

The Phelophepa train, “train of hope, train of healing”

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DOI: <https://doi.org/10.54146/newcontree/2021/87/04>

Visiting the train is exhilarating. It is just a wonderful experience and one is thrilled. I am thrilled to see so many young people (students) particularly, who are ready to give of their skills, many of them voluntarily and some come back after they have qualified because they want to come and do this kind of work. It shows me that our country actually has wonderful resources. Its people are its best resources and [the project] ... should become a scintillating success.¹

The train is so exciting that each single visit seems like the first one. I always get so thrilled because the people you meet, doing different types of work, to me signify... how people can work and live happily together.²

Abstract

This article explores the significance of the Phelophepa train, also known as the Phelophepa Health Care Train (HCT). This train started out with only three coaches but because of the need for its services and its subsequent success, it expanded to sixteen coaches in a very short period of time. Due to the lack of primary health care services in rural areas in South Africa, Transnet decided to introduce the train to assist in providing much needed primary health care in remote rural areas where it is often the case that there is only one doctor for plus/minus 5 000 patients. Good medical care is either unavailable or unaffordable for many people due to limited infrastructure and the meagre financial position of the majority of people in these remote areas. It was for this reason that Transnet identified a niche in the primary health care system and decided to invest in a project that would benefit the rural communities who required medical care. Transnet, in conjunction with the South African government and private companies, embarked on the Phelophepa HCT project to provide much needed medical care in such areas of South Africa. The name Phelophepa is derived from the Sotho and Tswana languages which are two of the eleven official languages spoken in South Africa, and roughly translated means “good, clean health”. It is a train that has become a well-known and trusted beacon of hope in providing much needed medical care in rural South Africa.

Keywords: Phelophepa Health Care Train; Health; Medical care; Patients; Private sector; Rural areas; South Africa; South African government; Students; Transnet; Volunteers.

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- 1 Transnet Heritage Library/Archive (THL/A), Johannesburg (Jhb), Cabinet 1, Booklet *Phelophepa News, Headlines*, 2002, p. 32. The voice of Nobel Peace Prize winner, Archbishop Desmond Tutu.
 - 2 THL/A, Jhb, Cabinet 1, Booklet, *Phelophepa News, Headlines*, 2002, pp. 32-33. The memory of Mrs Leah Tutu, Phelophepa American Board member.

Introduction

The early 1990s was marked by violence, anger and despair, but also by hope and the pursuit of change and dreams in South Africa. It was a time preceded by the turbulent 1980s which were marked by growing African resistance against the policy of apartheid and, subsequently, major political change and development. Some scholars describe this period as “the worst of times but also the best of times”. It was a period which embraced the awakening of a new political dispensation in South Africa.³ Many political developments created hope, such as the move to the final breakdown of the apartheid system by the mid-1990s through a negotiated political settlement. However, there was also widespread despair and anger caused by events such as the assassination of Chris Hani, a leading political figure at that time in the ANC Alliance. He was a popular leader and a strong contender to succeed Nelson Mandela. Hani was killed in front of his home in Boksburg at the hands of Janusz Waluś, a Polish immigrant and far-right anti-communist.⁴

Despite these negative developments, the 1990s were also a time of hope for many poverty-stricken South Africans living in remote rural areas in South Africa. This took the form of medical care provided on the railroad tracks – a health care train. The Transnet Phelophepa Health Care Train (Phelophela HCT) was introduced in South Africa in 1994 as a response to the inadequate and often inaccessible primary health care services offered in rural South Africa at the time, which left many communities without access to reliable affordable health care.⁵

In the majority of these remote areas mobile health care clinics are the only source of medical care but these were often negatively affected by the government's lack of financial commitment, resulting in poor infrastructure such as bad roads.⁶ Needy South Africans sometimes had to wait for months before primary health care was provided. This lack of medical care often resulted in discomfort, severe pain, a total loss of hope and even death. The Phelophela HCT provides hope for many rural communities in areas such as Arlington, Thaba’Nchu, Noupoot, Kakamas and even as far afield as Grahamstown, Dundee, Dalton, Ulundi, Mafikeng and many more. Thirty-eight rural towns are visited for nine months of the year.⁷ The train covers a vast distance of about 13 000 to 25 000kms and the on-board medical practitioners attend to thousands of patients by offering them cheap but reliable medical care.⁸

3 D Welsh, *The rise and fall of apartheid* (Johannesburg, Jonathan Ball, 2009), pp. 481-486.

4 A Guelke, “Political violence and the South Africa transition”, *Irish Studies in International Affairs*, 4, 1993, p. 60; D Welsh, *The rise and fall of apartheid...*, pp. 480-486.

