



# SAHWCO

**SOUTH AFRICAN HEALTH  
WORKERS CONGRESS**

## History

In 1979, a group of concerned doctors in the Transvaal decided to form the Transvaal Medical Society (TMS). The primary aim of this society was to organise black doctors but it soon became apparent that this was an incorrect strategy. Organising doctors alone cannot lead to a fundamental change in social relations. The only way to safeguard the interest of the masses is for the masses themselves to have dominant control of the struggle. This realisation led to the dissolution of the TMS and the subsequent establishment of the Health Workers Association (HWA), an organisation whose membership was open to all health workers.



**SAHWCO maintains that all health workers, regardless of their class or status in the health sector, have an equally important role to play in the struggle for better health.**



Health care should be controlled by the people who use the services.

In Natal, a similar process took place. A group of concerned health workers saw the necessity for a community-based health organisation and launched the Chatsworth Health Committee (CHC) in 1982. The CHC was open to all but had a limitation in that it was a localised organisation, confined to the Chatsworth area. The need to expand and accommodate other areas of Natal led to the formation of the Health Workers Organisation (HWO) of Natal.

*In the Cape, the Health Workers Society (HWS) was formally launched in 1982 but was largely limited to the Cape Town area.*

All three organisations were established independently of each other. Having made contact, however, all three organisations began meeting with a view to discussing and developing strategies to strengthen their respective organisations. With time it became apparent that there was a great deal they had in common; that although regionally based, the areas of struggle overlapped and that significantly more could be gained from a unitary organisation rather than regionally representative ones.

Unity talks were begun about two years ago but unfortunately, differences with the HWS in the Cape could not be resolved and the society decided to withdraw from the process. In the interim both HWA and HWO continued to develop. HWO extended its activities within Natal and HWA set up branches in Welkom and Bloemfontein in the Orange Free State and a branch in Cape Town.

The culmination of these unity talks was the establishment of the South African



Health Workers Congress (SAHWCO) which was officially launched on 4 March 1989. SAHWCO was launched to bring together all health workers into a unitary health organisation. It is based on the health worker concept whereby all health workers, irrespective of their job category, class or social standing, have an equally important role to play in the struggle for better health. SAHWCO was launched to help conscientise, mobilise and organise all health workers at two levels:

The first is at the level of the non-racial, democratic struggle. Since the primary determinants of health are social, political and economic factors, the struggle for better health cannot be viewed in isolation from the struggle for democracy.

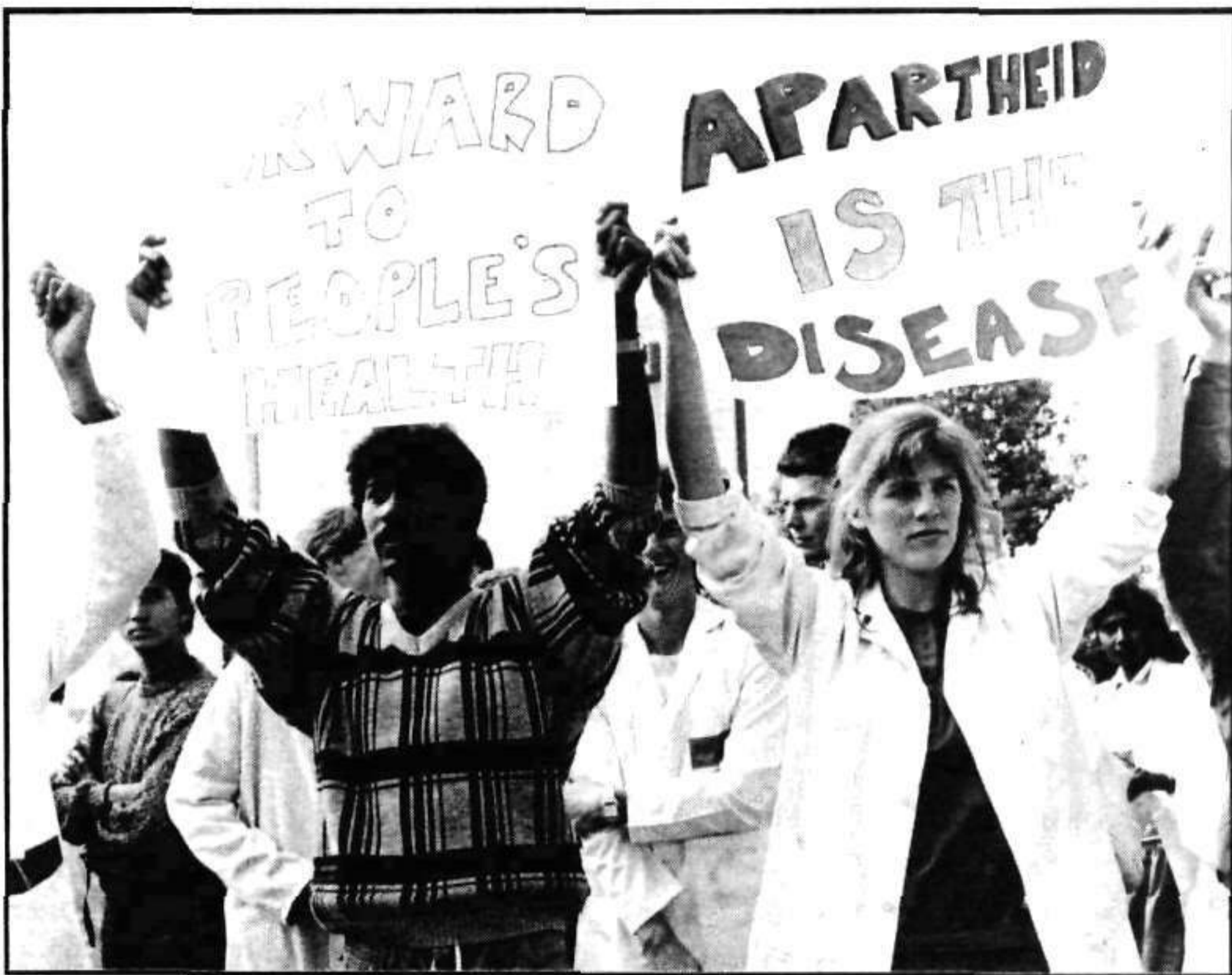
The second is to actively get health workers involved in the struggle for a people centred health system which is democratic, accountable, affordable and accessible to the people.

