MEDICAL ASSISTANCE SERVICES

MOVIMENTO POPULAR DE LIBERTAÇÃO DE ANGOLA

d2090

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ARQUIVO L. LARA

For Dr. Americo Boavida (1923-1968)
Director of the Medical Assistance
Services of MPLA

DEDICATION

Esta brochura é dedicada a todos aqueles que com a sua ajuda valiosa têm contribuido eficazmente para a melhoria e o desenvolviemento da assistência médica e sanitária nas zonas controladas pelo MPLA.

O Servico de Assistência Médica do MPLA - SAM - agradece sinceramente a todos os países, organizações e personalidades que pela sua atitude, constituem um exemplo de tenacidade e dedicacao humana a favor da justa causa por que se bate o povo angolano.

This brochure is dedicated to all those who by their valiant assistance have effectively contributed to the improvement and growth of the medical assistance and hygiene programs in the zones controlled by MPLA.

The Medical Assistance Services of MPLA (SAM) is sincerely appreciative of all the countries, organizations and individuals which, with their attitude, have set an example of human dedication and tenacity in their help toward the just cause which is the fight of the Angolan people.

Saudações Revolucionárias

A Vitória é Certa!

Serviço de Assistência Médica do MPLA

S A M

LIST OF COUNTRIES, ORGANIZATIONS AND INDIVIDUALS WHICH HAVE HELPED THE MEDICAL ASSISTANCE SERVICES

(por ordem alphabetica):

Medical Action International - Federal Germany
Angola Comité - Holland
Angola MPLA Group - Sweden
ARMAL - Italy
Don Barnett - Canada
Basil Davidson - Great Britain
Deutsche Institute Fur Arztliche Mission - Federal Germany
Bethine Ducke - Federal Germany
GISA - Italy
Liberation Support Movement - United States & Canada
Magdalena Keding - Federal Germany
World Medical Pharmacy - Belgium
Mona Albertyn - Federal Germany
Movement to Support the People of Angola and the Other Portuguese Colonies - Switzerland
Organization of African Unity (OAU)
United Arab Republic
Democratic Republic and the People of Albania
Democratic Republic and the People of Germany
Democratic Republic and the People of Algeria
Democratic Republic and the People of Bulgaria
Democratic Republic and the People of Korea
Democratic Republic and the People of Hungary
Federal Republic of Yugoslavia
Socialist Republic of Poland
Socialist Republic of Rumania
Socialist Republic of Czechoslovakia
Union of Soviet Socialist Republics
Republic of Zambia
Rieger - Federal Germany
Sozialisticher Deutscher Studenbund - Democratic Germany
War on Want - Great Britain

Aid pledged:

American Committee on Africa - U.S.A.
Bjorg Ofstad - Norway
National Comité to Support the Liberation Struggle of the People of the Portuguese Colonies - France
International Defence and Aid Fund - England
IFNI - Democratic Germany
Ira Moris - France
Maria Jolas - France
MPLA Steering Committee - Holland

THE MPLA DENOUNCES THE CRIMINAL USE OF CHEMICAL DEFOLIANTS AND HERBICIDES BY THE PORTUGUESE COLONIALISTS

WE WANT TO BRING THIS MATTER TO THE ATTENTION OF INTERNATIONAL ORGANIZATIONS WORLD PUBLIC OPINION AND ALL PEOPLE OF GOOD WILL WHO TREASURE PEACE AND LIBERTY

Beginning on the 1st of May 1970, the Portuguese colonial army began to spray chemical products, herbicides and defoliants on the cultivated fields of the liberated regions in Eastern Angola.

An MPLA Doctor, who happened to be in the affected area on 21 May, sent us the following report:

"It was 10 o'clock. Five enemy planes flew low over the banks of the Luena River. Two of the bombers circled the area trying to detect signs of human life. The three other planes began to spray the fields with chemical poisons. From time to time the bombers dropped incindiary bombs on the gardens and camoflaged houses in the forest.

The chemical agents acted very quickly on the cassava leaves and branches and on sweet potatoes, causing them to become completely dry in less than two days. The toxic poisons were also attested to by the badly burned trees in the forest, which looked as if they had suffered a violent forest fire.