5 AA Morris-Paxton, S Reid, R and G Ewing, “Primary healthcare services in the rural Eastern Cape, South Africa”, *African Journal of Primary Health Care and Family Medicine*, (online), 12(1), 2020, pp. 2-3.

6 AM Tshabalala, “Health and wellbeing of the Transnet-Phelophepa Health Care Train community: A mixed methods case study” (PhD thesis, University of the Witwatersrand, 2016), pp. 1-2.

7 “Health-Care Train schedule”, *The Star*, 4 January 1994, p. 9.

8 THL/A, JhB, Cabinet 2, “Report: Transnet Ltd: Community based health care clinic on rails”, p. 16.

Section 27(1) of the Constitution of South Africa (Act No.108 of 1996) guarantees the right of access to healthcare for all South Africans and Section 27(3) states that no one should be refused emergency medical treatment. Statistics given in the article *Primary healthcare services in the rural Eastern Cape, South Africa*, indicate that by 2010 approximately half the world’s population live in remote rural areas. Despite the increase in South Africa’s urban population since 2012, about 38 percent of South Africans still live in rural areas.⁹ In many cases these people are the poorest members of society who are in dire need of medical services.

Shown in Image 1 below, Phelophela is a name derived from a combination of Tswana and Sotho South African languages and translates as “good, clean, health”. The great need for effective health services and the despair suffered by rural South Africans has meant that they describe the Phelophela HCT as the “miracle train” or the “train of hope”.¹⁰

Image 1: The Phelophepa Health Care Train (HCT)



Source: Transnet Heritage Library/Archive, Johannesburg, Picture file 5, cabinet 2.

Despite the positive reports by people who have benefited from the medical care provided by this train, there are also critics who describe the train as just another “academic-collateral outreach clinic”.¹¹ The only difference is that this “clinic” is on rails distinguishing it from other mobile health-care clinics scattered around the rural areas. However, the Phelophela HCT and the services it renders, have proved to be far more successful than traditional mobile clinics. Through its work the Phelophela HCT represents a tangible “spirit of healing” which can be sensed in the cubicles and passages of this train. It is a worthy humanitarian undertaking. In simple terms this train gives hope. The services offered are upgraded regularly and continue to evolve and expand. The Phelophela HCT is not just a vehicle that gives final year students

9 AA Morris-Paxton, S Reid, R and G Ewing, “Primary healthcare services...”, *African Journal of Primary Health Care and Family Medicine*, (online), 12(1), 2020, p. 2.

10 AM Tshabalala, “Health and wellbeing of the Transnet-Phelophepa Health Care Train community...”, p. 1; THL/A, JhB, Cabinet 1, Phelophela, Roche Health Clinic, 2003, p. 4.

11 THL/A, JhB, Cabinet 1, Booklet, *Phelophepa News, Headlines*, 2002, p. 4.

from different universities in South Africa much needed practical experience, but it is also a train that provides healing and hope to many needy community members.

Image 2: The crowded Phelophepa HCT waiting room



Source: Transnet Heritage Library/Archive, Johannesburg, Picture file 5, cabinet 2.

This article will discuss the motivation for the introduction and establishment of the Phelophela HCT, its significance, as well as the nature of the much-needed primary health care services it provides in certain rural areas of South Africa.

