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He played rugby and learned cricket; he visited the neighbouring towns and took an active part in all activities except politics, which was prohibited in these institutions. Whilst at Lovedale, he visited the library at Fort Hare, where for the first time he could read about politics. At Fort Hare the African students had frequent discussions with the White students from Rhodes University, Grahamstown. They discussed political issues.

There were other forces which influenced Comrade Nkula. His cousin, Hamilton Kraai, together with Comrade Hector's uncle, Joseph Nkula, were involved in workers' strikes in Johannesburg. Nearer home in Port Elizabeth, huge strikes involving thousands of workers were led by Samuel Masabalala. Now the young Hector could buy newspapers and could also explain to his father, who could not read or write English.

Hector could not proceed to Fort Hare, because of financial difficulties. But with the help of Father Shaw he went to a seminary in Zonnebloem in Woodstock, a suburb of Cape Town. He completed his studies but was not allowed to do a degree in Arts, as the college councillors preferred one in Divinity. During the 18 months he was in Cape Town, a lot of things happened, and this was an eye-opener to Hector. On Saturdays he went to the city centre and to African townships, where political meetings were attended, not only by Africans and Coloureds but also by Whites. Here he saw, for the first time, Whites campaigning together with Blacks against a White government for the cause of the Blacks. He read newspapers he had not known before: *Umsebenzi*, *Forward*, *Black Worker* and the *Cape Times*.

Still pursuing his desire to quench his thirst for knowledge, Hector proceeded to Kimberley. Besides attending school, he met the ANC leadership and rank and file in Kimberley. It was here in Kimberley that Comrade Hector Sikhumbuzo Nkula got his first ANC membership card, through Mveli-Skota, the former Secretary-General of the African National Congress. This was in 1932.

From Kimberley Hector Nkula went to Johannesburg, where his real political ac-

tivity flourished. He worked in the Johannesburg structures of the ANC. He also joined the Communist Party; wrote articles for *Nkululeko*, a Party journal, in Xhosa; taught at the Party night school in Ferreirastown. Joining the ANC and the Party did not interfere with his professional work as a teacher.

For his membership of the ANC, Hector — though he had no regrets — had to pay dearly: he was sacked as a teacher. This was before World War II, and the ANC was still a legal organisation which was not involved in any 'subversive' activity. He had to earn his living by getting himself a hawker's licence, buying and selling soft goods from wholesalers.

Hector Nkula remembers the formation of the ANC Youth League, and the "ebullient Nelson Mandela," but:

*"though I was 34 years old, I was told I am too old to be in the Youth League."*

Nkula's activities in the ANC reflect the movement's history in all its ups and downs, its multi-pronged approach, its richness and diversity. Nkula was in the thick of it all. He knew personally all the leaders of the ANC — he was one of them; he was involved in all the movement's campaigns in the 1950s, including the question of the fight against the emergence of the PAC. In Johannesburg he usually chaired ANC meetings.

In the 1960s, when he was over 50, he joined Umkhonto We Sizwe. He trained, went to ANC camps, patiently and loyally awaiting instructions from the ANC leadership. His commanders were no older than his sons — hence they called him Tat'u Nkula (father Nkula). He worked in ANC structures in Lusaka, taking care of the welfare of our people. Very few will forget his contribution at the 1985 Kabwe Conference of the ANC, where he impressed everybody with his freshness of ideas and revolutionary enthusiasm — at the age of 75.

The funeral of Hector Sikhumbuzo Nkula in Lusaka in December 1988 was a re-dedication to the cause he had lived and died for; it was not a symbolic gesture, but a re-affirmation that the struggle continues. Hamba Kahle, Tat'u Nkula

F Meli

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HANHANGSEN, J.

# HEALTH WORKERS ASSOCIATION

ESTABLISHED 1979



NOT FOR GAIN

AFFILIATED TO THE UNITED DEMOCRATIC FRONT

ALL COMMUNICATIONS TO BE ADDRESSED TO THE SECRETARY

PRESIDENT M. MAILA  
SECRETARY R. BISMILLA  
ASS. SECRETARY D. MBHENSE/ H. RAVAT  
TREASURER P. VALLABH

P. O. Box 38266  
BOOYSENS. 2016.  
20 January 1988.

OUR REFERENCE:

YOUR REFERENCE:

Comrades/Friends,

As you might have been informed a few weeks ago, the HWA (Tvl, OFS, W.Cape) and the HWO (Natal) - on having adopted the Freedom Charter, will be uniting to form one organisation. The name proposed for the new organisation is the "South African Health Workers Congress" (SAHWCO). The launch will take place in Johannesburg in March 1989.

