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*An Ambulance on Safari: The ANC and the Making of a Health  
Department in Exile* by Melissa Diana Armstrong (review)

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Bulletin of the History of Medicine, Volume 95, Number 4, Winter 2021,  
pp. 604-605 (Review)

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/bhm.2021.0066>



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Melissa Diana Armstrong. *An Ambulance on Safari: The ANC and the Making of a Health Department in Exile*. McGill-Queen's/Associated Medical Services Studies in the History of Medicine, Health, and Society, 53. Montreal: McGill-Queen's University Press, 2020. xviii + 311 pp. Ill. \$37.95 (978-0-228-00330-4).

Historians of medicine in Africa tend to divide subject matter into eras, namely the precolonial, colonial, and postcolonial. This chronology can prove useful but, in recent years, the interstices of these eras have garnered increasing interest. South Africa, long treated as a special case by historians of Africa, has its own divisions: pre-apartheid, apartheid, and post-apartheid. Here, too, the transitory moments of imagining and struggling, however haphazardly, toward the next age, are still being unearthed. In chronicling the history of the African National Congress's Health Department during decades in exile, Melissa Diane Armstrong has admirably furthered our understanding of the role of health care in the movement to end apartheid.

Following the ban on the African National Congress in 1960 and the arrest of Nelson Mandela in 1962, the organization operated in exile. When remaining leaders finally realized victory would not come quickly, they began to establish health outposts to treat cadres in Tanzania, Angola, Mozambique, and Zambia. Over the next thirty years, professionals and untrained staff alike worked to maintain a medical sector in camps across southern Africa, and to use this clinical work as a demonstration of what Armstrong calls a "government-in-waiting." Drawing on the ANC archives, its submissions to South Africa's Truth and Reconciliation Commission during the 1990s, and oral historical interviews, Armstrong chronicles both the bureaucratic correspondence of the Health Department as well as its struggles to provide care to a far-flung membership.

Perhaps surprisingly, much of Armstrong's book details internecine battles. The strain of so many years in exile and the threadbare clinical conditions bred a gnawing frustration. Some of the acrimony, however, was personal, and often involved Manto Tshabalala. After studying medicine in the Soviet Union—a challenging experience for black South Africans vividly recounted by Armstrong—Tshabalala trained in obstetrics and gynecology in Tanzania before assuming leadership of the Health Department. She was dedicated to the work, which demanded constant travel to camps to solve vexing problems, such as preventing and treating chloroquine-resistant malaria with only limited diagnostics. But Tshabalala could also be abrasive and accusatory. The portrait is valuable, particularly given how controversial she would later become as Minister of Health under President Thabo Mbeki, when she claimed AIDS could be treated with herbs and vitamins, even as she slow-pedaled efforts to increase access to antiretroviral treatment. Perhaps the archives are silent on this point, but the brief section on HIV might have explored the genesis of these beliefs about a disease that would so dominate South African life.

Armstrong demonstrates how the Health Department attempted to use health care to consolidate political legitimacy in international organizations, deploying

rhetoric focused on injustices within South Africa. This political project could prove complex, not only because of the deficiencies in medical care in ANC facilities, but because the organization's own ideology remained unsettled. When the National Party pursued a coercive birth control campaign among black South Africans using Depo Provera, the ANC called the drug a tool of "genocide." Tshabalala attempted to convince leadership to withdraw from the International Planned Parenthood Federation, even as other ANC activists sought to foster relationships with the group. In practice, however, the Health Department discouraged pregnancies and, as Armstrong recounts, its staff were even accused of coercing female members into abortions.

Ultimately, it is difficult to capture the patient perspective through official correspondence. This is a challenge familiar to many working in colonial and postcolonial African archives. Armstrong works to recover these experiences in a chapter on mental health, which highlights the challenges of providing care to traumatized patients in environments marked by distrust. She details how psychiatrists were limited in the questions they could ask, and the traumas they could probe, for fear of divulging military secrets.

The general tenor of this book, like many on health care in southern Africa during the latter half of the twentieth century, is disappointment. The history of the ANC's Health Department is, to a large extent, one of designs thwarted, of aims unachieved. The ANC may have portrayed itself as a "government-in-waiting," but it practiced guerrilla medicine for decades. In this frustration of lofty aims, the Health Department serves as a fitting precursor to the post-apartheid health sector, where the rhetoric of justice has long outrun practical achievements. As Armstrong admits, the story remains far from complete. But her work, well worth the read, is part of an essential endeavor to detail South African health care in the liminal space between unyielding oppression and promised liberation.

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Nitsan Chorev. *Give and Take: Developmental Foreign Aid and the Pharmaceutical Industry in East Africa*. Princeton Studies in Global and Comparative Sociology. Princeton, N.J.: Princeton University Press, 2019. xii + 305 pp. Ill. \$29.95 (978-0-691-19784-5)

Nitsan Chorev's *Give and Take* is an in-depth and well-researched comparative historical analysis of the kind of foreign aid that facilitated the development and growth of the pharmaceutical industry in East Africa. The study is framed as a contribution to debates over foreign aid and its efficacy. Shifting from a focus on quantity and statistical evaluations of success and failure, *Give and Take* instead