The Phelophepa HCT, Transnet's aims and the role-players involved

The Phelophela HCT was initiated because of the inadequate primary healthcare provided in rural areas in South Africa in the late 1980s and beginning of the 1990s. A report produced by Transnet in the mid-1990s states that by 1988 there were only 2 218 health care clinics in the public sector in South Africa. Each clinic had to accommodate as many as 16 190 patients. If the World Health Organisation's (WHO) recommended ratio of around 10 000 patients per clinic is used as a guideline, the shortfall in the number of clinics needed in South Africa in 1988 was 1 373. According to this report, if the mid-1990s rate of population growth is taken into account, South Africa needed an additional 2 541 clinics by the year 2000.¹²

¹² THL/A, JhB, Cabinet 2, "Report, Transnet Ltd: Community based health care clinic on rails", p. 1.

This figure is provided in the ANC's National Health Plan for South Africa of 1994, which is referenced in this report.¹³

Consequent upon the projected figures above, there is an extensive lack primary health care and accordingly, the Phelophepa HCT was introduced. The name Transnet was chosen to indicate the organisation's aim of traversing South Africa with a network of different forms of transport, including the railroad, airways and shipping. Transnet, as a company, has existed for more than 100 years, commencing as the South African Railways and Harbours Company. In this period it has become an important component in the South African economy.¹⁴ This company was thus well equipped to provide and sustain the Phelophepa HCT. It is the only primary health care train in Africa, a concept that was borrowed from existing trains elsewhere in the world, such as a train in India which became the first hospital on wheels.¹⁵

The Indian hospital train, which is known formally as the Jeevan Rekha Express or the Lifeline Express, started operation in July 1991 and is run by the Mumbai-based charity, the Impact India Foundation. It is the world's first hospital train and covers India's remote areas. It provides primary medical assistance to India's rural poor, including services such as immunisation, nutritional assessments and healthcare awareness. It also offers surgical interventions for rural communities for the restoration of hearing, sight and movement. All services are rendered free of charge.¹⁶

China's Lifeline Express "eye train" is modelled on the Indian Lifeline Express. This train began its journey in 1997 and was so successful that three more trains were launched in 1999, 2002 and 2009 respectively. The main aim of these trains is to restore sight to people with cataracts in the poverty-stricken areas of China. The medical personnel on the trains treat 14 000 cataract patients per year and over 100 000 patients received free operations in the period between 1997 and 2009. In Argentina, another similar locomotive, known as the Alma Train, has been in operation since 1980 and focuses mainly on providing medical and social assistance to children in the very poor areas of this South American country.¹⁷

At the time of the train's introduction in South Africa, Transnet made it clear that the Phelophepa HCT was not an attempt to "take over" the primary health care

13 AM Tshabalala, "Health and wellbeing of the Transnet-Phelophepa Health Care Train community...", pp. 1-2; B Ruff, M Mzimba, S Hendrie and J Broomberg, "Reflections on health-care reformers in South Africa", *Journal of Health Policy*, 32, 2011, p. 184; A Whiteside, South Africa's key health challenges, *The Annals of the American Academy of Political and Social Science*, 652, 2014, pp. 166-170; B Harris, J Gouge, JE Ataguba, et al, "Inequities in access to health care in South Africa", *Journal of Public Health Policy*, 32, 2011, pp. 102-103.

14 THL/A, JhB, Cabinet 1, *Transnet: A leadership corporate profile* (Cape Town, Transnet, 1990), pp. 2-3.

15 AM Tshabalala, "Health and wellbeing of the Transnet-Phelophepa Health Care Train community...", p. 1.

16 "The lifeline express: The world's first hospital train in pictures", available at <https://www.business-standard.com/article/current-affairs/the-lifeline-express-the-world-s-first-hospital-train-in-pictures> (accessed 8 January 2021); https://en.wikipedia.org/wiki/Lifeline_Express (accessed 23 September 2021).

17 THL/A, JhB, Cabinet 2, *Engineering News*, 31(1), January 2011, p. 17.

system in rural South Africa but that Transnet had seen a niche in the market and realised there was a definite ‘gap’ in the health care needs in rural areas in South Africa.¹⁸ The organisation wanted to make a strong contribution in the field of medical care and was hoping to lessen the plight of many needy people. Transnet believed that it was in a good position to address the need to provide reliable health care to isolated communities in the rural areas because of its existing infrastructure (railroad tracks, railroad stations and trains) and specialised human resources.¹⁹ Against this background Transnet introduced the Phelophepa HCT in different phases, each phase providing different services.