## **Aims and objectives**

- To engage in a struggle for the attainment of a non-racial, non-sexist, democratic, people centred health care system and for the attainment of the highest possible level of health care for all the people.
- To promote projects and programmes that would give priority to prevention, education and primary health care, emphasise and encourage community participation, empower communities to foster self-sufficiency.



Along the lines of the Freedom Charter, SAHWCO is fighting for a non-racial, non-sexist, democratic, people centred health system.



**Medical students protest - SAHWCO also promotes the eradication of all forms of discrimination in the health sector in particular and society in general.**

- To promote and implement the concept that health care be controlled by the people.
- To protect and promote the interest of the people in health and health related matters.
- To promote and maintain the equality of all health workers.
- To defend the rights of health workers wherever and whenever possible.
- To promote communication, co-operation and mutual understanding between health workers, community organisations and unions with similar interests.
- To provide a forum for discussion on health and related matters.
- To promote the eradication of all forms of exploitation, discrimination and domination in the health sector in particular and society in general.

The dismantling of the apartheid health system would not necessarily ensure the people's involvement in determining health priorities. SAHWCO firmly believes that the authentic representative organisations of the people (civics, trade unions and women's organisations) should play an active role in contributing to health planning and implementation.





A union play on injuries at work - SAHWCO believes that authentic organisations of the people (such as civics and trade unions) have an important role to play in the struggle for health.

## Membership, structure and composition

In accordance with the constitution, all individuals, organisations or groups who aspire towards a just and equitable society and are willing to contribute to the struggle for better health in particular, and a better society in general, are eligible for membership of the organisation. This includes individuals formally employed within the health sector and also from the community at large. As an example, present members formally employed within the health sector include non-classified workers, doctors, radiographers, pharmacists, nurses etc. Community membership is drawn from across the spectrum and includes scholars, students, skilled and unskilled workers, activists, housewives and pensioners.

Structurally, the organisation is a national unitary type of organisation. Forming the foundation of the

organisation are local branches which are managed by a branch executive. The various branches within a particular region come together to elect a Regional Executive Committee (REC) whose task is the overall co-ordination of the region and to oversee the formation of the branches. A Regional Council is formed by the Regional Executive and the Branch Executive and serves to co-ordinate and facilitate the functioning of its branches and to review, alter, reverse, prohibit or support decisions and activities of the REC. The National Executive Committee (NEC) is made up of 13 members elected at the annual congress, ten of which have specific portfolios. The NEC attends to the day-to-day running of the organisation and decisions made by the NEC are ratified by the National Council which is made up of the NEC and REC.

