

Making rural healthcare sing – Steve Reid retires

Perhaps the best way to sum up newly retired University of Cape Town (UCT)'s Chair of Primary Healthcare, Steve Reid's fortitude in helping shape embattled rural medicine in South Africa (SA) is to quote Viktor Frankl's famous adage: 'He who has a "why" for living, can endure any "how."'

Frankl's seminal *Man's Search for Meaning* describes how hope and a positive belief were critical elements for survival in the Jewish concentration camps. While the analogy is self-evidently too stark, those who last longest in SA rural medicine, of whom Reid is one, will attest to this universal truth. I've interviewed countless rural doctors who, against all odds, make a profound difference to thousands of lives and improve healthcare delivery systems – and those two qualities set them apart. Reid's abiding touchstones are inclusivity and faith (in his case Christian), and the hope that springs from that faith. Which explains his much-admired positivity and innovative, whole-system, patient-centred approach.

At his farewell celebration in the same UCT lecture theatre where he spent 15 years helping to shape the knowledge and approach of young medical students to primary healthcare, he used his musical skills, a mini-orchestra and a choir to weave the stories of his career together and impart sense and meaning to it. He spoke passionately about what the Zulu culture of inclusivity, humility and respect taught him during the initial 6 years of service that a military tribunal imposed on him in 1985 after he objected to military conscription on political and religious pacifism grounds. His father, Prof. John Reid, then deputy vice-chancellor at UCT, accompanied him to the objections board hearing at which 'they insisted I separate my political beliefs from my religious beliefs, which I refused to do. Their purpose was to establish my conscience,' he said with a wry grin, adding that 'they punished me for being "unpatriotic."'

He and his wife, Dr Janet Giddy, spent from 1986 to 1995 at the Bethesda Hospital in the Umkhanyakude District of Northern KwaZulu-Natal, raising a young family and becoming part of the local society, establishing 12 'start-up' non-governmental organisations (NGOs), all but three of which are still uplifting local communities today.

'We faced major challenges with naive optimism. I found rural medicine strongly absorbing. We supported outlying clinics and did nurse training and hosted students from Wits (the University of the Witwatersrand). I even did some hand surgery, reminiscent of my student years when my surgery professor helped me marvel at the wonder of the human hand structure.'

It was here that he learnt the efficacy of community-based service, he and five other colleagues being assigned to home or outlying clinic visits for a full day each week, taking the pressure off the district hospital by attending to health problems at source.

'By contrast, you only have to look at the precious resources squandered in the hospi-centric approach,' he observed.

Reid started studying for his PhD in his forties.

In 1986, he co-founded the Rural Doctors' Association of SA (RUDASA), the redoubt and cornerstone collective of thousands of rural practitioners today. Reid said his and Giddy's enforced move to Ubombo brought to mind Steve Biko's famous quote that 'the most potent weapon in the hands of the oppressor is the mind of the oppressed.'

He moved to lecturing at the University of KwaZulu-Natal in Durban in 1996, and 2 years later took over the helm of what was to become the Centre for Rural Health (CRH), giving expression to

the organisation's growing commitment to improving the healthcare offered to impoverished people living in rural and underserved areas.

Reid speaks of the transformative power of service, of turning obligation into service and learning the values of *ubuntu*: 'I became what I have become because of others. Not because of Christian compassion or Marxism, but from living with materially poor people who are socially inclusive and extraordinarily resilient.'

Pondering on having withstood the pressures and challenges of rural healthcare, he wondered aloud whether 'what we experienced wasn't vicarious resilience? Who was I to complain, when patients bore their troubles with such resilience? They taught me about mutual respect, the diverse ways of people and the respect that needed to go with that. I learnt about being part of a team and included and welcomed in a traditional community very different to the one I grew up with during apartheid.'

Reid quoted the poet David Whyte, who wrote, 'perhaps the greatest legacy we can leave from our work is not to instill ambition in others, but the passing on of a sheer sense of privilege of having found a road, a way to follow, and then having been allowed to walk it, often with others, with all its difficulties and minor triumphs and the underlying primary gift of having been both a witness to and a full participant in the conversation.'

He interspersed his story-telling and recounting of his 46-year career with solo and accompanied musical renditions, Zulu proverbs and folk songs to illustrate his points, blending art and science.

'I don't so much want to reminisce on what happened, but to ask why. Why a specific series of events disrupted a certain process. There's a synchronicity of things. I ask why I've been blessed with help, opportunities and relationships. Did I choose or was I called into a process? If I was given opportunities like these, what was it for, what was the purpose, and what does it mean? How does this reflective process, this sense-making or deeper understanding, change things for me, this greater witnessing and fully participating in the conversation of your life?' he added.

In one musical interlude, he said that only when he returned to Cape Town and to academia did he realise the value of his learnings in an indigenous part of society, the deep symbolism of which gave him an invaluable understanding of inclusivity and what it means to be a South African. He drew a comparison with music, saying it was more than the sum of its parts, and that only by making a collective sound was music created.

'I play my part, but it doesn't make sense without the other instruments and players. I play my part as well as I can while at the same time listening to what's going on at a wider level. The metaphor stands, whether it's a university faculty or at a societal level. It's a sense-making metaphor that strongly resonates with me as a head of department.'

Picking up on Reid's regular lapses into the Zulu vernacular, Prof. Tracey Naledi, Deputy Dean: Social Accountability and Health Systems at UCT (and a health equity activist), said his sense of community and what he meant to others as a husband, father, grandfather, professor, mentor and leader was almost unique.

'He is what Prof. Elma de Vries (a co-founder of RUDASA) calls a "four-by-four" graduate: adaptable to entering rural or urban, local, or global medicine. When he was in KwaZulu-Natal he was quite a fly trap, but oblivious to his fan club, brimming with new ideas and resilience, envisioning new roads ahead and facing every bump on his journey with unwavering spirit.'

She said Reid's advocacy for palliative care during COVID was invaluable while he helped create value-based leaders deeply connected to their communities, bringing life-long change born of humility, integrity and understanding the needs of each community.

Steve Reid and Janet Giddy's submission to the Truth and Reconciliation Commission health sector hearings in June 1997 highlighted the failure of the medical authorities to recognise and address the plight of vast numbers of 'forgotten' people whom they described as 'living desperately, on the edges of extreme poverty, in harsh environments.'

'As rural doctors in a "homeland", we provided care for people relegated to apartheid-constructed dumping grounds,' they said.

The pair detailed cases of patients who had died prematurely and 'suffered immeasurably' in obscure corners of SA because of these 'sins of omission', saying their suffering was no less significant for its hidden and undramatic nature.

They outlined situations where they felt that the medical profession and others responsible for the provision of health services had abused

the human rights of rural communities and individuals through neglect of their duties.

Kate Sherry, a long-time rural occupational therapist, health systems consultant and researcher, says of Reid, 'anyone who perseveres this long without losing his heart, soul, or mind, is someone I want to learn from. Steve has taught me to look for rhythm, metaphor and song – a chance to make people sing.'

In October 2024 Reid was appointed as one of 34 commissioners worldwide on the Lancet Global Health Commission on people-centred care for universal health coverage. He will be closely tracking the evolution of SA's incipient National Health Insurance (NHI).

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