



Health Workers' Union

History

The Health Workers' Union (HWU) was launched in December 1985. It consisted of a few hundred workers at a small number of private health institutions in Cape Town.

In the early 1980's there had been attempts to organise health workers. There was a need for unionisation amongst health workers because of poor wages and bad working conditions. In terms of unionisation, the health sector had lagged behind other areas, chiefly because of the position of state employed health workers. The existence of recognised staff associations, e.g. the Public Servants' League (PSL), resulted in the state refusing to recognise or negotiate with other worker organisations which had state health workers as members. These staff associations had a reputation of not doing anything for the workers, of siding with the state, of being "benefits" orientated and of being run along authoritarian rather than democratic lines.

Both General Workers Union (GWU) and the South African Allied Workers Union (SAAWU) attempted to organise health workers. They found great worker interest but they faltered as the state did not afford them any form of recognition and they therefore found they could not take up the problems of health workers in any meaningful way.

There was also an attempt to take over the PSL and as a result a number of workers committees at various hospitals were taken over by progressive elements. However, in the long term this attempt faltered as it failed to develop sufficient support within the PSL as a whole.

An organisation called the Health Workers Society (HWS) set up an health workers' advice office at the beginning of 1985 which tried to deal with health workers' problems on an individual basis. Through this advice office a number of workers' committees were set up at different private institutions which led to the launch, in December 1985, of the Health Workers' Union (HWU).

In September 1985, workers at Groote Schuur Hospital formed the Groote Schuur Health Workers Association. Because of the townships uprising, workers found them-

selves increasingly victimised at work and they felt the need for an organisation to protect their interests. Groote Schuur Hospital Workers Association developed tremendous support amongst the general hospital workers and by virtue of their strength forced a meeting with Management at Groote Schuur Hospital. From then on meetings were held with Management on a regular basis. Although the Association operated without official recognition, a number of local issues were successfully taken up.

Health Workers' Union now expanded rapidly into state and private hospitals, old age homes, welfare institutions, semi-state and even animal welfare institutions. Membership included mainly general workers such as cleaners, labourers and domestic staff as well as assistant nurses at a number of the private institutions. In 1987, Groote Schuur Hospital Health Workers Association joined the HWU.

In June 1987, HWU was present as an observer at the launch of the National Education Health and Allied Workers Union (NEHAWU). However, following the launch, tension developed between NEHAWU and HWU and the intention of HWU to become part of NEHAWU was withdrawn.



Hospital domestic workers - HWU recognises the importance of unionising health workers who suffer from poor wages and bad working conditions.

State hospital campaign

Towards the end of 1988 a number of work stoppages, initiated by the Groote Schuur branch, were held by state health workers. These later spread to other state hospitals. During the stoppages, which were of short duration ranging from a half to a full day, the following demands were made:

- R800 per month minimum living wage;
- a 40 hour week;
- permanent status; maternity benefits;
- recognition of the union.

A meeting was forced with the Director of Hospital Services at which a limited victory was gained in the form of a small increase in salary. No workers lost their jobs but workers at Groote Schuur were expected to work in, or have deducted from their salaries, the one day work stoppage. At present, the general unhappiness with the size of the increase and the lack of response to the other demands is under review.

The state health workers in HWU are currently consolidating their strength in the Western Cape and are exploring alliances with other unions in other parts of the country.

Structure

The HWU only exists in the Western Cape where there are approximately 4 500 members at present from about 40 institutions.

Each institution is a branch and each branch has a Shop-Steward Committee. The General Council consists of representatives from each branch and meets once a month. This is a decision-making body in between the Annual General Meetings and General Meetings. The Executive Committee is elected at the Annual General Meeting and concerns itself with the administration of the union. The Executive Committee takes emergency decisions on behalf of the union when such a need arises. Major decisions are made at General Meetings and these are held when such situations arise.

Position

We see ourselves as part of the progressive trade union movement and believe in unity of the working class. Where possible, we support action around the recognition of 1 May and 16 June as non-working days though, in the health sector, this is very difficult. We recognise and support the work of progressive health organisations but because of our own struggle, our active support is limited.

Private sector

A number of interim recognition agreements have been signed and we have stop order facilities at some of these institutions. Full recognition negotiations are in progress. Our members in this sector are covered by the Labour Relations Act and as a result a lot of issues of branches and individual workers have been successfully taken up.

Problems

These mainly involve the lack of funds. Because we are unaffiliated, access to funds is limited. The union is dependent on hand collections especially at state institutions. This has proved to be difficult in practice. A further problem related to inadequate funds is the inability to employ sufficient staff. This has resulted in an inadequate servicing of branches.

Conclusion

Since December 1985 there has been a definite growth, both in quantity and quality, of worker participation in the issues taken up by the HWU. It has been a long struggle, we are still struggling and we see ourselves struggling for a long time to come.

We feel however, that we constitute a significant factor in the health sector and an important part of the trade union movement. We do not see our struggle separate from that of other health workers, of other workers, or of the oppressed community as a whole. Whatever victory we are fighting for, will be their victory as well.

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Aspects of Rural Health Services Development

Experience from work in Mhala in the
Eastern Transvaal

1982 - 1984

The Health Services Development Unit is an outreach programme of the Department of Community Health of the University of the Witwatersrand. The Unit is based in the Mhala District of the Eastern Transvaal. Its work began with a skeleton staff of 2 in 1982, becoming formally established in mid 1983. The Unit was established to work in primary health care in the fields of health services development, health manpower development and community development. This commentary covers some of the work of the Unit in the period 1982 - 1984. The report covers the political economy of health and health care in Mhala, the development of some problem-specific health services, the functioning of different health care facilities, the development of a primary health care nurse training programme and an outline of the requirements for a minimum standard health service. The commentary is intended as a contribution to the debate on how to improve health and

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