Before the introduction of the Phelophepa HCT, Transnet ran a welfare scheme from about 1992 in which it sponsored various organisations such as schools and hospitals in rural areas. However, Dr Lynette Coetzee, (see Image 3 below) who was the Transnet Foundation’s Health Portfolio Manager at that time, had other ambitious initiatives in mind. It was during this time that she was approached by the Department of Optometry of the then Rand Afrikaans University (RAU), now known as the University of Johannesburg (UJ), to bring basic ophthalmological care to many disadvantaged patients in the rural areas of South Africa.²⁰ This proposal led to the development, between July and November 1992, of a train with three coaches which were converted and refurbished as an eye clinic. This train was later known as the “eye care train”. This collaboration sparked the beginning of a much larger project that not only proved vitally necessary but also very successful. The success of this train and the work that was completed was later described by Minister Stella Sigcau of the Department of Roads and Public Works, as “magical” and the extension and further development of this train was encouraged.²¹ It is clear that the government took a great interest in the success of this eye-care train because it helped to provide much needed primary eye care in the isolated rural areas. The African National Congress (ANC) government fully supported this initiative and there was further extension of the service in the form of a second train.²²

Dr Coetzee’s dedication and effort paid off. Subsequently she received due recognition in being awarded the Royal Society for the Promotion of Health’s inaugural Queen Elizabeth Medal in London at the society’s annual award ceremony held at Claridges Hotel in 2004. It was during this ceremony that she described the Phelophepa train as an enigma, and went on to say:²³

18 THL/A, JhB, Cabinet 2, “Report, Transnet Ltd: Community based health care clinic on rails”, p. 1,

19 Transnet Heritage Library/Archive, JhB, Cabinet 2, “Report, Transnet Ltd: Community based health care clinic on rails”, p. 2.

20 THL/A, JhB, Cabinet 1, Information booklet, *Phelophepa, Roche Health Clinic*, pp. 8-9.

21 THL/A, JhB, Cabinet 2, General Correspondence file, Part 5, Letter, Ms R Ross, General Manager (Mobile Health Care) / T Deguchi (Manager Machinery), 16 October 1995, p. 2.

22 THL/A, JhB, Cabinet 2, Correspondence file Part 5, Letter, Minister S Sigcau / Ms R Ross (General manager, Mobile Health Care), 16 October 1995, p. 1.

23 THL/A, JhB, Cabinet 2, Amspar Professional, December 2004, 19(4), p. 14.

...from a small project, the train – through sheer desperate demand – has grown into a very large undertaking, impacting on the lives of millions of people. While South Africa has seen a tremendous improvement in the daily lives of people since the country's first democratic election in 1994, people's needs still outstrip the provision of health care services in the remote, poorly resourced and far-flung regions of the country. The Phelophepa Train takes advanced medical and information technologies into communities where some children have never ridden in a car, and never seen television. Yet whole communities welcome the train as though it is an old, familiar and trusted friend. The train is my passion, and its effects never cease to amaze me.

In 1993, the Phelophepa HCT started to operate after a long period of development from January to September and was initially known as the "Eye Care Train".²⁴ As stated above, the train began by working in cooperation with the Department of Optometry at the then RAU, and played an important role in providing eye health care to many needy South Africans in the rural areas. By 1996, it had provided eye health care services to about 25 000 patients, showing RAU's Department of Optometry's commitment in providing assistance and eye health care to rural communities.²⁵ Many senior medical students accompanied this train for a two-week period, undertaking practical work and providing much needed care to a large number of people. In so doing they also improved their own medical knowledge and gained much practical experience.

Because of the extent of the primary health care needs in these Isolated rural areas, eleven more coaches were converted and refurbished in July of 1993 as part of the Phelophepa HCT. This extended train operated from January to September 1994. During this same year an additional rail coach providing accommodation for medical staff was introduced, followed in 1995 with the introduction of one additional coach converted and refurbished into a dental and radiography X-ray unit.²⁶ Since the Phelophepa HCT was extended from a three (3) to a 16-coach train in January 1994, it has treated 42 000 patients.²⁷ By converting the Eye-care Train into a fully-fledged primary healthcare train, Transnet aimed to involve the community but, at the same time, wanted to boost this market. Many role players were consulted including the Department of National Health and Population Development, the Medical Association of South Africa, the Pharmacy Council and Association, the National Health Forum, the Health Department of the African National Congress (ANC), the Nursing Council and Association, as well as universities and Technikons,²⁸ among others.

