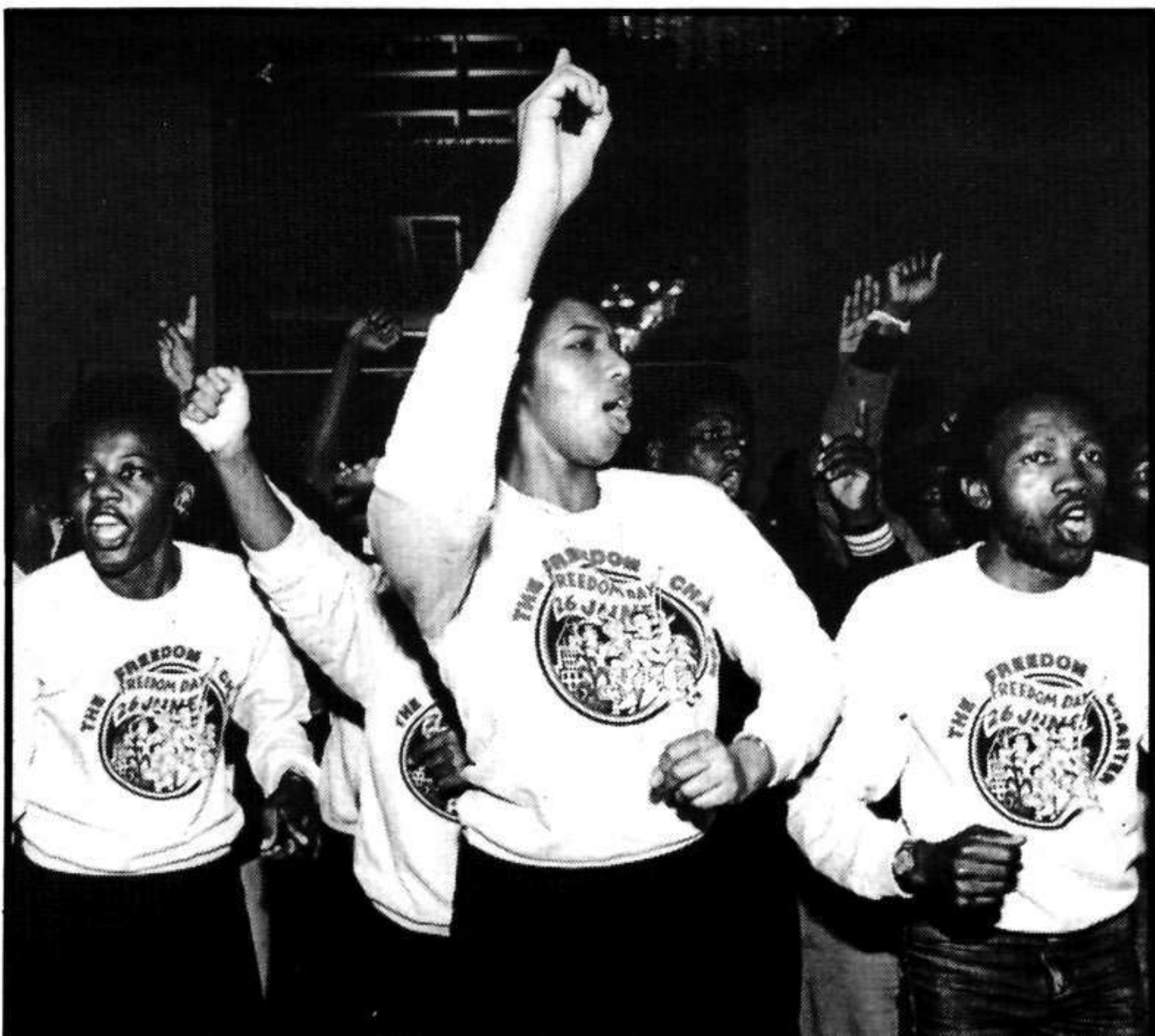


Health and the Freedom Charter

This article looks at the struggle for appropriate health care in relation to the demands laid down in the Freedom Charter. The Freedom Charter, it is argued here, constitutes a set of minimum demands which progressive organisations are now taking further.



The Health Charter Campaign

Progressive organisations operating within the health field have embarked on a campaign to develop a Health Charter. This process entails:

- educating people about the economic, social and political aspects of health and health care;
- co-operating with civic, youth, womens' and workers' organisations in mobilising people around health issues;
- collecting and collating their demands on health care needs and priorities, on the allocation of resources for health care, and on the structure of a health care delivery system which is to address those needs and priorities.