The HWA/HWO have over the years been emphasizing:-

- (a) The unity of all health workers irrespective of "professional" status.
- (b) The establishment of community based health programmes with the active involvement of the community in these programmes.
- (c) Opposing apartheid health services as being unethical, immoral and perpetuating racial and class divisions. It is responsible for the untimely deaths of tens of thousands of people, especially in the Black communities.
- (d) Adequate health for all can only be realised with the eradication of Apartheid and capitalism and the redistribution of the land and wealth in the country.

The HWA/HWO are presently involved in the following programmes:

- (1) Establishment of Community Clinics in deprived areas. We are also involved in the Progressive Primary Health Care network.
- (2) Provision and establishment of Emergency Health Teams for treatment of unrest related victims. Our involvement in the Emergency Services Group is geared towards the training in first aid of "non medical" activists in the community.

Initiating the Health Charter Campaign in order to further crystallise the concept of "Peoples Health". Our slogan in this regard is "Every Street Committee a Health Worker". To facilitate this, we are setting up Community Health Committees (CHC's) - made up of representatives of progressive community structures (civic, youth, women, students and workers).

- (4) Unionising of health workers (especially non classified health workers) into NEHAWU which is a COSATU affiliate.
- (5) Media/Publication - to expose Apartheid health and looking at alternative health models e.g. Mozambique, Zimbabwe, Cuba and Nicaragua.

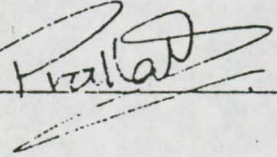
The launch of SNIWCO will be an important milestone in the struggle for better health for all our people. SNIWCO will continue to bring health workers closer to the needs of the people in the area of health.

The SNIWCO launch will be on 5 March 1989 (SUNDAY) at 11.30 a.m. Our guest speaker will be Father Smangaliso Mkatshwa. The venue will be confirmed later.

We hope that you raise the above in your organisation and encourage your members and supporters to attend.

"THROUGH DIFFICULTIES TO VICTORY"  
"HEALTH IN THE HANDS OF THE PEOPLE"

ours in the Struggle,



SNIWCO LAUNCH CO-ORDINATOR.

P. VALLABH.

PH: 393 - 1020 bleep code 6508

# the HEALTH WORKER

A PUBLICATION OF

HEALTH WORKERS ORGANISATION • HEALTH WORKERS ASSOCIATION Jan-Feb 1989

## TOWARDS UNITY FOR BETTER HEALTH

The Health Workers Association (Tvl, OFS, W. Cape) and Health Workers Organisation (Natal) have had discussions in the last year with a view to forming a National Organisation. The proposed name for the new organisation is South African Health Workers Congress (SAHWCO).

On the basis of the Health Worker concept, the HWA/HWO are open to all health workers. Both organisations are primarily involved in addressing to health related issues affecting the majority of our people who are oppressed and exploited.

All HWA/HWO programmes are community based with community participation. In this way we can be confident that our programmes of action and ideas are rooted amongst the people. Our slogan "Health in the Hands of the People" clearly attempts to give greater control to the people in determining health matters.