24 THL/A, JhB, Cabinet 2, "Report, Transnet Ltd: Community based health care clinic on rails", p. 1.

25 UJ library Special Collections, Doornfontein Campus, JhB, *RAU Rapport*, 20(1), p. 10.

26 THL/A, JhB, Cabinet 2, "Report: Transnet Ltd: Community based health care clinic on rails", pp. 1-2.

27 THL/A, JhB, General correspondence file, Part 5, Cabinet 2, Letter from Ms R Ross, to T Deguchi, 16 October 1995, p. 1.

28 SA Retail Chemist, *Journal for the Community Pharmacist*, February 1994, p. 3.

Image 3: The Transnet Foundation's Phelophepa HCT managers (from the left): Lillian Cingo and Dr Lynette Coetzee



Source: Transnet Heritage Library, JhB, Picture file 5 cabinet 2.

The involvement of private companies in the project

The reasons why Transnet became involved with primary health care was its belief that the health, productivity and economic growth of the individual is interlinked with South Africa's wellbeing and progress. Not only would a healthier population be beneficial to the whole of South Africa, but it would also go far in eliminating the discomfort and suffering of its poorer citizens.²⁹ This fact in itself contributes to the significance of this train. Transnet realised that if the organisation was to flourish it needed further financial assistance. It therefore approached a number of private companies to assist in this endeavour. These companies included the Canon Collins Educational Trust of South Africa. This trust enabled the management of Phelophepa HCT to develop and also helped to sustain an educational clinic on board the train. A number of volunteers, including students from different South African universities, were trained in a specially developed Phelophepa HCT basic health care programme. In 2000, the East London Rotary and the Small Projects Foundation provided not only funding but also human resources to undertake hearing tests in the Eastern Cape and during this time more than 2 000 children were tested.³⁰

29 THL/A, JhB, Cabinet 2, "Report, Transnet Ltd: Community based health care clinic on rails", pp. 2-3.

30 THL/A, JhB, Cabinet 1, Booklet, *Phelophepa News, Headlines*, 2002, p. 1.

Another company called the Snappi Holdings, a company that specialises in baby products, became part of the Phelophepa HCT in 2001. The main aim here was to assist in compiling a comprehensive mother and baby care manual. It was anticipated that this manual would provide much needed assistance in mother and baby care training. Importantly, HIV/AIDS education was then also introduced by the Phelophepa HCT team, joining up with the Order of St John Foundation in 2001. This foundation trained edu-clinic students to enable them to care for ill patients. Other companies that became involved in the Phelophepa HCT project included Roche and Colgate Palmolive, which are companies that produce pharmaceutical goods. Roche has subsequently taken total ownership of the Roche Health Clinic and Colgate Palmolive has increased its sponsorship by paying the salary of an infection control nurse in the Colgate dental clinic on the Phelophepa HCT.³¹

Transnet believes that taking the lead in the primary health care of the poor in rural areas will assist in addressing this "gap" in the healthcare of South Africans. Transnet's capability in the rail network has been remarkable. An extensive number of coaches have been made available and highly qualified and skilled employees have been appointed to convert and refurbish existing coaches to meet the needs of the Phelophepa HCT. Transnet also has skilled entrepreneurs who understand the health care market and have established relationships between important role players to make this particular train a reality. Furthermore, Transnet has highly motivated employees who understand effective management and are capable of driving and managing the complex logistics of this demanding but worthwhile project. It has also developed a communication strategy to cope with the rural people who are, relatively speaking, poorly educated. This communication strategy is important as a means to "invite" these communities to make use of the PHCT and the services it provides.³² This is at the core of Transnet's community involvement mission and makes the Phelophepa HCT a resounding success story.³³