The Health Charter campaign was launched in 1985. Organisations represented on the Committee in the Transvaal include NAMDA, HWA and OASSSA. The campaign is supported by other organisations in other provinces, such as the HWS in the Western Cape and NEHAWU in the Orange Free State.

For its tasks of education and mobilisation, representatives on the Committee have, as an initial step, circulated the health demands in the Freedom Charter for discussion.

The political nature of health care

The Freedom Charter formulates health as a *political* demand. It indicates that good health is conditional upon the provision of adequate housing; on the State's commitment to preventive, accessible, equitable and appropriate health care; on adequate social security provision; and on the repeal of the migrant labour system.

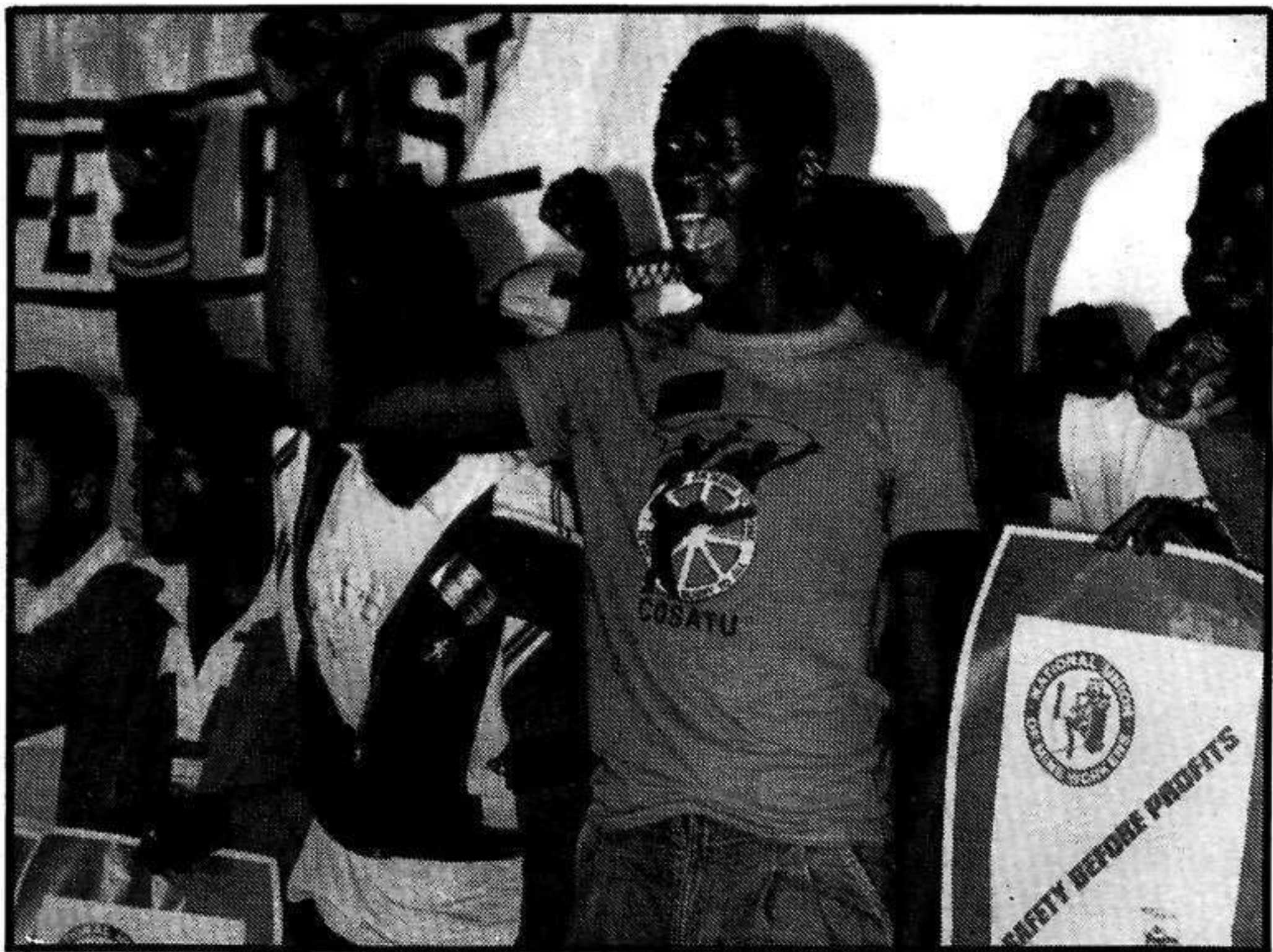
In linking health to all these social and political demands, it becomes clear that the present curative-oriented health care which is accessible mainly to those who can afford it, will not fulfill even the minimum demands set out in the Freedom Charter.