These chemicals, deposited on the leaves (and perhaps those deposited also on the soil) penetrated quickly the roots and tubers, causing a progressive deterioration from the exterior to the heart of the plants. Soon the cassava roots and sweet potatoes became soft and mushy; they turned black, as if they had been soaked in bad water for several days.

The results begin to appear about 24 hours after the poison touches the plants; the result being the total destruction of all crops affected.

Tubers eaten in this poisoned condition cause several abdominal colics and diarrhea."

This use of chemical products is a GENOCIDAL CRIME; it reveals the inhuman intention of decimating the civilian population through destroying the land and causing widespread starvation.

It is also a CRIME AGAINST HUMANITY, as chemical warfare has been condemned by international laws.

Finally, it is an IGNOMINIOUS AND COWARDLY CRIME, because finding themselves unable to stop the progress of popular resistance, the colonialists have resorted to criminal and desperate methods.

The MPLA is now alerting world public opinion and asks all international organizations, all people of good will, to condemn this monumental crime, to bring pressure on the Portuguese colonialists to renounce this inhuman practice, to reinforce their support of the Angolan people who are fighting only to become free in their own country.

THE STEERING COMMITTEE OF THE MPLA

Angola
July 10, 1970

MEDICAL CARE IN THE GUERRILLA AREAS OF ANGOLA

The MPLA has made available to the Angolan people a medical service known by the name of SAM (Medical Assistance Service). It began its activities with the advance of the armed struggle in Angola in 1963.

The conditions required for providing medical care for the guerrillas obliged the SAM to adopt the same structure as the MPLA's armed forces. Therefore it carries out its work at regional, zonal and sector level - wherever the war is.

Our present structure is as follows:

First Region, embracing the districts of Zaire, Uige, Cuanza-Norte and Luanda.

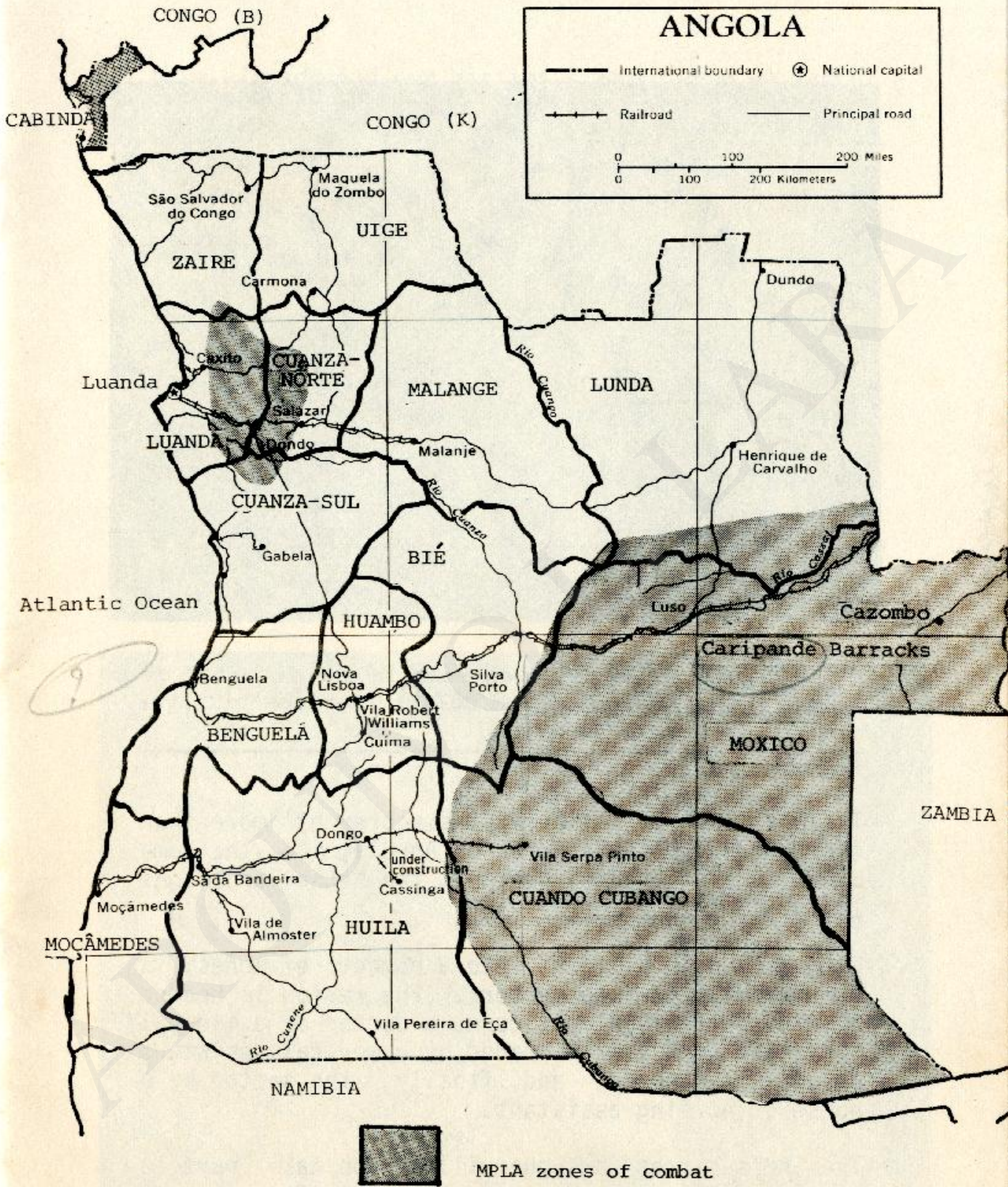
Second Region, the district of Cabinda.