HWA/HWO are presently involved in the following programmes:-

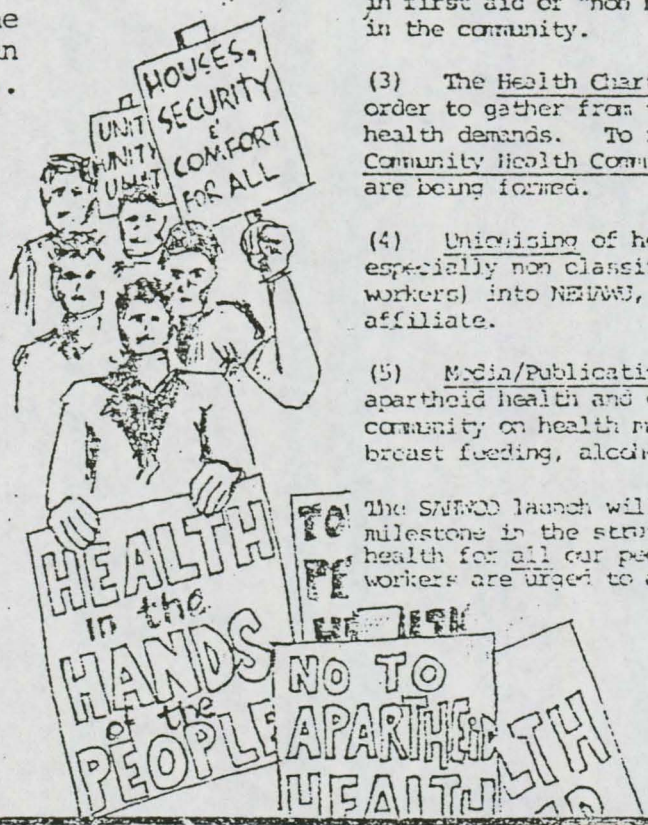
- (1) Establishment of Community Clinics in deprived areas. We are also involved in the Progressive Primary Health Care network.

- (2) Provision and establishment of Emergency Health Teams for treatment of unrest related victims. Our involvement in the Emergency Services Group is geared towards the training in first aid of "non medical" people in the community.

- (3) The Health Charter Campaign in order to gather from the people their health demands. To facilitate this, Community Health Committees (CHC's) are being formed.

- (4) Unionising of health workers especially non classified health workers into NEMWU, a COSATU affiliate.

- (5) Media/Publication - to expose apartheid health and educating the community on health matters e.g. breast feeding, alcoholism, Aids etc.



The SAHWCO launch will be an important milestone in the struggle for better health for all our people. All health workers are urged to attend.

## PRESIDENT'S MESSAGE

1988 is past and gone. It is time we take a look back and see what the year 1988 has left us with.

The oppressed majority is left with nothing but bizarre memories of fierce repression to peaceful resistance to apartheid. The year has seen the banning, by the Botha - Malan junta, of the progressive organisations i.e. the HWA and a number of its affiliates. COSATU was also placed under severe restrictions. The year has also witnessed the trial of the mass democratic movement, the month Durban riot trial, the largest and most expensive trial since Rivonia. The comrades leaders, Terror Lakota, Popo Molefe, Miss Chikane, have received

long prison terms and many others are awaiting such sentences. This is the cost we shall incur for saying NO! to Apartheid.

When I look at the health sector I see no positive changes, things are worsening instead of becoming better. The State is getting ahead with its privatisation programme. This is further eroding the scanty health facilities available for blacks and the gap between black and white health services will widen. Long hours, poor pay, harassment and victimisation of health workers, especially non classified health workers remain to this day. Hospitals are still overcrowded while some wards are closed the the white.

Johannesburg hospital.

What are our tasks for 1989?

- (1) We need to organise, organise and get more organised.
- (2) We need to come in our thousands to launch our national organisation - SAHWCO.
- (3) We must continue to campaign for a just, non racial and democratic health service.
- (4) We must defend our rights as workers and strive to improve our lot through United Action.

Lastly, I would like to take this opportunity to express my thanks

# VICTORIES IN '88

## BARA NURSES VICTORY

Since 1984 + 200 Maternity nurses were faced with serious working problems. The chief matron indicated that two of the six weeks leave must be accumulated. This accumulated leave would only be available many years later.

The "normal channels" of communication did not change the situation. Frustrated in all their efforts, the sisters approached the IWA to assist them in their struggle.

Legal advice was sought. The senior matrons agreed to scrap the compulsory 4 weeks taking of leave before the issue came to court. They also agreed to look into the other grievances.

## TARIFFS CAMPAIGN

With the increases in tariffs in Natal in 1988, the Health Workers Organisation (HWO) spearheaded a campaign to oppose the increases.

Approximately 30,000 people signed the petitions opposing the increases. Thousands of people attended meetings voicing their objections. The authorities were exposed for what they were - insensitive to the hardship and poverty experienced by the majority of people who used NPA services. People were made to realise that health was not a privilege - it is a basic right.