Difficulties encountered and resounding success stories

The involvement of many different companies, universities, students and volunteers since its inception has made the Phelophepa HCT a success story, but its progress has not always run smoothly. Technical difficulties and breakdowns have sometimes caused problems – or have simply stopped the health care train because of the need to replace a missing railroad track. Politics have also intervened. One such an example took place at the time of the first democratic elections scheduled for April 27 1994, a time when apartheid thinking was still alive and well. The management of the Phelophepa HCT was implementing strategies to register community members and

31 THL/A, JhB, Cabinet 1, Booklet, *Phelophepa News, Headlines*, 2002, p. 2.

32 THL/A, JhB, Cabinet 2, "Report, Transnet Ltd: Community based health care clinic on rails", pp. 3-4.

33 THL/A, JhB, Cabinet 2, "Report, Transnet Ltd: Community based health care clinic on rails", p. 4; AM Tshabalala, "Health and wellbeing of the Transnet-Phelophepa Health Care Train Community...", pp. 2-4.

blacks and whites were all welcomed warmly and directed to the queues of waiting community members, to the correct clinic, etc. On alighting from the train, Dr Lynette Coetzee, Transnet Foundation's Health Portfolio manager, discovered that there were two queues, one for black people and another for Whites. She quickly saw to it that the two queues were merged to form one long line. She remarked:³⁴

It was deadly quiet; you could have heard a pin drop. Nobody said a word, not even me. What was I supposed to say? After I finished, I stood in front of the Black and White queue and said: 'it's great to have you here. This train belongs to the people and that means all of us: first come, first treated.

Because of the apartheid mentality still imbedded in some minds, a few people decided to leave – but most of them stayed.

Another example of politics hindering the train's mission to provide much needed medical services to rural communities was the cancellation of the train's visit to Grahamstown in August 1994. This withdrawal occurred because of a statement made by the ANC representative for Albany, a Mr Phila Nkayi, who informed the ANC Youth League in the run-up to the first democratic election: "Rumours abound that the train is coming with trickery, and there is suspicion by many Black community members that a substance will be administered that would disqualify patients from voting."³⁵ It was feared that if the train came it would result in violence. The stopover was subsequently cancelled, which meant that the delivery of much needed medical attention to this particular rural community was disrupted.

Despite these challenges the Phelophepa HCT has done outstanding work and continues to do so. It has had a profound impact on the lives of the many volunteers and students working on the train and thousands of people have had their health concerns addressed. Some examples of this impact upon the problems suffered by community members is accurately described by a senior student, Ms S. Praget, who worked on the train in September 2003. She states as follows:³⁶

The temperature on this freezing June morning in Matatiele in the KwaZulu Natal Province is 0 degrees Celsius. Nevertheless, close to a hundred people spent the night outside on chairs lining the platform and the waiting rooms (Black and White) of the old station. Those people who can afford it are wrapped in thick blankets. The rest of them are freezing yet still, they wait patiently. The train's director did not sleep well. [As Lillian Cingo puts it] "When I see these people freezing outside, I cannot sleep" Sometimes she gets up during the night to make them some soup or tea...

34 THL/A, JhB, Cabinet 1, Information booklet, *Phelophepa, Roche Health Clinic*, p. 13.

35 "Health care train cancelled because of rumours of trickery", *Grocott's Mail*, 15 April 1994, p. 1.

36 THL/A, JhB, Cabinet 2, S. Praget, *The Hope Express*, peace written by this student who worked on the train on the 15th of September 2003, p. 1.

The note above, written by a medical student who was working on the train, describes how desperate the community members were to seek medical help. This is also evident in Image 2 above where people are shown waiting patiently in the chilly early hours of the morning. The dedication of the personnel who work long hours on the Phelophepa HCT to provide basic medical help gives meaning to the name "train of hope" but it also contributes to the "spirit of healing" which is experienced by the thousands of community members who have received medical treatment on this train over the years.³⁷

Nikola Scheidner, a final year pharmacy student from the University of Port Elizabeth who spent from 1 to 5 March 2004 on this train of healing, remarks that this experience filled her with a feeling of satisfaction and was so rewarding to her. She felt she had made a difference in this community. But this emotion was soon replaced with a feeling of despair and helplessness which was provoked by the level of grinding poverty experienced by the rural communities, and the extent of work which still lies ahead for South Africa in its process of uplifting these poor communities. The unending queues of people seeking help and having to turn people away because for the lack of time and/or was heart-wrenching for her.³⁸

