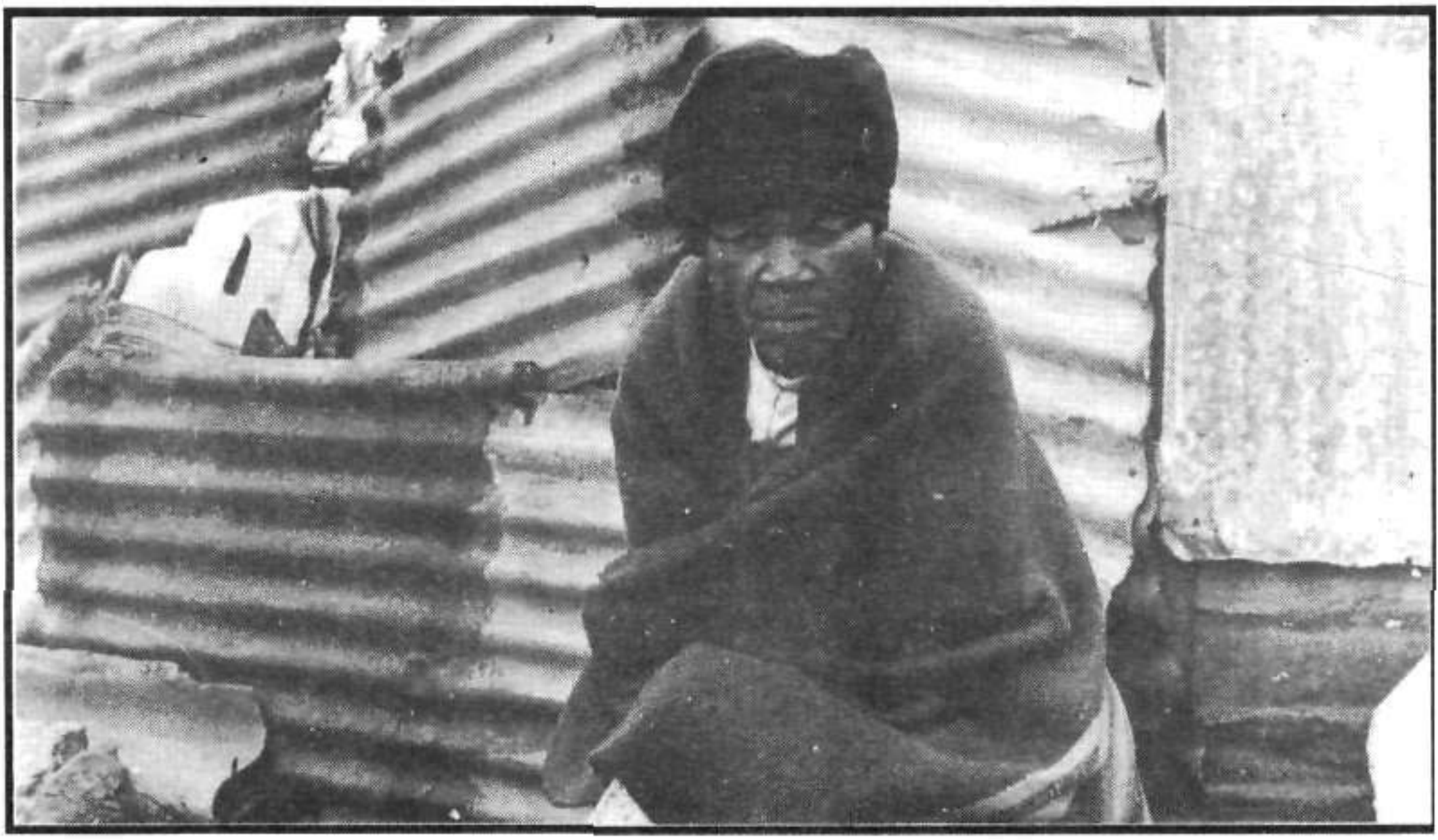
The crisis and the struggle for change

The following article has been written by the Health Workers Organisation and outlines the current situation in the South African health care system. The organisation then presents broad guidelines for a future health system as well as the role that health and health workers can play in the struggle against apartheid and in the transformation of South African society.