## DOCTORS UNITE AND WIN

In September 1987 a letter was published in the South African Medical Journal entitled "Conditions at Baragwanath hospital" signed by 101 doctors in the Department of Medicine. The letter pointed out gross deficiencies in the facilities available for the treatment of patients, especially in the medical wards. The hospital authorities responded by refusing to grant jobs to some signatories of the letter.

In December 1987, six doctors brought an urgent Supreme court application against the Superintendent of Baragwanath hospital, Director of Hospital Services and the Administrator of the Transvaal alleging an unfair attitude to their non appointment.

Through united action and community support - the 101 doctors were pardoned

## LENASIA HOSPITAL A PEOPLE'S VICTORY!

By standing together as a united community, the hospital authorities were forced to open the Lenasia South hospital on a non racial basis.

More than 50 community organisations supported the campaign and over 10,000 people signed a petition. Mass meetings were held. A united community response resulted in a victory for the people.

- The community is now demanding:-
- (a) That the hospital board comprise of the recognised leaders of the community.
  - (b) Privatisation must not be introduced in any form.

The struggle continues .....

ISSUED BY:

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AND HEALTH WORKERS' ASSOCIATION

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### from page 1 PRESIDENT'S MESSAGE

and gratitude to all those health workers who have thrown their lot, in the form of financial contributions or their labour and time, making our programmes of 1988 a success. I hope that we shall get the same response or even more, this year.

Forward to the National organisation of health workers!  
The Struggle continues!  
Mandla!

## RELEASE THEM NOW!

Of the numerous messages of support received at the launch, perhaps the most inspiring was the one received from the hunger-striking detainees that was smuggled out of the Hillbrow Hospital. The message brought into focus and highlighted the plight of detainees throughout the country. Part of the message read as follows:

*"We convey our greetings to all the patriotic health workers in our country who are today closing ranks in pursuit of the noble objective of ensuring that all people have equal access to health care.*

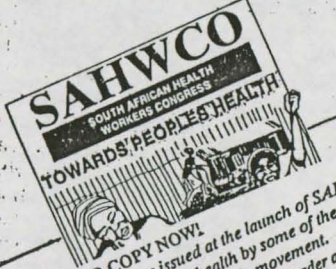
*We in Hillbrow Hospital are among the hundreds of anti-apartheid activists who embarked on a do-or-die hunger-strike as a means of highlighting our plight as detainees. We felt compelled to place our precious lives on the line in the belief that we have committed no crime, and that therefore our detention without trial goes against the fundamental precepts of Human Rights as clearly elaborated by the U.N. Charter on Human Rights. The hunger-strike we are embarked on is also a statement against the very evil system of apartheid which has given rise to a whole range of inequities and vile political, economic and social practices against the majority of our people....*

*We stand for equal and accessible health services for all  
We stand for Health in the Hands of the People!"*

Throughout the length and breadth of this country, organisations concerned with human rights, have focussed on the plight of detainees - detainees who have been languishing in jail for up to three years without charge - and have pressured the authorities to release them.

As health workers we cannot stand in the sidelines and allow our brothers and sisters to be subjected to this injustice.

**WE CALL ON HEALTH WORKERS TO REPORT ANY DETAINEES IN YOUR HOSPITAL OR CLINIC TO THE FOLLOWING NUMBER: 031-311204  
SIGN THE PETITION AGAINST DETENTION WITHOUT TRIAL!**



**GET YOUR COPY NOW!**  
This magazine was issued at the launch of SAHWCO. It contains speeches on health by some of the foremost leaders of the mass democratic movement. Copies are available at R2 each. To order a copy send a R2 postcard order and a return address to:  
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MZWAKHE MBULI - DELIVERING A POEM.