The commitment of these students and other volunteers who work on the train is also evident in the remarks made by Sam Hlogoame, an optometrist who joined the train for two years but stayed for a further two years. He says: "I cannot resolve to leave. Seeing these people's faces when they are receiving much-needed medical care fills me with a love for life, every day, every hour, with each smile".³⁹

The importance of the medical services provided by this healthcare are explained by Magdeline Ntकिनca, the previous deputy director who headed the Phelophepa HCT clinic. She explains that because of a lack of medical care in the rural areas many children have hearing defects or develop abscesses or even meningitis. It is for this reason that essential medical care should be provided to help as many patients as possible. Help must be provided to prevent them from suffering the effects of untreated health issues.

Phelophela HCT: A combination of primary medical services on wheels

Although there are other examples of health care trains elsewhere in the world, the Transnet Foundation's Phelophela HCT which started in 1994 has become known as the first and only primary health care train in the world. This train operates as a health and education facilitator that provides a number of different and essential medical

37 THL/A, JhB, Cabinet 1, Booklet, *Phelophepa News, Headlines*, 2002, p. 4.

38 THL/A, JhB, Cabinet 2, N Schneider, "The Phelophepa Health Care Train" 1-5 March 2004, pp. 1 and 11.

39 THL/A, JhB, Cabinet 2, S Praget, "The Hope Express", piece written by a student who worked on the train, 15 September 2003, p. 3.

services to numerous needy community members, a practice that would not have been possible without the support and investment of a number of private companies.

The services rendered on this train are not only professional but very focused. In an article published in the Transnet's official mouthpiece/newsletter, called *ONE*, it was reported that in its 17 years of operation, no less than an 1 330 522 people received some form of medical care in the first 10 years of the train's service. Since its inception in 1994, the Phelophepa HCT has now treated 5 582 400 people and provided them with much needed medical treatment.⁴⁰ This treatment includes the following specific types of services.

Health clinic functions and services

The first service is provided in coach 2 of the Phelophepa HCTCT. In this coach all patients are registered, and their blood pressure is taken and recorded. Community nurses on board the train then conduct additional heart, lungs, eye and/or hearing tests for referral to the various other coaches of the train depending on their symptoms.⁴¹ The clinic focuses mainly on health education and the treatment of minor illnesses. Special attention is given to mother and baby care education and guidance is given on healthy eating habits. As regards its educational function the clinic provides guidance on taking medication correctly as well as the side-effects of not doing so. This education is conducted on a one-to-one basis by the residential pharmacist.⁴² It is important to ensure that the patients understand the nature of the medical services being provided.

Medicine clinic (pharmacy)

In coach 3 the emphasis is on pharmacy/medicine. The medicine clinic is an important part of the Phelophepa HCT because the dispensing of medicine not only provides comfort to patients with illnesses and pain but also ensures healing. The pharmacist discusses the patient's diagnosis with another medical professional, for example the dentist or optometrist, and will then dispense the prescribed medicine. The personal contact with the patient has a further educational impact on the patient because it provides comfort in the sense that healing will take place and that the long period of waiting for healing is over.⁴³

40 THL/A, JhB, Cabinet 2, *ONE*, official newsletter of Transnet, November 2011, p. 5.

41 THL/A, JhB, Cabinet 2, *Engineering News*, 31(1), January 2011, p. 16.

42 THL/A, JhB, Cabinet 1, *Transnet-Phelophepa News*, 1(1), 1998, p. 6.

43 THL/A, JhB, Cabinet 2, "Report, Transnet Ltd: Community based health care clinic on rails", p. 6; and THL/A, JhB, Cabinet 1, General correspondence file, Part 5, Memorandum from R Ross to W Coetzee, 'Mobiele Gesondheidsorg; Uitbreiding van mediese dienste, No date.