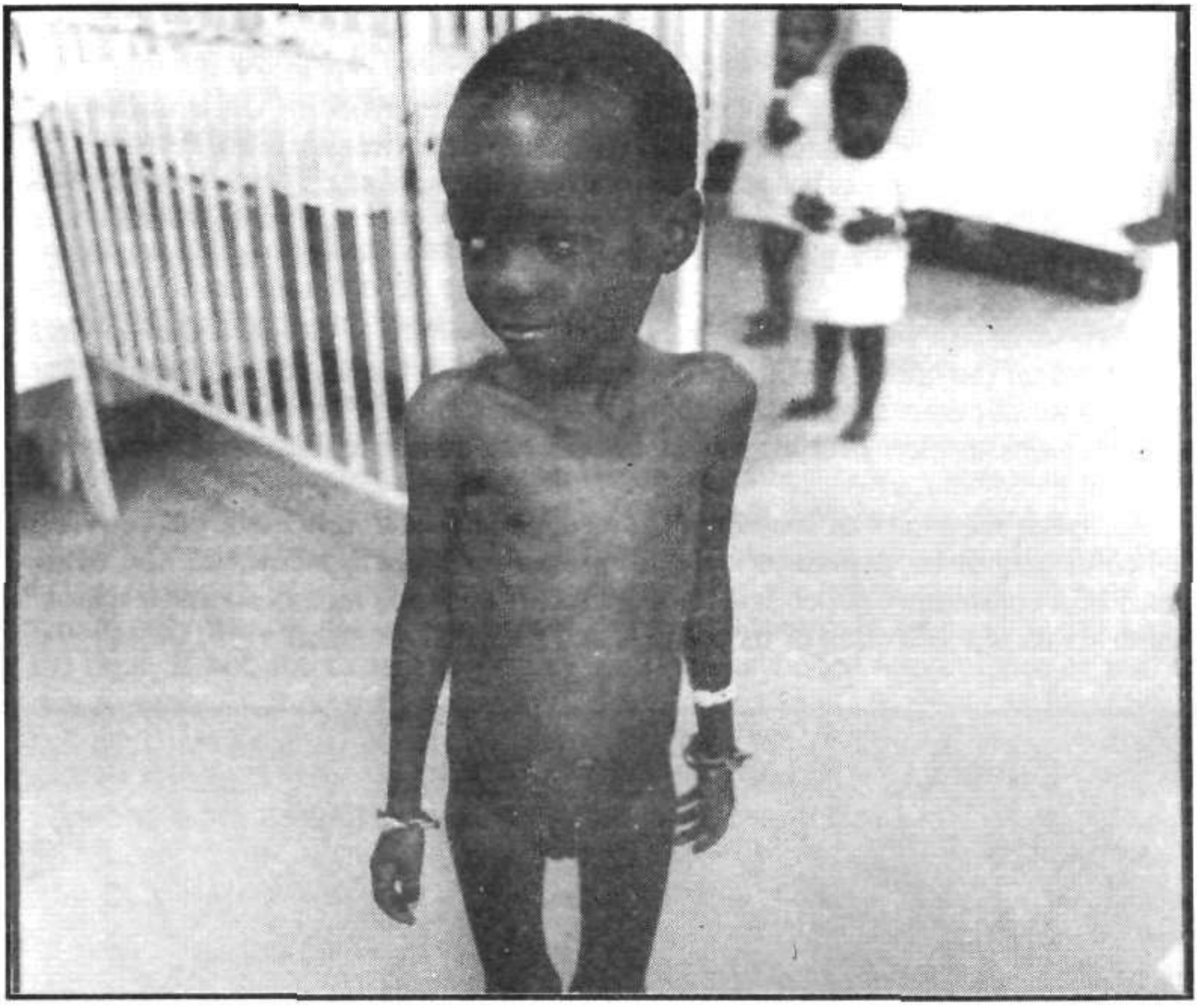
To analyse health one has to look at how and where it fits into the political framework of the country. Conflict and struggle within the health structure are part of the contradictions that exist within the larger society. People experience these contradictions in their everyday life - in educational institutions, work places and townships.

Although the study of medicine has become a specialised field, the causes of ill-health cannot be explained only in terms of scientific medicine. The health status of a community depends on political and economic factors so that a nation's health status is a reflection of its political and social environment.



A nations' health status is a reflection of its political and social environment

Therefore, the health status of a nation will only change when there are changes in its political and social policies. Food, housing, employment and other similar non-medical factors play a decisive role in determining the health status of a nation. Most diseases such as TB, will decrease only when malnutrition and inadequate housing are overcome.



