



**Cape Cultural Heritage Development  
Organisation**

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**Attaqua House /Attakwa Huis KANNALAND**

**THE COMMISSION ON HUMAN RIGHTS  
THE SUB-COMMISSION ON THE PREVENTION OF DISCRIMINATION AND  
PROTECTION OF MINORITIES  
THE WORKING GROUP ON INDIGENOUS PEOPLES**

**SEVENTEENTH SESSION**

**26 - 31 July 1999 GENEVA SWITZERLAND**

**AGENDA ITEM NO 6 : THE KHOISAN AND HEALTH IN SOUTH AFRICA**

**Presenter : Ms Mathilda Cairncross. (CCHDC)**

WGIP 99/SAF. ZAF/4

Honourable Madam Chairperson- Rapporteur and distinguished participants.

Africa is referred to as the most Aids (HIV) ridden continent of the world and Cape Town has earned an infamous title " (R) APE town", in our National newspapers. The sadness is this that the majority of the victims are our own IP's. Statistics indicate an increase in criminal activity within our youth who are now among the highest affected groups in South Africa. The problem is exacerbated by them not having equal access to job opportunities. In the event that they do qualify they are so ill with drug abuse, STD's, HIV-Aids or some other pathological and psychological disorder, that their productive performance in work is short lived. Our older folk, because of the poor cramped housing conditions, are amongst the highest tuberculosis sufferers in the world. The major hospitals are not build in the drier climates, but in the city areas. These are nothing else but disease palaces! Patients arriving for a minor problem often leave with major diseases. These are picked up because of the unsanitary practises in these hospitals. Budget cuts have exacted their toll on our women, youth and little ones. It was reported by one of our most prestigious health training hospitals, Groote Schuur, that of the 12000 casualties handled per month 1000 of them are gunshot wounds. In Britain only 5 gunshot wounds are treated per year! Health Forums for each community have engaged Government at various levels. The result is this, that our Government has " no money". Health seems to be way down on the budget list when it is given attention at the primary level. The persons receiving this care often have to return to unhealthy living conditions eg. squatter camps. There is also the problem of large groups of persons coming into Khoi-Khoi areas from outside South Africa as refugees. With them they bring diseases endemic to their own areas to which they have built up an immunity. This drive of anti-racism and democracy has an awesome price- **health risks and death**. There is also the large migrant population from one province to another in search of work. We Khoi-Khoi are mainly coastal dwelling people. Our medicines are herbal and our diets are large amounts of sea-foods which suffice our dietary needs at low-cost. Yet our Government restrict our fishermen with **quotas** while large trawler companies take out astronomical hauls of fish for their own benefit. This impacts on our families. The heads have to eck out a meagre existence on substance abuse and a few line- caught fish.

Recently a large amount of lobsters rinsed out on our beaches, our IP's were not allowed to harvest it for food. Instead it was bulldozed into the beach. The decaying lobsters have now created a health hazard. It could have formed a good grade of fertiliser for home grown vegetables.

We therefore call on the South African Government to take seriously the unhealthy conditions in which most of the Khoisan are forced to live.

Thank you, Madame Chair.