Eye clinic

In eye clinic is located in coaches 4 and 5. Here instrument-screening and testing is done, and the fitting of spectacles is organised. Alternatively, the patient is referred to an ophthalmologist or to the nearest hospital. The eye clinic is fully equipped with projection charts and bio-microscopes. It also has a workshop where custom-made spectacles are assembled. This clinic is so advanced that its services include visits to schools in the area for screening and educational purposes and the provision of the prescribed spectacles on the same day.⁴⁴

Dental clinic

In coach 6 the dental clinic is located. This is a very important clinic because the attention is focused on a variety of dental issues. In most cases the patients are children. For the most part the dental programme is run along the principles of primary oral health care. It is a programme developed in consultation with all the dental faculties in South Africa and it focuses on both dental repair and dental education. This programme includes the services of final year students in oral hygiene, dentistry and dental therapy under the guidance of qualified dentists. In addition to these dentists, there are staff involved in Colgate's dental educator programmes and nurses dealing with the Colgate Company's infection control.⁴⁵

X-ray clinic

The x-ray clinic is also located in coach 6 and focuses on chest problems and the determining of cancer or tuberculosis spots in patients. Once identified, the patients are referred to local authorities and specialists.

Edu-clinic

The Edu-clinic is located in coach 7 and is staffed by community nurses who are primarily concerned with primary health care education. This clinic is very involved with patients who suffer from TB and/or HIV/AIDS, as well as preventative medical care, cleanliness and general health care.⁴⁶

44 THL/A, JhB, Cabinet 1, *Transnet Phelophepa News*, 1(1), 1998, p. 6.

45 THL/A, JhB, Cabinet 1, *Transnet Phelophepa News*, 1(1), 1998, p. 5; THL/A, Cabinet 2, JhB, "Report, Transnet Ltd.: Community based health care clinic on rails", p. 6.

46 THL/A, JhB, Cabinet 1, *Transnet-Phelophepa News*, 1(1), 1998, p. 7; THL/A, Cabinet 2, JhB, "Report, Transnet Ltd: Community based health care clinic on rails", p. 6.

Conclusion

From the information provided, and discussed earlier it seems clear that the Phelophepa HCT provides a crucial service. To its credit, Transnet took the lead and became involved with this project once it realised that it had identified a 'niche' in the health care market. It realised that primary health care in deep rural areas in South Africa is in most cases problematic. In this important initiative Transnet works in collaboration with the South African government and private companies to provide health care in the rural areas. The significance of this health care train is not only found in the important services it renders for nine months of every year but also the practical experience medical and para-medical students from different universities receive when they work on this train. The experience these students gain cannot be acquired from books; it is also an experience that makes a significant difference in the lives of people who believe they have been forgotten by the rest of society.

The Phelophepa HCT provides health care at every one of the stops it makes in 38 different locations for nine months of every year. The Ethekwini (Durban) mayor Mxolisi Kaunda is enthusiastic about the service offered, saying:⁴⁷

We are happy that communities are starting to realise that the government, with the private sector and with the public entity Transnet, can do wonders when we collaborate. The impact this programme is making is huge and it's positive. People are starting to receive [the] glasses [they need]. They get assessed today and get their glasses today.

The Phelophepa HCT has not only excelled in providing health care and assisting those with medical needs, but it has also, since 2020, taken up its role in the fight against the Corona virus pandemic that has spread throughout the country.⁴⁸ The well-perceived track record of the Phelophepa HTC and the medical work it has been doing since its inception will endure for years to come and it will, no doubt, continue to provide much needed medical care to those who believe they have been forgotten.

⁴⁷ K Singh, "Mayor says Phelophepa Healthcare Train is making a huge impact", 14 April 2021, available at <https://www.iol.co.za/mercury/news/watch-mayor-says-phelophepa-healthcare-train-is-making-a-huge-impact-ebcde72e-98cf-4d1b-8b35-24ee2a7a4055> (accessed 26 June 2021).

⁴⁸ S Nxumalo, "Transnet's Phelophepa train arrives to fight coronavirus" 20 May 2020, available at <https://www.iol.co.za/mercury/news/transnets-phelophepa-train-arrives-to-fight-coronavirus-48205561> (accessed 30 September 2021).