Africans and ahead of white public opinion, at other times creating the appearance of government action while in reality changing very little. Civil servants across Native Affairs, Labour, Public Health and Social Welfare both influenced and were constrained by the political process. They perceived the long-term benefits of developing health and social

security but operated under governments tied to more immediate, short-term political interests.

-----o0o-----

Notes

Terminology: I have used the terms "black" and "African" to denote the indigenous inhabitants of Africa. "Native" is used only in official titles.

- 1 This paper is based on a chapter in my thesis, "'The Mills of God': state bureaucracy and African labour in South Africa, 1918-1948" (Queen's University PhD Thesis, 1990).
- 2 The main departments which feature in this paper are the Native Affairs Department, which administered Africans, the Public Health Department, and the Labour Department, created in 1924 to deal with white workers. The Labour Department found it very difficult to administer whites without extending legislation to Africans also.
- 3 See, for example, *Race Relations* : J D Rheinallt Jones, "Social Work and the Non-European", Vol 3, No 4 (1937), pp 84-86; E Batson, "The Social Services and the Poverty of the Unskilled Worker", Vol 6, No 4 (1939), pp 156-60; E Batson, "The Social Services: discrimination and counteraction", Vol 7, No 2 (1940), pp 18-23.
- 4 S Marks presents evidence from Public Health Department files that E H Cluver was as concerned as his predecessors to keep the costs of health services down: Marks, "Industrialization, Rural Health and the 1944 National Health Services Commission in South Africa", in S Feierman and J Jansen (eds), *The Social Basis of Health and Healing in Africa* (Los Angeles, 1992), p 31. In liberals' circles, though, he was regarded as an improvement. See University of the Witwatersrand Archives, Johannesburg (hereafter Wits Archives), AD843 (Rheinallt Jones Papers), 16 June 1938.
- 5 Rheinallt Jones, "Social Work and the Non-European", pp 84-86.
- 6 See Marks, "Industrialization".
- 7 *Rand Daily Mail*, 27 March 1935.
- 8 See M S Swanson, "The Sanitation Syndrome: bubonic plague and urban native policy in the Cape Colony, 1900-1909", *Journal of African History*, Vol XVIII, 3, 1977, pp 387-410.
- 9 W E Leuchtenburg, "The Great Depression", in C Vann Woodward, *A Comparative Approach to American History* (Washington, 1974), pp 325-43, 329-30.

- 10 V George, *Social Security and Society* (London, 1973), p 23.
- 11 State Archives (Pretoria), Public Health Dept. (hereafter GES) 593/13, Memorandum by P Targett Adams, "Regarding Urban and Rural Native Locations and their Sanitary, Medical and Economic Arrangement and Control", 26 July 1921.
- 12 GES 593/13, Adams to Secretary for Public Health, August 1921.
- 13 *Union Year Book*, Vol 13 (1930-1), p 209.
- 14 GES 82/33, Report of the Commission of Enquiry on the City of Johannesburg Public Health and Native Affairs Departments, 27 November 1935. The Slums Act (53/1934) laid down regulations for the expropriation and evacuation of slum properties. Fifty-seven separate authorities had made use of the act by 1946. See *Union Year Book*, Vol 23 (1946), pp 166-67.
- 15 GES 593/13, Secretary for Public Health to Secretaries, Cape Eastern Public Bodies, 12 December 1936.
- 16 *Union Year Book*, Vol 20 (1939), pp 208-09.
- 17 *Report of the Inter-Departmental Committee on the Social, Health and Economic Conditions of Urban Natives* (Smit Report) (1942), paras 91-94.
- 18 *Ibid.*, paras 97-100.
- 19 Government Report (hereafter UG) 8-40, *Report of the Committee to consider the Administration of Areas which are becoming urbanised but which are not under Local Government Control, 1938-9* (Chairman: Sir Edward Thornton); Smit Report, Appx 1, paras 174-80.
- 20 *Statutes*, Acts 49/1944; 45/1945.
- 21 SC 10-1944, *Report of the Select Committee on Social Security*, p iii. M J van den Berg of the Labour Party read the statement.
- 22 Smit Report, para 14.
- 23 UG 58-1948, *Department of Public Health. Report for Year Ending 30 June, 1947*. UG 45-1949, *Department of Health. Report of the National Housing and Planning Commission, 1947, 1948*.
- 24 E Hellmann, "Urban Areas", in E Hellmann (ed), *Race Relations Handbook* (Oxford, 1949), pp 254-46.
- 25 UG 9-1943, *Social and Economic Planning Council. Report No.1. Re-employment, Reconstruction and the Council's Status*.
- 26 UG 14-1944, *Report of the Social Security Committee and Report No.2 of the Social and Economic Planning Council: Social Security. Social Services and the National Income*.
- 27 Waterson was promoted again in 1946 to Minister of Mines.
- 28 J D Rheinallt Jones, "Social Welfare", in Hellmann (ed), *Handbook of Race Relations*, p 423.