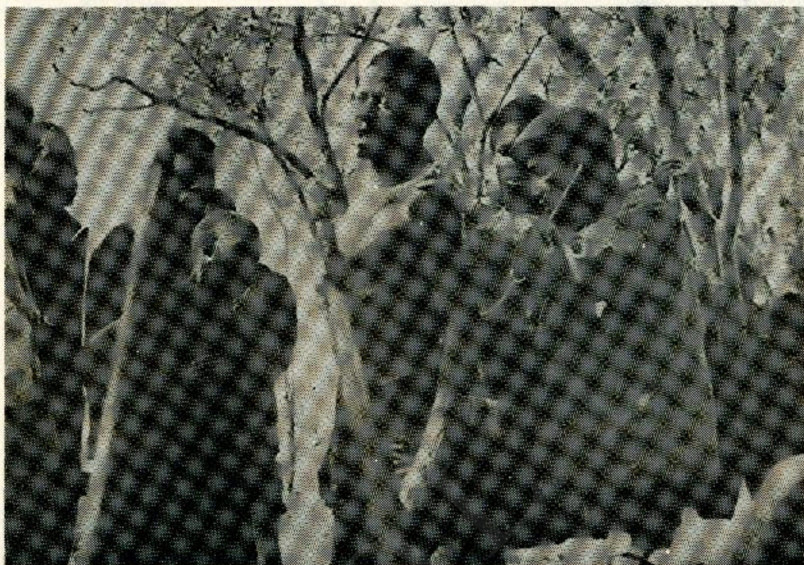
Third Region, extending throughout the districts of Moxico and Cuando-Cubango.

Fourth Region, embracing the districts of Lunda and Malange.

Fifth Region, the district of Bié.

[see map]


ANGOLA
International boundary
National capital
Railroad
Principal road
0 100 200 Miles
0 100 200 Kilometers
CONGO (B)
CABINDA
CONGO (K)
Maquela do Zombo
São Salvador do Congo
UIGE
ZAIRE
Carmona
Caxito
CUANZA-NORTE
Luanda
Salazar
LUANDA
Dondo
MALANGE
Malanje
Rio Cuango
LUNDA
Dundo
Henrique de Carvalho
CUANZA-SUL
Rio Cuanza
Gabela
BIÉ
Rio Cassai
Luso
Cazombo
Atlantic Ocean
HUAMBO
Caripande Barracks
Benguela
Nova Lisboa
Silva Porto
Vila Robert Williams
Cuima
BENGUELA
MOXICO
ZAMBIA
Dongo
under construction
Vila Serpa Pinto
Sá da Bandeira
Cassinga
CUANDO CUBANGO
Moçâmedes
Vila de Almoster
HUILA
MOÇÂMEDES
Rio Cunene
Vila Pereira de Eça
Rio Cubango
NAMIBIA
MPLA zones of combat



Medical treatment in the interior of
Angola - SAM doctor examines villager

Taken as a whole, the regions represent more than two-thirds of the total area of Angola; i.e. the combined area of France, Germany, the Netherlands and Italy.