Malnutrition: Diseases of poverty cannot be cured by scientific medicine alone

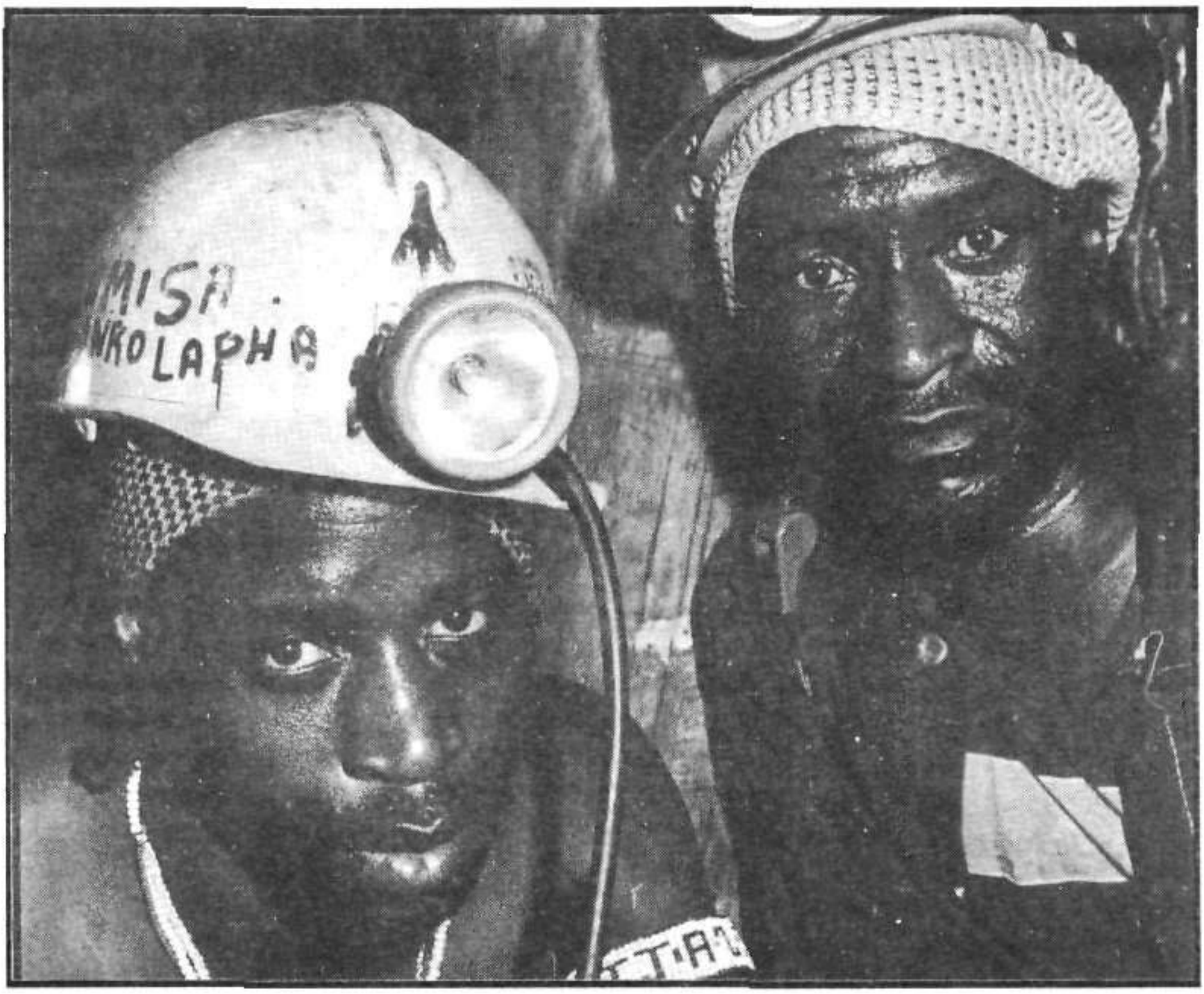
Health in South Africa

Health services exist to provide health care to those who need it. In South Africa, the nature of the state has left its mark on the health services. Health services and facilities in South Africa have been planned, implemented and operated along racial and class lines.

