

Interview with the South African Health Workers Congress

In March this year the Health Worker Association and Health Worker Organisation merged to form the South African Health Workers Congress (SAHWCO). Critical Health interviewed the new organisation.

Critical Health: How do you see the significance of the merger of the HWO and the HWA, given the fact that your organisations are so similar in nature and function?

SAHWCO: The merger between Health Workers Association and Health Workers Organisation to form SAHWCO is an important milestone in the general struggle for better health for all South Africans. Both organisations have for a long time been organising on the basis of the Health Worker Concept. Unfortunately, both organisations were unable to tackle apartheid health at a national level in the form of national campaigns.



Malnutrition: a disease of poverty - SAHWCO mobilises around the fact that health depends on socio-political factors, not only on the provision of hospitals and clinics.

The formation of SAHWCO will streamline our activities and allow us to be more efficient and united in addressing health matters. Take for example the Tariffs Campaign. This is an issue which affected all our communities in all the provinces. But it was only effectively taken up in Natal and very weakly addressed in the Transvaal, Orange Free State and the Cape Province.

The merger will also intensify greater debate around the health worker concept. Our people need to be made aware of alternative health systems operating in countries undergoing social transformations, for example, Nicaragua, Guatemala and Cuba. Whilst we do not believe in importing foreign systems, it would nevertheless be important to study them and apply what is good for us.



Recognising the importance of women in the struggle, SAHWCO encourages participation at all levels of the organisation and has worked with women's organisations on a number of joint health programmes.

How were other health worker organisations involved in the merger discussions? There were three organisations in various parts of the country organising on the basis of the health worker concept; HWO (Natal), HWA (Tvl, OFS) and Health Worker Society (Western Cape). Since 1984 we have been meeting about two or three times a year as the 'National Gathering of Health Workers'. We learnt from each others' experience and approach to organising in the health sector. The need to form a unitary organisation based on the health worker concept was started in 1986. Unfortunately, the HWS had some problems with the ideological framework within which HWA and HWO were

prepared to organise, for example, adoption of the Freedom Charter and support for the United Democratic Front and for the National Democratic Struggle. So whilst HWS decided not to continue in the merger talks, we sincerely hope that they will reconsider at a later stage.

Are there any other important issues that led up to the merger?

Yes. Whilst the approach to organising on the basis of the health worker concept is relatively new in South Africa, it is by no means new in other countries such as Nicaragua, Guatemala, Phillipines and Mozambique. These countries have also waged bitter struggles for political independence. They also have a long term socialist outlook. We need to link up with other countries and individuals like David Werner, Vincent Navarro and other progressive health workers. This can be more effectively done through a national organisation, rather than a loose, autonomous body lacking in central co-ordination. We are already making progress in this regard.

The health sector is made up of many categories of health workers. In some countries this has resulted in the formation of multiple health worker unions and organisations. How do you see future developments in this respect within South Africa?

A cursory look at the health sector reveals no less than 12 departments in a typical hospital set up. Now, if we have to organise each sector separately, not only would we have 12 different organisations and/or unions in one institution but each one would pull in a different direction - making unity very difficult.

Incidentally, this is one of the problems of trade union organisation in Britain. To have many separate unions in the health sector creates more problems at a co-ordination level.

This brings us to another very important point: the principle of "one industry, one union". In the health sector, SAHWCO has resolved to strengthen The National Education, Health and Allied Workers Union (NEHAWU) - a COSATU affiliate.

SAHWCO is not a trade union - it addresses the political economy of health. But because we have branches at hospitals, we believe we can contribute significantly towards strengthening NEHAWU. This we have been doing since 1983, when we urged health workers (especially the non-classified health workers) to join the General and Allied Workers Union (GAWU) in the Transvaal. In Natal, HWO had assisted in unionising health workers into Health and Allied Workers Union (HAWU). HAWU and GAWU merged to form NEHAWU.

Traditionally, doctors and men have tended to dominate the health sector in South Africa. As SAHWCO is open to all health workers, how does the organisation intend to ensure equal and democratic participation?