### MESSAGES OF SUPPORT

- INTERNATIONAL COMMISSION OF HEALTH PROFESSIONALS
- MEDICO INTERNATIONAL
- DAVID WERNER (HESPERIAN FOUNDATION)
- NATIONAL EDUCATION HEALTH AND ALLIED WORKERS UNION (NATAL)
- ORGANISATION FOR APPROPRIATE SOCIAL SERVICES IN SOUTH AFRICA (OASSSA)
- NATIONAL MEDICAL AND DENTAL ASSOCIATION
- CONCERNED SOCIAL WORKERS
- CRITICAL HEALTH
- MEDICAL STUDENTS REPRESENTATIVE COUNCIL (NATAL)
- CONGRESS OF SOUTH AFRICAN TRADE UNIONS
- AFFILIATES OF THE UDF
- HARRY T. GWALA
- SOCIAL WORK INTEGRATED STUDENTS SOCIETY (UDW)
- SACLIA CLINIC
- CENTRE FOR THE STUDY OF HEALTH POLICY (WITS)
- ALEXANDRA CLINIC
- NATIONAL UNION OF MINE WORKERS
- NATIONAL ASSOCIATION OF DEMOCRATIC LAWYERS
- SOWETO YOUTH CONGRESS
- SOUTH AFRICAN COUNCIL OF CHURCHES
- SOUTH AFRICAN NATIONAL STUDENTS CONGRESS (NATAL)
- TRANSVAAL INDIAN CONGRESS
- NATAL INDIAN CONGRESS
- KAGISO TRUST
- NATAL ORGANISATION OF WOMEN
- DIAKONIA (DURBAN)
- PAPER WOOD AND ALLIED WORKERS UNION
- POST AND TELECOMMUNICATIONS WORKERS ASSOCIATION (POTWA)
- TRANSPORT AND GENERAL WORKERS UNION
- GARMENT AND ALLIED WORKERS UNION (NATAL)
- CONGRESS OF SOUTH AFRICAN WRITERS
- ACTSTOP
- LENASIA WOMENS CONGRESS
- DURBAN HOUSING ACTION COMMITTEE
- JOINT RESIDENTS ACTION COMMITTEE (NATAL)
- CHATSWORTH HOUSING ACTION COMMITTEE
- DURBAN CENTRAL RESIDENTS ASSOCIATION
- JOHANNESBURG DEMOCRATIC ASSOCIATION
- NATAL COUNCIL OF SPORT
- CRISIS CARE (DURBAN)
- OPEN SCHOOL
- BYLEDENDE KRING
- ECUMENICAL CENTRE TRUST
- GREENWOOD PARK RATEPAYERS ASSOCIATION
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# SAHWCO NEWS

APRIL 1989

SOUTH AFRICAN HEALTH WORKERS CONGRESS



## HEALTH WORKERS MAKING HISTORY

On 5 March 1989, 2 000 people gathered at the Johannesburg City Hall to celebrate the launch of the South African Health Workers' Congress (SAHWCO). It was the first time in history that so many health workers had come together to add their voices to the struggle for better health in South Africa. More remarkably, however, they had done so under the most repressive conditions this country has ever faced.

"The challenges facing us, as health workers, are great," said Dr Ivan Toms, one of the guest speakers. "The struggles of the people is giving birth to a new country, a new nation - and birth, as we know it, is quite painful, and sometimes, bloody. But, as health workers, we need to be there, making sure that the new nation we're building is a healthy nation. There is great hope that a new South Africa - a nonracial,

democratic, and united South Africa - is about to be born, and we must be a part of that delivery!"

The launch of SAHWCO, spread over two days, was the culmination of four years of working together, and eighteen months of solid unity talks between the Health Workers' Association (HWA) and the Health Workers' Organisation (HWO). It was the long and careful preparation that facilitated a smooth-running launch, when, on the 4th of March, more than 600 delegates from across the country adopted the constitution and debated policy.

In his inaugural address, the President of SAHWCO sounded out his message to health workers, "For too long there has been a silent genocide in our country, that has gone either unrecog-



Father Mkhathwa, the keynote speaker,

nised or unchallenged. Every day, more than 100 Black children die from malnutrition; more than 20 die from TB; and 10 from measles - if that is not genocide, then what is? It is Black children who die, so this white government doesn't care. This genocide results from the unequal and undemocratic nature of our society, as well as its health services. If anyone doubts the existence of Apartheid in Health, then visit Baragwanath or King Edward Hospitals, and then go to Johannesburg General or Grey's hospitals - the reality will shock you. As health workers, we must challenge this inequality, discrimination, and domination at every turn, and we must also place our energies in creating a democratic alternative."