People will not be satisfied with piecemeal reforms which concentrate on isolated aspects of the living and working conditions facing the majority of South Africans.

Good health achieved in conjunction with other social and political factors, can only become a reality through political transformation.

This transformation, along with the establishment of an integrated national health care system is not to be pushed into the realm of a distant future.

At present, there are struggles in each area surrounding the health field: rent boycotts, demands for decent housing, resistance to forced evictions and removals, struggles in education, worker action for a healthy and safe workplace, negotiations for maternity and paternity rights, and for childcare facilities



Worker action for a healthy and safe workplace

Why a Health Charter?

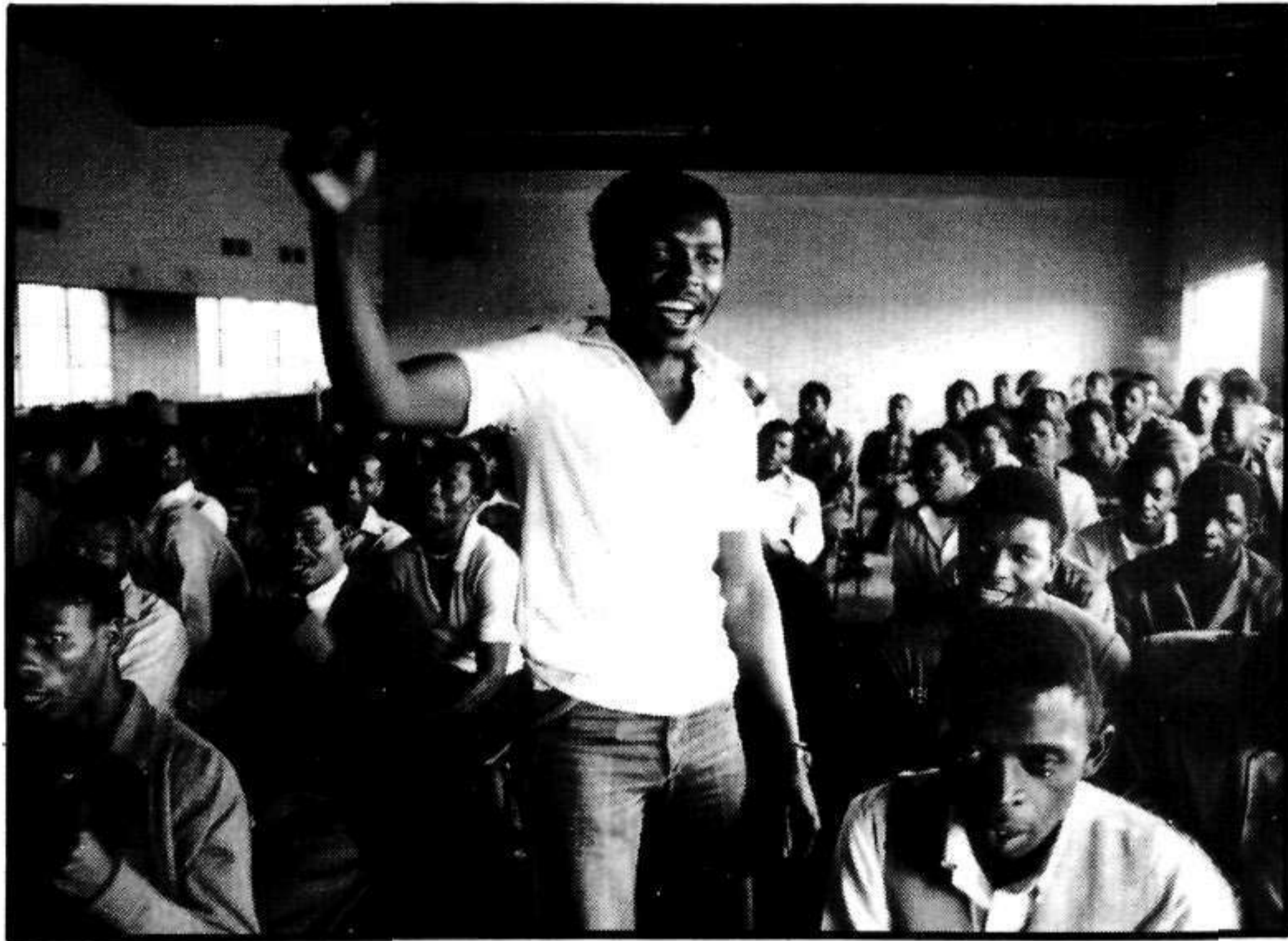
The question arises as to why progressive (health) organisations have thought it necessary to work towards a Health Charter over and above the demands of the Freedom Charter.