One example of this is the health care provided by individual firms to their workers. In many cases, the concern is to provide a rapid cure for the worker so

that s/he may return to the production line as soon as possible. In most occupational health services, the health status of the rest of the family, ie the wives and the children, is important only in so far as they are productive in the capitalist sector. The unemployed members of a family who are financially non-productive are largely ignored. So too are the pensioners and the grantees who have outlived their productive years.

The migrant labour and homeland systems in many cases place workers' dependents out of sight of the employer, and indeed out of sight of the urban planners and administrators. The responsibility for providing health care is often shifted to the 'homeland' governments, with the result that there is a huge backlog in both urban and rural health care services. The bulk of disease and ill-health in South Africa is found among the black population; rheumatic heart disease, for example, has been shown to have the highest incidence amongst school children in Soweto than anywhere else in the world (Maclaren et.al.1975). Disease and illness do not strike at random in South Africa but occur along very definite channels of class and colour.



In occupational health services, the emphasis is often on minimising loss of production time, rather than on the provision of comprehensive health care

Problems with the health care system

The present health care system in South Africa can be characterised as follows:
- The bulk of medical resources are devoted to a health service which is curative rather than preventative.
- The health service is organised primarily to serve the needs of whites and the urban population, yet the highest incidence of disease is amongst the rural black.
- The severe maldistribution of medical personnel is a reflection of the maldistribution of resources within South African society. Most doctors are found within the urban areas where only a small percent of the population lives.
- The health service is characterised by weakly developed ancillary services eg, dental and primary health care. According to a recent survey, the majority of practising pharmacists did not know about the concept of primary health care (unpublished data. R. Moodley et al).
- The health service is controlled by whites and is fragmented along racial lines.

The present crisis in health

The establishment of fourteen different departments of health has contributed to the inadequacies and crisis in the present health system.

The increasing fiscal crisis has manifested itself in all spheres of the SA economy. Some of the ways in which the crisis has manifested itself in the medical sector include:

1 Staff shortages

Shortage of staff is rapidly becoming an acute crisis. A number of posts within hospitals have been 'frozen'. This means that should an existing employee leave work, the post cannot be advertised without the prior consent of the administrator. Secondly, the total number of posts available have been reduced. For example at King Edward VIII Hospital, the total number of intern posts was decreased from 60 to 52, for 1988.

It is interesting to note that Groote Schuur which handles a smaller workload than King Edward VIII, but which caters for white patients as well as black patients, has 90 intern posts.

The wages paid to state employees are so poor that a number of employees are turning towards the private sector.

2 Cutback on patient care

In the name of rationalisation and economy, the quality of patient care has been compromised. This is aggravated by a shortage of staff, facilities and drugs.

3 Cutback on medicines

The number of medicines available within the provincial hospitals have been drastically cutback by almost 1000. The manner in which this was done is totally unacceptable to the staff and the particular communities; they were not consulted on this measure.

4 Increase in hospital tariffs

Recently, the NPA (Natal Provincial Administration) and subsequently Kwa Zulu, have increased hospital tariffs putting health care - especially referrals, regular checkups and preventive treatment, as well as weekend consultations out of reach of many people.

5 Increasing incidence of diseases and epidemics

This is exemplified by the recent outbreak in the Natal - Kwa Zulu area of Polio; a disease associated with poverty. Closing down of peripheral clinics: Instead of increasing the availability of medical care, the state has closed a number of the peripheral clinics.

Fawu clinic, Paarl: health workers need to organise with unions and community organisations

All these manifestations of the health crisis must be seen against the state's policy of abandoning its responsibility of providing adequate health care in favour of privatisation. Staff shortages, cutbacks in medicines and the increase in hospital tariffs have the effect of making the state health service as unattractive as possible thus forcing the community towards the private sector. The private sector, whose main aim is profit, is however, unaffordable to the vast majority of our community.

The state's attempt at providing medical care to a limited number of people, will never improve the health status of a community. For medicine to be effective, one has to address socio - economic as well as medical factors which underlie diseases. In order to promote a society with a social structure conducive to good health, health workers must become more politically involved and articulate and should direct their efforts and collective influence to changing the existing social order. Health workers need to work with existing organisations to put health onto the agenda of community organisations.