- 29 *Statutes*, Act 48/1944. The rates for whites were £60, £54 and £48, respectively.
- 30 State Archives (Pretoria), Native Affairs Department (hereafter NTS) 24/349A pt 2, Memorandum on Social Benefits for Natives, 1947.
- 31 White Paper (1945), *Memorandum on Poor Relief*.
- 32 White Paper (1945), *Memorandum on the Government's Proposals Regarding Some Aspects of Social Security*.
- 33 NTS 133/362, Secretary for Labour to SNA, 15 March 1946.
- 34 White Paper (1945), *Memorandum on the Government's Proposals Regarding Some Aspects of Social Security*, p 6.
- 35 NTS 133/362, "Comment on Unemployment Insurance Bill", by G E Barry, 10 March 1946.
- 36 *Union Year Book*, Vol 23 (1946), p 494. During the war, gold mines faced increased pressure on production costs which intensified their opposition to paying unemployment insurance.
- 37 NTS 133/362, Minutes of the NAC Discussion on the Unemployment Insurance Bill, 4 April 1946.
- 38 Duncan, "The Mills of God", Chapter 4, Section (iii).
- 39 NTS 133/362, SNA's Draft Memorandum for Secretary for Labour on the Unemployment Insurance Bill: Tribal Natives (no date).
- 40 NTS 133/362, Secretary for Labour to SNA, 15 March 1946.
- 41 *Statutes*, Act 53/1946, Sec 2.
- 42 UG 9-1943, *Social and Economic Planning Council. Report No 1*, para 45.
- 43 W A Friedlander, *Introduction to Social Welfare* (Englewood Cliffs, New Jersey, 3rd edn, 1968), pp 39-40.
- 44 UG 22-32, *Report of the Native Economic Commission* (Chairman: J. E Holloway), paras 251-334. On the repatriation of sick workers from the gold mines, see Baker, "The Silent Crisis", pp 126-30.
- 45 *Ibid.* Addendum by F A W Lucas, paras 60-3.
- 46 Marks, "Industrialization".
- 47 Smit Report, paras 54-60.
- 48 *House of Assembly Debates*, Vol 34, Col 4602, 12 May 1939.
- 49 UG 30-1944, *Report of the National Health Services Commission* (Gluckman Report), p 25.
- 50 *Ibid.*, pp. 20-21.
- 51 *Ibid.*, para34.

- 5 *Statutes*, Act 15/1911, Sec 2.
- 53 GES 7/26A, Assistant Health Officer, Durban, to Secretary for Public Health, on the establishment of a clinic for mine labourers at Vryheid, 4 February 1928; GES 24/5, documents on maltreatment of native labourers on the Natal sugar estates, 1921-24.
- 54 GES 4/5A, A de V Brunt (for Secretary for Public Health) to the Secretary, OFS Municipal Association, 18 July 1935.
- 55 For example, GES 4/5A, Secretary for Public Health to Secretary, OFS Municipal Association, 18 July 1935; Secretary for Public Health to Secretary, Municipal Association of the Transvaal, 25 February 1938.
- 56 *Union Year Book*, Vol 18 (1937), p 204; *Union Year Book*, vol 23 (1946), p 179.
- 57 For an account of the National Health Services Commission, see H Gluckman, *Abiding Values. Speeches and Addresses* (Johannesburg, 1970).
- 58 *Union Year Book*, Vol 15 (1932-33), p 958. In the 1930s, the Chamber did provide small grants for rural mobile clinics from unclaimed monies in the deferred pay fund.
- 59 Smit Report, Appx 1, paras 14-30.
- 6 GES 1/62, 1/62B, on medical health services, 1936-40, 1943-52; GES 3/62 on hospitals, 1938-40.
- 61 Marks, "Industrialization".
- 62 *Ibid.*
- 63 GES 1/62, Notes of meeting of subcommittee of Provincial Consultative Committee, held in Pretoria on 7 November 1938.
- 64 On health conditions in more recent times, see World Health Organisation, *Apartheid and Health* (Geneva, 1983).
- 65 *House of Assembly Debates*, Vol 61, 20 May 1947, Cols 4981-85 (speech by M D C de W Nel). Nel put the total revenue of the Union for the previous year at £140m, of which Africans contributed £12m.
- 66 *House of Assembly Debates*, Vol 61, 2 June 1947, Col 6273.
- 67 SC 10-44, *Report of the Social Security Committee*, para 44.
- 68 UG 30-44, *Report of the National Health Services Commission*, p 176.
- 69 *House of Assembly Debates*, Vol 51, 6 June 1945, Col 831 (speech by Minister of Welfare and Demobilisation).
- 70 D Harvey, *Consciousness and the Urban Experience. Studies in the History and Theory of Capitalist Urbanization* (Baltimore, 1985), p 52.