The Freedom Charter of 1955 reflects the state of opposition politics at the time, based on a broad class alliance. The creation of unity amongst sectors of different classes was of utmost importance, and the set of minimum demands laid down in the Freedom Charter is an expression of this lowest common denominator. To have addressed *particular concrete problems of transformation* at that time would have posed a threat to that unity.

Searching for more defined guidelines for transformation, however, is what characterises the state of progressive organisations today. Several of these organisations have therefore set about amending the demands of the Freedom Charter in cases where the latter were perceived to be vague (e.g. in the Women's Charter, the Education Charter, and the recently proposed Worker's Charter).

What is at issue in re-thinking and re-formulating minimum demands, is not

only those demands in themselves, but the *process* by which they become decided on, laid down, circulated and amended. The Freedom Charter and the process of its formulation have often been criticised for insufficient consultation; for having been decided on, in its final form, by a small committee; for insufficient worker representation; for lack of debate at the Convention; and for the process of simple acclamation, without presentation of a rival programme. All these aspects of the critique can be remedied today as worker, civic, youth and women's organisations are developing basic principles and practices of democratic participation, representation and accountability.



Organisations are developing basic principles and practices of democratic participation, representation and accountability

The challenge for health organisations

Thus, on the whole, conditions today are such that a set of minimum demands *can* be productively used as an organising, mobilising tool.

The challenge for progressive organisations in the health field lies in taking the debate around minimum and maximum standards to the broadest levels of their structures. In a field as hierarchically structured and divided as the health sector, this is a particularly difficult task as these divisions may be partly reflected in health

organisations themselves. Progressive health organisations will have to concern themselves with class divisions in the health sector if their demands around the re-allocation of resources and establishment of alternative structures within the health care delivery system, are to be specified and crystallised. For inasmuch as the health demands of the Freedom Charter have become acceptable to a broad class range of health workers and administrators as *maximum* demands, they are only *minimum* demands to progressive health workers and users.

Maximum standards for some are minimum standards to others

Today, many diseases are recognised to be caused by the sufferer's working and living conditions, and the prevention of those diseases is recognised to be linked to an improvement in living and working conditions. But official medical opinion would go this far and no further. This insight is *not* carried over into a reallocation of the overall budget to health, and in preventive, appropriate, primary health in particular; it is *not* carried over into creating a *unified*, integrated, centrally coordinated health system in this country. People are individually made responsible for the cause and the cure of their illness.

The White Paper on Privatisation and Deregulation tabled before the last session of Parliament refers to primary health care as a more cost-effective type of health care delivery; but as long as there is no political, social and financial commitment to the establishment of primary health care, the emphasis on primary health care remains mere lip-service.

These are just a few examples which show that the common denominator created by broad demands (which are minimum demands for the majority of people and maximum demands for the ruling group within the health sector) will not come any closer to creating an appropriate, accessible and affordable health service.

Conclusion

Demanding change without addressing particular problems of transformation (for instance the role of the various classes during and after the process) could have the effect of leaving intact some of the present structures. Political change in itself is not sufficient. This is evident from the examples of health care delivery systems in Cuba and Nicaragua which - despite the achievement of some of the goals of the national liberation struggles - remain largely urban-based, curative, hospital-centred and dominated by health professionals. In South Africa, it will require more than the removal of apartheid policies and inequalities to attain health for all. The renewed mobilisation around health care needs and demands is a realisation of this.



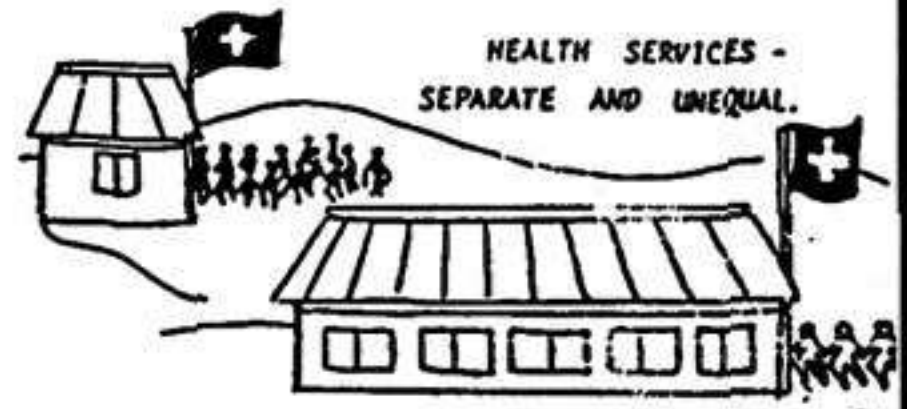
THE STATE SHALL PROVIDE PROPER HOUSING FOR ALL