The role of health in the present struggle

The role of health in the present struggle can be divided into two broad areas:

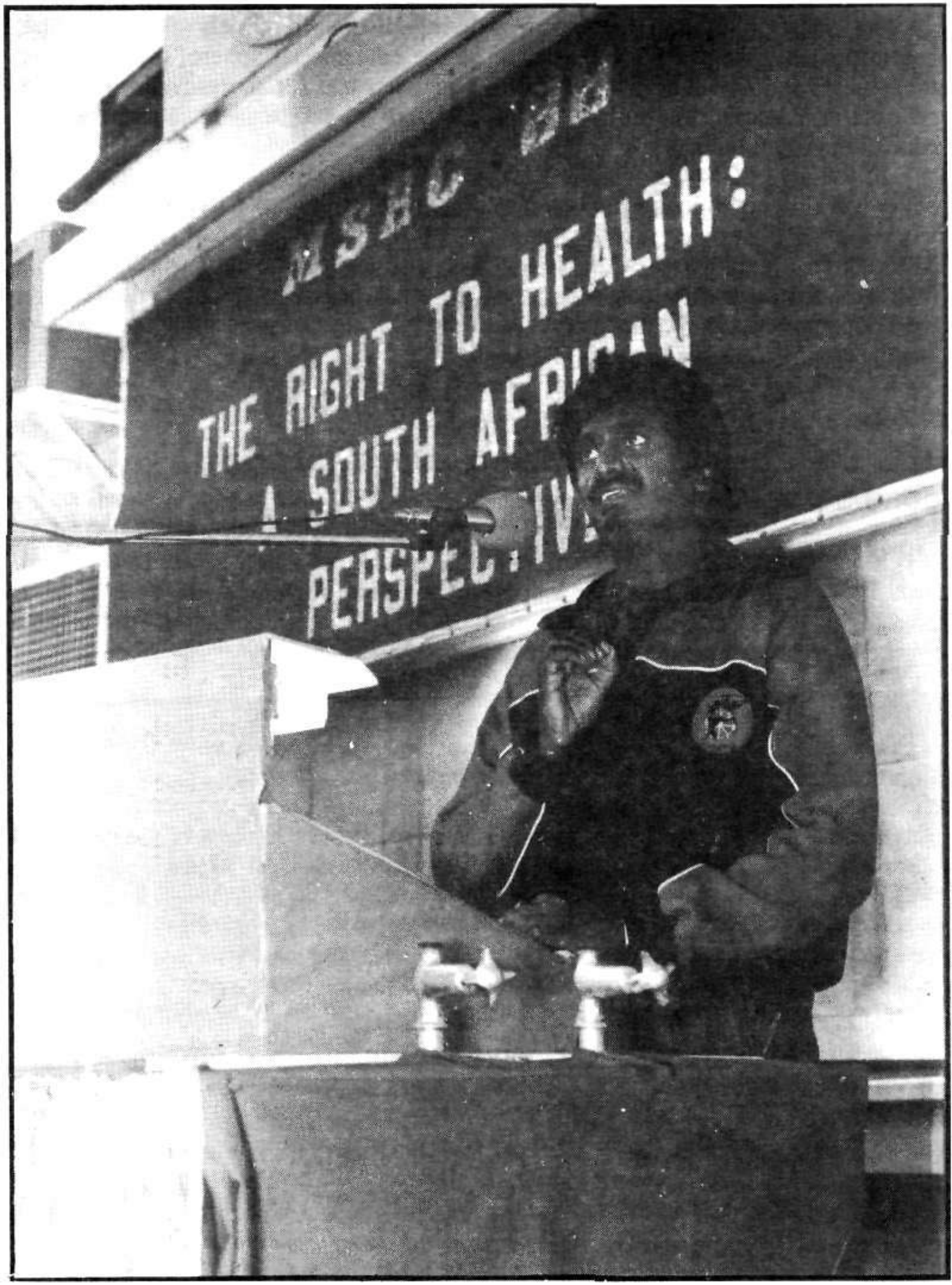
1 The role of health in the struggle against apartheid

Until recently, health has tended to be neglected as a focus of struggle both within trade unions and community organisations. Recently however, attention is being focussed on health as a means to mobilise, conscientise and organise. Community organisations are taking up issues such as overcrowding, long queues and delays at hospitals, rehabilitation of detainees, emergency treatment of unrest victims, training of activists in emergency health care, community programmes such as child health screening, primary health care projects such as St Wendolin, run jointly by the HWO and the St Wendolin community.