Father Mkhathwa, the keynote speaker, placed the launch in its perspective: "SAHWCO has come into existence at an extremely difficult moment in our history, a moment which will provide you with more than enough challenges to test even the most dedicated, committed, and courageous democrats. For an organisation of health workers, there are certainly more than enough issues to tackle."

The atmosphere created by the spirit of the crowd, the charisma of the speakers, and the dynamism of that great poet, Mzwakhe, was electrifying. It was a day that health workers made history!

## BUILDING UNITY

the challenges

Murphy Morobe was the special guest speaker at the launch where he spoke on the need for unity. His entire speech will appear in our next magazine. Here we summarise some of the important points.



I am here today to talk about unity. I am here to echo that deep cry in the hearts of every exploited and oppressed South African. History charges today to close ranks and unite in action to fight for a non-racial, democratic and of-course healthy South Africa. Our country is sick, it is split by that malignant tumour - a tumour that is born of a system in decay, a system which healthy mankind has declared a heresy, a system which we can all attest to be no different from that propounded by Adolf Hitler and Mussolini. But history has favoured us with the right anti-bodies, which as we are all aware has increasingly begun to neutralise any further advance of this Apartheid tumour.

Apartheid has sown the seeds of its own destruction - it now finds itself in a deep crisis. A serious crisis of confidence in the government has set in. The government has sought to place reliance on repression in order to perpetuate its hold onto political power.

When today, after 4 years of the state of emergency was declared, you as health workers unite to form SAHWCO, you thereby make a profound statement; a statement that no amount of restrictions can isolate from our people. Our celebration of this occasion should not only lie in the fact that we have had a successful conference, but it should lie in the fact that we have taken stock of the challenges facing us as health workers and in spite of what the 'lords of the manor' may want or not want us to do we have re-dedicated ourselves not only to fight for peoples health, but also to become part of the forces fighting to eradicate the unhealthy Apartheid environment.

This fantastic launch of our health workers Congress can never by itself give us all the answers. The real test of our unity lies outside this hall, it lies in the dusty streets of Soweto and Botshabelo, above all it is going to lie in the manner in which we'll challenge those who have ensured that 80% of our population become victims of some of the worlds most vicious diseases while they wax and swim in the fat of the land!

As we close this conference today, the spirit of unity that you have displayed here, we must take back to our community, because people there need this unity we have come to build and without it Apartheid will be on our backs for a very long time.

## HEALTH IN THE HANDS OF THE PEOPLE



At the launching congress of SAHWCO, on Sunday, 5 March 1989, the predominant message communicated by the speakers was that HEALTH IN THE HANDS OF THE PEOPLE can only be achieved when the people take CONTROL. Throughout the speeches political change, democracy, equality, and people participation were the key issues addressed. Their long history of struggle, their commitment to transformation, and their active participation in grassroots structures allowed each speaker to share with us a deep understanding and a clear vision of a future health system.

The keynote speaker, Fr Mkatshwa, focused on three broad areas. On looking at the state of the nation today, he stressed that the physical and mental well-being of each person is severely affected by the continuing state of emergency, the high unemployment rate, increasing economic hardships, and lack of housing, clean water and proper sanitation. Thus, the APARTHEID system itself, creates a sick society. Apartheid health, with its racial inequalities, its urban-rural maldistribution and its curative emphasis, cannot cater for its vast majority.

The second area dealt with was PRIVATE health care as a growth industry. Fr Mkatshwa stated that privatisation serves only the interests of big business, and effectively puts health care beyond the reach of the masses. The government, too, is encouraging privatisation and shirking its responsibilities.

Tackling the theme of 'reference' he looked at a FUTURE health system under a democratic South Africa. He saw the Freedom Charter, adopted by SAHWCO, with its vision of society as promoting health, rather than undermining it. A new health system must:

- give people 'power through knowledge';
- demystify health care;
- be provided by the state; -//
- be accountable; and
- be community-centered.

Health workers must be properly selected to meet community needs.

Fr Mkatshwa's concluding remarks stressed the need for health workers to become active in bringing about political change, and the need to abandon their professional distance and become part of the community.