Our emphasis has been and will be to encourage grassroots branch participation through the RECs. In order to ensure that our programmes are always "grounded" and do not float far above the people, we see the formation of the Community Health Committees (CHC) as very important.

## Campaigns and activities

Both HWA and HWO have in the past embarked upon a number of campaigns and programmes, some of which were aimed at a specific issues while others were long term projects. SAHWCO has continued to develop these projects. The underlying theme running through them is that they are community based and aimed at community participation.

### Community projects and programmes

A large number of programmes were undertaken by both HWO and HWA. The following offers an outline of the nature of our involvement within the communities. One of the essential prerequisites of any programme is that it be community based with community involvement. Some of the specific issues that have been tackled include:

#### *Child health screening*

The focus here was on the health of children up to the age of six, with the specific aim of promoting health awareness and education in the community; to identify health problems in the area and to build and strengthen the community and the organisation. The programme was conducted in Croftdente, Chatsworth in five phases over ten months. Of the children screened 24,3% were found to be malnourished. Apart from this,



No drainage systems in a Paarl East township - SAHWCO's educational programmes look at ways in which communities can address conditions affecting their health.



there were significant gains for both the community and the organisation. Parents were encouraged to continue taking a keen interest in the health of their children; a forum was established for community consultation and a significant number of community members joined the organisation or got involved in the project as volunteers.

### *Education programmes*

These usually concentrated on a single issue at a time. The inter-relationship between sickness, poverty, political and economic factors are highlighted. Methods of assessing primary care in managing these problems are emphasised. The educational programmes include TB information, gastro-enteritis, diabetes and Aids. The crucial point here is that *our approach is not a clinical one; rather we aim to place the diseases in their proper perspective and to look at ways in which affected communities can address them.*

### *Campaign against apartheid health*

The continuing deterioration in the quality of health services appears to have become an entrenched pattern in the state's approach to abdicate its responsibility in providing a free, equal and easily accessible health care system. In 1987, the crisis manifested itself in staff shortages, cutbacks on medicines and patient care and in 1988, by a significant increase in the hospital tariffs. The state has categorically stated in its revision of hospital fees that one of the principles in its approach to health care is to support the free market system and privatisation of health. It believes that curative health services should be regarded as a privilege and not a right. We reject this and believe instead that health care is a basic human right. Further, we reject the state's handling of the crisis within the health services and the high-handed manner with which such drastic measures are implemented. In 1987, HWO conducted a campaign against the staff shortages which had reached critical proportions within the Natal provincial hospitals. As a result of pressure from this campaign, a decision to restrict the number of patients seen at R.K. Kahn Hospital was reversed. This campaign was followed by a campaign against the cutback in medicines when, at a stroke of a pen, 900 drugs were removed from the hospital's dispensary.

### *Hospital tariffs campaign*

In 1988 a campaign was initiated against the increase in hospital fees. Community participation was ensured right from the outset by consulting as widely as possible and stemming from this, an interim hospitals tariffs committee was established. The campaign was divided into different phases: concentrating on conscientising and mobilising; addressing community organisations and the community at large; a petition campaign, during which 25 000 signatures were collected; and pressuring the authorities to review the situation. Although we were unsuccessful in getting the authorities to reverse this decision, significant gains were made in respect of community participation.



**Jacksondrift Project** - the organisation bases its programmes on the principle of community control.

We managed to put health onto the agenda of most community organisations and in the process, established a very broad based forum for consultation.

## Permanent community projects

*Jacksondrift Medical Project:* a health project in a farming area 25 kms from Johannesburg where there are approximately 10 000 farmworkers and their families.

*Fred Clarke Clinic for squatters at Chicken Farm, Soweto:* home to about 500 families.

*St. Wendolins Health Project:* a health project located in Marianhill on the outskirts of Durban.

*Welbedacht Health Project:* a health service on privately owned land on which African communities are squatting.

*Moorcross Advice Centre:* a comprehensive advice centre situated in Chatsworth.

It is our community projects which assist our communities in taking control of their destinies. These projects are run by committees made up of community members and a few from the health organisations who play a supportive role. Both the Fred Clarke and





**Adequate health care is one of the basic rights of all people.**

St Wendolins projects are both run by committees from the community who not only see to the administration but are also actively involved in primary health care and patient education.