We must remember that the health sector is a microcosm of the divisions of our society



SAHWCO supports the Mass Democratic Movement in its struggle for a better, non-racial future for all South Africans.

at large. Doctors wield immense power in the health sector - by virtue of the skills they have. This power also spills over in their involvement in wider social issues. This power becomes dangerous and retrogressive if it is allowed to go on unchecked, if doctors are not accountable to progressive organisations of the people. It is clear to all that this power and privilege is gained at the expense of other health workers. We feel that doctors (and all professionals) should step down from their high pedestals and interact more with other health workers as equals, and with the community at large. Women comprise 80% of the workforce in the health sector. The oppression of women in hospitals is mirrored by their position elsewhere. We need to change this situation.

Women hold important positions at all levels of SAHWCO structures. SAHWCO is very conscious of this factor and consciously encourages women to participate at all levels and in all activities.

Developing democratic structures with emphasis on accountability would, we believe, ensure equal participation by all - women and men, doctors and other health workers.

At a practical level, we have had a number of joint health programmes with organisations such as the Federation of Transvaal Women (FEDTRAW), Lenasia Women's Congress, Natal Organisation of Women. We hope to further strengthen our links with women's organisations in the future.

How do you see the organisation's structural relationship to other progressive organisations (and in particular, other health worker organisations) developing?

Generally, we have enjoyed a good relationship with progressive organisations in the community and the trade union sector.

In the community a more structured relationship exists in the form of the Community Health Committees (CHCs). The CHCs are made up of representatives from civic women, youth, students, trade unions and progressive organisations, including ourselves. This forum discusses health problems in the community and how to tackle them. We hope to see more and stronger CHCs in the future.

In the health sector, we have been part of ongoing discussions to bring about greater unity of progressive health organisations. These organisations include NAMDA, OASSSA and NEHAWU. It is common knowledge and an historical fact that unity amongst the oppressed makes it more difficult for the oppressor to sow the seeds of distrust and confusion. United action or support for each other's programmes stands a much better chance of success. Presently, the unity talks are focussing on issues such as the unionisation of health workers into NEHAWU. SAHWCO, being a national organisation, will further facilitate the process towards unity in the health sector.

How many members are there regionally and nationally?

We are unable to answer this question accurately, as our files and equipment were confiscated by police some time ago. These were never returned. But we would guess SAHWCO would bring together approximately 1 500 to 2 000 health workers.



A flooded township street - health workers cannot separate themselves from community struggles especially those contributing to the people's health.

Will SAHWCO organise around struggles in the workplace, community health issues or other community struggles?

SAHWCO will be primarily addressing the political economy of health. We would therefore be concerned with all issues eroding the health status of our people. The total eradication of all apartheid structures in our health services remain our main goal at this point in time. But, of course, this cannot be done in isolation from the dismantling of apartheid generally.

Health workers are part of the community and cannot remain divorced from struggles waged in the community such as high rent, inadequate housing and inferior education; these are issues which directly or indirectly contribute to better health?

Workplace related problems of health workers such as poor wages, unfair dismissals and victimisation are issues we hope NEHAWU will address. We would play a supportive role and strengthen NEHAWU as we have been doing in the past.

Could you summarise the priority issues that you will cover in the short and in the long term?

SAHWCO has just been launched as a national organisation. There are many issues to be tackled. Many demands are being made on the organisation from progressive organisations and individuals.

In so far as commenting on the way forward, this was discussed at our National Executive and National Council meetings. We would obviously be continuing with our existing programmes of addressing the plight of the hunger strikers specifically and detention without trial, (together with other organisations), opposition to the increased hospital/clinic tariffs, and setting up of CHCs.

We also see ourselves addressing issues like the academic boycott, a future National Health System, the role of health and welfare in a mixed economy and training of health personnel.

SAHWCO has embarked on the Health Charter Campaign (HCC). We hope to engage health workers and authentic organisations of the people to discuss the Health Charter. The HCC would give health workers, and the community they serve, direct access to the future health system.

The health system is crumbling under apartheid. Apartheid is carrying out a "slow, quiet genocide" amongst the oppressed. All of us who are aware of this fact have not only an ethical and moral duty - but an historical duty as well - to join forces to destroy this policy before it destroys us.