THE RIGHTS OF PREGNANT WOMEN AT WORK MUST BE PROTECTED

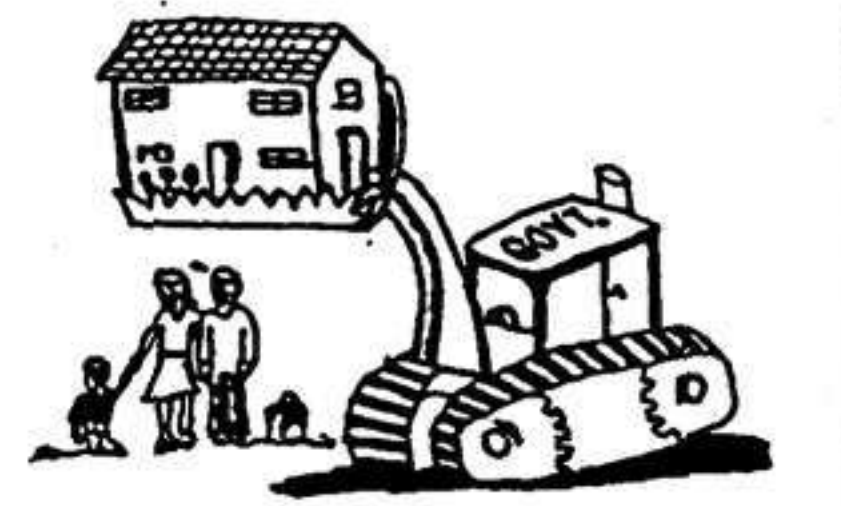
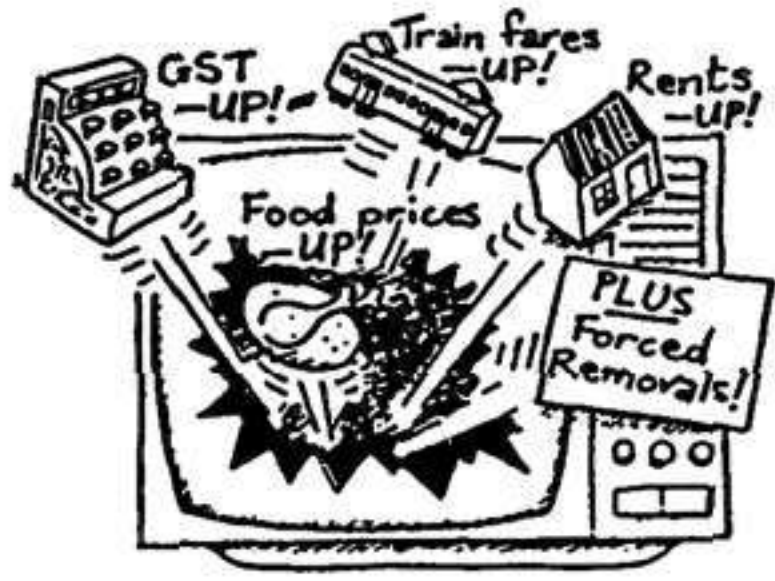
FREEDOM CHARTER

THERE SHALL BE HOUSES, SECURITY AND COMFORT!
 All people shall have the right to live where they choose, to be decently housed, and to bring up their families in comfort and security;
 Unused housing space to be made available to the people;
 Rent and prices shall be lowered, food plentiful and no one shall go hungry;
 A preventive health scheme shall be run by the state;
 Free medical care and hospitalisation shall be provided for all, with special care for mothers and young children;
 Slums shall be demolished and new suburbs built where all shall have transport, roads, lighting, playing fields, creches and social centres;
 The aged, the orphans, the disabled and the sick shall be cared for by the state;
 Rest, leisure and recreation shall be the right of all;
 Fenced locations and ghettos shall be abolished and laws which break up families shall be repealed.



- A SAFE AND HEALTHY JOB IS YOUR RIGHT.
- PEOPLE NOT PROFITS.
- WORKERS FIGHT BACK.

HEALTH CHARTER



END TO INFLUX CONTROL AND FORCED RESETTLEMENTS WHICH SEPARATES AND UPROOTS FAMILIES.