This is not to suggest that there have not been any problems with such an approach. The most difficult task is that of ensuring community involvement. For years health has been viewed as a medical service which was the domain of professionals. Overcoming such entrenched perceptions is a long and slow process requiring perseverance and commitment.

Resources tend to be another problematic area. Suitable venues, equipment and finances are not freely available and tend to create obstacles in organising. The difficulty of recruiting a larger number of health personnel to help with the permanent projects has also been a problem. Despite these obstacles, however, we have found that our community projects have played a positive role in organising in the community.

## Media

Health and disease has been made confusing and obscure by professionals. The demystification of health and disease is an extremely important activity of the organisation. Through our publications (newsletters, magazines and pamphlets) health issues have been addressed in simple language in the vernacular. Articles on primary health care are often carried and health systems in other countries evaluated.

## Progressive primary health care

The primary health care approach has been considered to be one of the major answers to the dismal health system. Our involvement in the National Progressive Primary Health Care Network (PPHCN) has given us the opportunity to share our ideas and experience with other organisations.

## Emergency health teams

Torture, detention without trial and the indiscriminate use of violence by the state to try and halt the progressive movement is evident to all. Those who fall victim to apartheid are afraid to make use of state services because of harassment and possible arrest. HWA was one of the first organisations to respond to this challenge by providing emergency health teams. This service has now been extended to include the Emergency Services Group (ESG), run in conjunction with other progressive groups. This involves the training of individuals in our communities to be able to deal with injuries, counselling and crisis management.



**Allegedly beaten by police during a funeral - SAHWCO forms part of the Emergency Services Group, training communities to deal with injuries as a result of state violence.**



## Health Charter campaign

SAHWCO feels strongly that control of health, as with any other public service, must be in the hands of the people. Any future health care system must meet the demands of the masses. The Health Charter Campaign is an attempt to collect these demands and was launched in the Transvaal. The process of consultation has started. The other provinces have yet to get actively involved in this campaign.

## Labour

In the early 1980s, unionisation of health workers was neglected by most unions. Amongst health workers, non-classified workers are the most exploited and economically vulnerable sector. In 1982, HWA took a decision to actively assist in the unionisation of health workers into General Allied Workers Union (GAWU) and similarly, in Natal HWO undertook to assist with unionisation into the Health and Allied Workers Union (HAWU). After the formation of the National Education Health and Allied Workers Union (NEHAWU), both HWA and HWO committed themselves to continue in assisting with the unionisation of health workers.

## Organising and democracy

It is only through a truly democratic process of consultation and representation that the interest of one group can be prevented from being superimposed on that of another. The crucial question is how do we take health to the people in a democratic manner. The structural composition of the organisation ensures that the branches have community representation right through, from branches up to the NEC. Apart from this, was the need to establish firm structures within the community that would empower the masses and give them support and help in strengthening existing organisations. This need led to the formation of Community Health Committees (CHCs). These CHCs are made up of representatives from different organisations within an area and they serve as an intermediate link between health worker organisations and community organisations. It is through this structure that health can be put onto the agenda of community organisations and that the community in turn can influence and control health worker organisations.

## Future plans and visions

The struggle for better health is and must be viewed as part of the mainstream political

struggle. Whilst SAHWCO will concentrate on the health sector, significant gains cannot be achieved without fundamental political changes. Therefore, the primary task of SAHWCO, whilst tackling the health issues, is to get actively involved in the National Democratic Struggle. It is the task of everyone of us to conscientise, mobilise and organise all health workers into the mainstream political struggle. As we are part of the community we must stop remaining aloof, apathetic and indifferent to the struggles within the community. Only when we achieve fundamental change on a socio-political level and have a government that is based on the will of the people and that makes decisions in consultation with the people, will we see meaningful change in all aspects of our lives, including health.

We need to strive for greater unity within the health sector. Unity talks between SAHWCO, NAMDA, OASSSA, South African Black Social Workers Association (SABSWA), CSW and NEHAWU need to be actively pursued so that we can emerge with a strong united voice representing the interests of the masses.

On the labour field, SAHWCO's relationship with NEHAWU needs to be consolidated. NEHAWU is recognised by SAHWCO as the authentic labour organisation within the health sector. Attention needs to be paid as to how SAHWCO can build and strengthen NEHAWU and conversely, how NEHAWU can build and strengthen SAHWCO.

SAHWCO urgently needs to deprofessionalise and demystify health; to re-educate health workers not only in their relationship with one another, but also in the relationship between health worker and patient.

Greater emphasis needs to be placed on the training of health workers and on community projects.

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