Ivan Toms looked at the role and training of community health workers. He saw the use of community health workers as a dynamic development in attempting to reverse the professional monopoly on health care. Dr Toms explored the principles needed to direct this process:-

(a) SELECTION should be by the community itself, so that the community health worker:

- serves the people
- respects the people
- is accountable to the people;

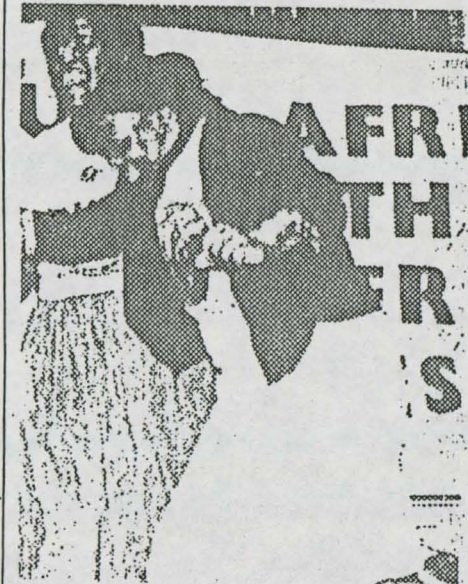
(b) TRAINING should:

- be appropriate to the needs of the people
- develop skills in prevention and health education, recognition and treatment of common illnesses, exposure of the community health worker to the sociopolitical aspects of their community;

(c) DEMYSTIFYING HEALTH: - imperative to this is the shifting of knowledge to the community, rather than confining it to the professional.

Dr Toms concluded that any change in the health sector must first see the eradication of apartheid, and the empowerment of the oppressed community.

## IS SAHWCO A UNION?



There has been much confusion and concern about whether SAHWCO is a trade union or not. While we in SAHWCO have repeatedly stated that we are not a trade union, the confusion continues.

Much of this confusion probably stems from a misunderstanding of the health sector. We sincerely hope that the wise words of one of our greatest leaders may lend clarity to this issue. In his message of support to the Congress, Harry T. Gwala had this to say;

"The inaugural conference of your organisation, concerned with the health of the people, comes at a crucial time in the history of the oppressed, with spiralling costs of medicines and the deterioration of health care caused by apartheid. For far too long there has remained a need to give this matter special attention. Your role, as I understand it, is not in counter-disposition to that of a health workers union... You are in fact complementary to the trade union. I hope you will go forward with your work with courage and fortitude."

We as SAHWCO recognise NEHAWU as the trade union that health workers must join in order to take up their economic demands.

5

The South African Health Worker Congress

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A. ANHANGSELA M.

### History

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

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 in 1982. CHC was open to all but had the restraint 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 of Natal.

In the Cape, the Health Workers Society was formally launched in 1982 but here again it was largely limited to the Cape town area. All three organisations were established independently of each other but having made contact, all three organisations began meeting with a view to discussing and developing strategies to strengthen the representative organisations. With time it became apparent that there was a great deal of commonness; that although regionally based, the areas of struggle overlapped and that significantly more could be gained via a unitary organisation than regionally representative ones.

Unitary talks were begun about two years ago - unfortunately during the process of discussion, differences with the HWS of Cape could not be resolved and they decided to withdraw. HWA and HWO continued with these discussions and in the interim both organisations were rapidly developing. HWO had extended its activities within Natal and HWA had set up branches in Welkom and Bloemfontein in the OFS and a branch in Cape Town.

The culmination of these unitary talks was the establishment of the South African Health Workers Congress which was officially launched on the 4 March 1989.

SAHWCO was launched to bring together all health workers under a unitary health organisation and 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 in the struggle for better health. SAHWCO was launched to help conscientise, mobilise and organise all health workers at two levels:

1. At the level of the non-racial democratic struggle since the primary determinants of health are social, political and economic factors and that the struggle for better health cannot be viewed in isolation from the struggle for democracy



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2. 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

1. 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.
2. 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.
3. To promote and implement the concept that health care be controlled by the people.
4. To protect and promote the interest of the people in health and health related matters.
5. To promote and maintain the equality of all health workers.
6. To defend the rights of health workers wherever and whenever possible.
7. To promote communication, co-operation and mutual understanding between health workers, community organisations and unions with similar interests.
8. To provide a forum for discussion on health and related matters.
9. To promote the eradication of all forms of exploitation, discrimination and domination in the health sector in particular and society in general.

#### 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 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 NEC is made up of 13 members elected at the annual congress, 10 of which are specific portfolios. The NEC attends to the day to day running of the organisations and decisions made by the NEC are ratified by the National Council which is made up of the NEC and REC.