Each region is divided into a number of zones, in turn subdivided into sectors. The region is headed by a director, in most cases a doctor or a medical assistant, the zone is headed by a medical assistant or qualified nurse, and, finally, the sector by a nurse or nursing assistant.

The SAM's cadres are guerrillas who take part in battles against the Portuguese colonialist army. We

have already had our victims, among whom we lament the death of our brother in the struggle, Dr. Americo Boavida, a specialist in obstetrics and gynaecology, who was killed in the Third Region last year during an attack by enemy troops transported by helicopter.

The SAM is very short-staffed. We are far from meeting the needs of the people living in the guerrilla areas under our Movement's control. Our personnel is as follows:

4 doctors	2 medical assistants
7 qualified nurses	3 nursing assistants
18 first aid assistants	2 midwives
1 pharmacist	2 laboratory technicians

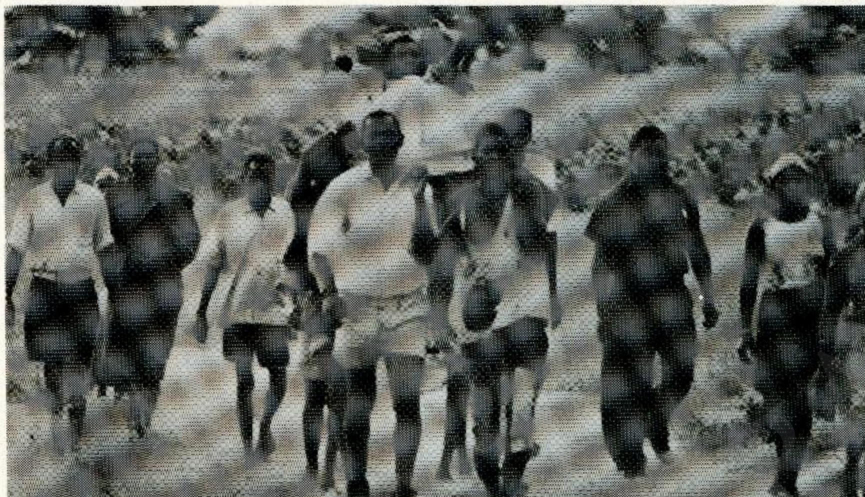
SAM doctor tends child - medical center constructed from available materials in the interior of Angola

Medical Assistants S A M

We have therefore had to train cadres. A school for elementary medical care has been in operation since 1969 to meet this need. The school imparts general knowledge of anatomy, first aid, physiology, pathology and hygiene. The first course enabled us to train 14 cadres, 1 nursing assistant and 13 first aid assistants. We hope to be able to increase the attendance at our school, since the course has been a success and has been enthusiastically welcomed by Angolans coming from the villages and from places still under colonial control.

As regards health centers, we still have a great deal to do. At the moment we have only one somewhat rudimentary hospital in operation in the Second Region. This is thanks to the solidarity of the people and the government of the People's Republic of Congo Brazzaville who, despite persistent violations of their country's sovereignty by Portuguese troops, had no hesitation in making a part of their territory available to our Movement. The hospital has only 12 beds, a small operating room, 2 consulting rooms, 1 rudimentary laboratory and adjoining treatment rooms.

We have therefore been able to treat wounded from the Cabinda front and other Angolan patriots and nationalists engaged in activities related to the National Struggle.