Even at the workplace, major unions such as the National Union of Mineworkers, have begun to seriously focus on the health and safety of workers. Alienation from work, status inconsistencies and relative deprivation economically of whole groupings of health workers are leading to an inevitable trend of unionisation, conflict and strikes. The tranquility of the health industry in South Africa has been broken and the effectiveness of health struggles as a means of *mobilising the community is being highlighted.*

2 The role of health in the transformation of society

In the struggle for change, we need to go beyond removing apartheid. The struggle is not only to transform the economy, but also to transform other social relations in our society.



Cosatu general secretary Jay Naidoo delivers the opening address at the 1988 Medical School Health Congress in Natal

The question of transformation is being discussed widely among people committed to change in South Africa. In the educational sphere, the call is no longer for the mere scrapping of Bantu education and for the provision of more schools and books, but rather, for an alternative, progressive, more relevant education programme.

In the area of labour - while trade unions are fighting for higher wages and better working conditions - the organisational practices and the style of democratic worker control, are laying the foundations for worker control of these very factories. Similarly health workers, together with organisations of working people in the factories and in the communities, must begin to develop democratic worker/community controlled practices in the provision of preventive and curative health care.

The future health care system - some important considerations

It is impossible at this stage to outline all the features of a new health care system. This is an ongoing debate, the important features of which will emerge with ongoing discussion. Some of the concepts which are important to the Health Workers Organisation are highlighted below.

1 A new health concept

Health cannot be viewed in isolation from the social, political and economic context within which it exists. Health care should not be a commodity, available only to an affluent minority, but rather must be placed in the hands of the people to serve the people. The monopoly of knowledge on health must be taken away from the professionals and experts and must be disseminated amongst the people. Health must be demystified. Health workers must work under the control of, and in the interests of the people and not for their own status and wealth. Mass community participation and understanding of health issues must be encouraged.

2 Health worker concept

A health worker would include any person formally employed in the health sector (doctors, nurses, laboratory technicians, radiographers, physiotherapists, cleaners etc.) or any person from the community committed to working for better health.

All health workers should be equal, irrespective of race, colour, class and sex. At present, the better paid health workers occupy the administrative positions where they in turn suppress the aspirations of ordinary health workers. This stratification denies ordinary health workers a voice in the administration of health. The strong hierarchy in health must be overcome and all barriers broken down.

3 Preventive rather than curative medicine

Although the importance of curative care is recognised, emphasis must be on preventative medicine.

4 Attitudes and education

Health workers need to shed their professional arrogance. They must be prepared to learn from and teach the people in the community. Health education should not be left to the professionals. These ideas should be incorporated into the health workers' training.

5 Accountability and control

Health workers and community organisations and their projects and programmes, must be firmly placed in the communities in which they work. These communities must be part of the informed democratic decision making process.

Health workers must be accountable to those whom they serve and not only to those in authority and power. Democratic, alternative structures must be created and strengthened to fight for and defend the interests of the poorer communities, both at present and in the future.

Mobile clinic, Daggakraal: Health workers must be accountable to their communities

6 A people-centered health system

Community health workers, together with parents, school children, workers, educators and others, should play the leading role in health care. Medical professionals should become mere auxiliaries. The largest and most important unit of health workers are the community health workers. More time and money must be spent on training them, rather than doctors. We must ensure that they are selected by and are representatives of the poorer, more oppressed members of the community. They must be accountable to their community.

7 Primary health care

Primary health care must be the main function of the health service. This would ensure better accessibility of care. More financial and material resources must be distributed to the PHC clinics. Hospitals will be needed as referral centres and support systems.

8 Distribution of resources

Health care services need to be co-ordinated by one health department, but the services must be decentralised and made easily accessible to all people. There should be an equal distribution of resources, based on the needs of the various communities, irrespective of race, colour, class, creed or sex. A reallocation of human and material resources to rural areas is necessary to overcome the urban emphasis and rural neglect under the present system.

9 Medical education

Selection criteria of students need to be reviewed. Future health workers must be selected by their community and should return to serve the same community that chose them. Students need to be trained in new values as opposed to the profit-oriented, status seeking, individualistic, purely academic, high-tech orientation of the present system. Health education and research needs to be much more relevant to the problems, illnesses and needs of the majority of people.

Conclusion

The struggle for a free society needs to be reinforced by interlocking the various struggles such as housing, sporting, education etc. What needs to be emphasised are adequate living wages, more educational and employment opportunities and more effective participation by the community in decision making processes.