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 issue whilst others were long term projects. The underlying theme running through all these projects is that they are community based and aimed at community participation. Schematically our involvement can be depicted as

Health Charter Campaign	Apartheid Health	Emergency Health Teams
Labour	Peoples Health	Community Project
Media	Community Health Clinics	National Health Service

1. Community projects and programmes

A large number of programmes were undertaken by both HWO and HWA. As an example, the following offers a guideline as to the nature of our involvement within the communities. As mentioned, one of the essential pre-requisites with any programme was that it be community based with community involvement. Some of the specific issues tackled include:

- child health screening: here the focus 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 organisation.

The programme was conducted in Croftdente, Chatsworth, in five phases over ten months. 24,3% of children screened were found to be malnourished. Apart from this, there was significant gains for both the community and the organisation. Parents were encouraged to and were beginning to take a keener interest in the health of their children; a forum was established for community consultation and a significant number joined the organisation or

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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 and primary care in managing these problems are emphasised. Educational programmes including TB, gastro-enteritis, diabetes, Aids, etc. The crucial point here is that our approach is not a clinical one; rather we aim to place the disease in its proper perspective and to look at ways in which affected communities can address these.

- campaign against apartheid health: the continued 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 and that it believes that curative health services should be regarded as a privilege and not a right. We reject this attitude and believe that health care is not a privilege but 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, by 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 consultation 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. 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 include:

- Jacksonsdrift 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. Community control is ensured right from the outset and these projects are run by committees made up of community members and a few from the health organisations merely play a supportive role. Both the Fred Clarke and St Wendolins projects are excellent examples in that both are 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 has not been any problems with such an approach. The most difficult task is in 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 to the struggle.

Resources tends to be another problematic area. Suitable venues, equipment, finances etc, are not freely available and tend to create obstacles in organising. Difficulty in recruiting a larger number of health personell to help with the permanent projects has also created problems in successfully organising. But despite these obstacles, we have found that our community projects put theory into practice and from our practical involoment we are further able to modify our theory.

2. Media

That health has been mystified by professionals is a matter of fact; demystification of health forms one of the pillars of the organisation. Via our publications ie, newsletters, magazines and pamphlets, health issues have been addressed in simple vernacular; articles on primary health care are carried and health systems in other countries evaluated.

3. Progressive Primary Health Care

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

4. Emergency Health Teams

Torture, detention without trial and the indiscriminate use of violence by the state to try and halt the march of our people is evident to all. These unfortunate victims of apartheid are afraid to make use of state services because of harrassment and possible arrest. HWA was one of the first organisations to respond to this challenge and hence the provision of emergency health teams. This has now been backed up by the training of our communities to be able to deal with injuries, counselling and crisis management through the Emergency Services Group training.

5. Health Charter Campaign

SAHWCO is totally committed to democracy and to the fact that control of health, as with any other service must be in the hands of the people. Any future health care system must articulate the demands of the masses. The health charter campaign, which like the freedom charter seeks to get the demands of the masses, was launched in the Transvaal where the process has started. The remaining provinces have yet to get actively involved in the campaign.

6. Labour

In the early 1980s, unionisation of health workers was neglected by most unions. Amongst health workers, non classified workers were the most exploited and economically vulnerable sector. In 1982, HWA took a decision to actively assist in the unionisation of health workers into GAWU and similarly, in Natal HWO undertook to assist with unionisation into HAWU. After the formation of NEHAWU, both HWA and HWO have 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 cannot be superimposed on that of another. Interlinked and interdependent is our method of organising to ensure worker and community participation. Whenever and wherever possible, SAHWCO has committed itself to organising health workers. Branches are formed both at the workplace and within the communities. These branches are the cornerstone of the organisation; it is the foundation on which the organisation is built. Branches exist to co-ordinate activities at the grass root level; to initiate projects and programmes that will work towards peoples health; to organise within the working environment and the community so that the masses can get involved in the struggle for better health. The crucial question here is "how do we take health to the people?" The structural composition of the organisation ensures that the branches have representation right through from branches up to the NEC. Apart from this, we saw the need to establish firm structures within the community that will empower the masses and will give support and help in strengthening existing

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