Villagers bringing pregnant woman
to MPLA Medical Assistance Center

There are tremendous difficulties in the other regions! There we have neither hospitals nor means of transport, and there is a terrible shortage of technical personnel. Treatment is given in field dispensaries built with rural materials, and also by mobile teams which have to cover hundreds and hundreds of kilometres on foot to be able to treat the people scattered throughout the villages.

Camouflaged dispensaries along the frontiers with neighboring countries and those in the interior are always exposed to the danger of being destroyed by the Portuguese.

In 1969, in just zones A, B and C of the Third Region, which means in less than one-tenth of the territory covered by guerrilla activity, there was the following turnover of patients:

Zones A and B

Month	Patients	Month	Patients
May . .	111 patients	Sept . . .	469 patients
June . .	132 "	Oct . . .	150 "
July . .	106 "	Nov . . .	90 "
August .	321 "		

Zone C

Total . . 500 patients

Laurinda Katoyo

Victim of a Portuguese air attack.

Sixteen percent of these patients were war wounded, most of them victims of explosions or bullet wounds. Among the civilian population, our activity has increased essentially in the popularisation of rules of hygiene and in the examination and treatment of patients. We noted a high incidence of malaria, splenomegalia, infectious diseases, deficiency diseases. degenerative lesions of the spinal column. There is also a high percentage of leprosy, trypanosomiasis, parasitic diseases and tuberculosis.

Among the parasitic diseases, ankylostomiasis, amoebiasis and bilharzia of the bladder cause us problems difficult to resolve. Filariasis is also very common.

The classical symptom of intestinal amoebiasis is well known to all doctors. It is the dysenteric syndrome. But we often have to deal with the major complication of colic amoebiasis, amoebic hepatitis. It may appear as a simple painful hypertrophy of the liver accompanied by feverishness. In other cases, the patient has all the signs of serious infection, with an oscillating temperature and signs of deep suppuration which, upon clinical examination, after

taking a typical specimen of pus, is soon confirmed to be an abscess of the liver. Weeping discharges are often accompanied by signs of pulmonary suppuration.

As is well known, ankylostomiasis is a parasitic disease caused by a nematode which lodges in the duodenum and jejunum and whose parasitic cycle explains why it is so widespread in hot climates.

The ankylostoma eggs are rejected through the faeces and need to remain for some time in warm and humid soil to reach maturity. Once hatched, the larvae enter transcutaneously and, after travelling through the principal and secondary circulation systems, lodge parasitically in the small intestine.

In Angola, patients suffering from this terrible disease may present signs of the various phases: sometimes they are dyspeptic signs, diarrhea or genuine abdominal colics which make patients seek a doctor. In the advanced phases, there is anemia and its consequences. These take the form of cardiac failure with cardiomegalia and oedema with prevailing ascites and signs of brain asphyxia. Patients in this condition usually die, especially since we have absolutely no possibilities of giving them blood transfusion.

The filariasis so rampant in Angola is due to Filaria F. Bancrofti, which causes the type of lymphatic filariasis associated with elephantiasis of the lower limbs and testes.

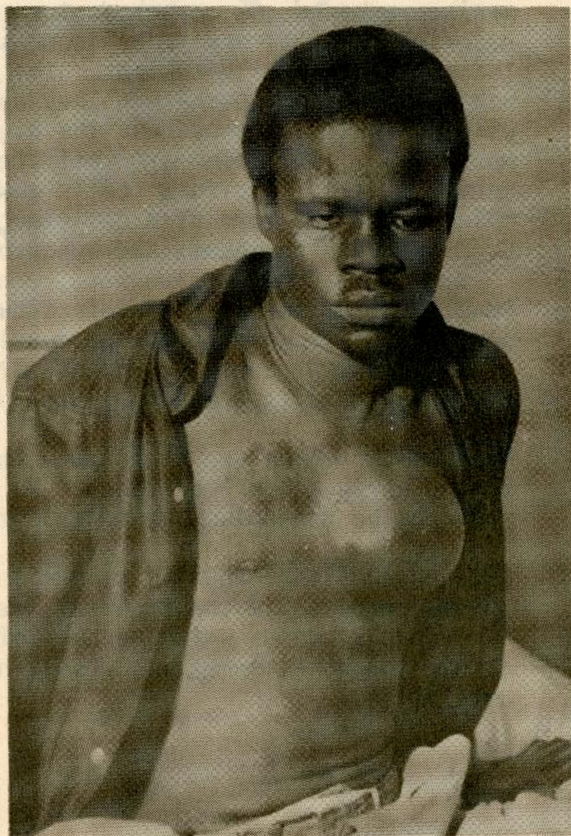
Malaria is responsible for the death and invaliding of thousands upon thousands of Angolans. Apart from palustral and fatal attacks, we note situations of real cirrhosis of the liver of the Laennec type with portal hypertension, splenomegalia of the Banti type and severe anaemia. A number of patients suffering from cirrhosis die of fulminating hematemesis, hepatic coma and severe hepatic failure.

Although very widespread in Africa, arterial hypertension is very rare in the Angolan rural areas. Angolan peasants do not suffer from hypertension or arterial sclerosis. On the other hand, diabetes attains a percentage which is not negligible.

Angolan doctor of SAM examines Center for Revolutionary Instruction (CIR) students

The hearts of Angolans living in the villages under MPLA influence are not spared. We have noted a few cases of acquired valvular defects, congenital diseases and, above all, irreversible cardiac failure of unknown clinical etiology. These are probably cases of endomyocardial fibrosis, a very well known disease peculiar to undernourished Africans, which affects men and women of all ages.

Malignant tumors are not unknown. The liver is the organ most affected. These are single or multiple-hepatomes or colangiomes which may appear unexpectedly or show immediate signs of portal hypertension, obstructive icterus which always soon ends with the death of the patient in a state of cachexia. Children under twelve years of age are not exempt from early cancer of the liver. But it is the men between the ages of 30 and 50 who are most often the victims of this disease.



A case of aorta aneurysm

ARQUIVO AMILCAR CABRAL

Angolan villagers

Under-nourishment is a constant in Angolan villages. There is an almost total lack of meat; irregular meals are based on carbohydrates with a rather low calorie content and there is no salt to be found. This, together with customs, the tradition of the healer and the supernatural evocations associated with peasants, aggravates the high rate of infant mortality. Children are affected by haemolytic anemia with falciform cells and by kwashiorkor, which takes the form of a deficiency in vitamins B1 C, D and PP with oedema and hypoproteinemia.

Measles heads the list of infectious diseases. Most newborn babies which contract measles die as a result of dehydration caused by uncontrollable diarrhea and pulmonary complications.

Most of the women are sterile. This may be related to the early age of marriage. We find some married women to be under the age of puberty!

Cutaneous afflictions also give rise to complex situations, especially the tropical ulcer when it results in extensive sores which become infected and may even attain the bone, sometimes resulting in spontaneous amputation.

It can therefore be seen that all these diseases cause us difficult and sometimes insoluble problems because neither the quantitative nor the qualitative development of our medical services is sufficient to cope with them. We lack hospitals, means of transport, medicines and other equipment indispensable to the treatment of patients.

We have planned the following programme for 1970 with the aim of improving and extending medical care in the areas under the political and military influence of the MPLA:

1 A mass vaccination campaign
2 Expansion of the school and training of cadres
3 Building a 30-bed hospital
4 Increasing the number of field dispensaries.

This will mean aid from the countries which have traditionally shown solidarity with the Angolan people's struggle and from all the freedom-loving people and persons of good will. Aid should be based on our most pressing needs, which are as follows:

- ambulance jeeps
- transport jeeps
- hospital equipment
- material for the school of cadres: anatomical charts, skeletons, anatomical models, school material, medical documentation.
- scholarships for further training for doctors, medical assistants and qualified nurses.
- clothing and tinned foodstuffs.

Aid should be addressed to:

SAM - MPLA

P.O.Box 1595

LUSAKA ZAMBIA

SAM nurse

STATISTICAL PICTURE

The numbers indicated do not reflect exactly the whole of the sickness in the regions controlled by MPLA. The impossibility of presenting statistics which accurately illustrate the activity developed by our Medical Assistance Services is due to the following reasons:

1) Difficulties relating to the lack of means of communication necessary for the facilitating of reports from the different zones under the control of MPLA.