

An assault on our people - the increase in hospital tariffs

This article is the programme of a campaign launched jointly by the Health Worker Organisation in Natal, and other progressive organisations, to protest the tariff increases in the Natal Provincial and Kwa Zulu hospitals.

The crisis in the health sector

The ever deepening political, economic and fiscal crisis of the South African state is well established. However, what is of grave concern to us is the serious effects of this crisis in the state health sector.

The state health services have left much to be desired for a long period of time, but the continual deterioration in the quality of service has, of late, reached tragic proportions.



Working class people have been badly affected by the tariff increases

The hardest hit victims of this crisis are the black, disenfranchised, poorer, working class communities. With the increasing unemployment and inflation, they are finding it more and more difficult to survive and the health services have little if anything to offer them.



Pensioners receiving treatment after hours will have to pay R22,50

Manifestations of the crisis

The deteriorating state health services has manifested itself in many areas, some of the more obvious being staff shortages, cutbacks on drugs, cutbacks on patient care and increases in hospital tariffs.

The recent increase in hospital fees at Kwa Zulu and Natal Provincial hospitals will have a drastic effect on the community they are serving.

Facts about the tariffs

All patients will have to be reassessed in terms of how much they earn and how many 'assets' they have. It will be the patient's responsibility to prove that s/he does not have money to pay for health care. If, for example, an unemployed patient does not have a blue card, s/he is then debited for the maximum fee of R22,50.

There is no free treatment any more - even pensioners, grantees and the unemployed have to pay at least R2 each.

Those who do not or cannot fill in the assessment form, will be charged a maximum fee of R22,50.

Patients receiving treatment after hours (ie after 4 pm), on weekends or during holidays, are charged R22,50 even if they are pensioners, grantees, unemployed or earn very little. This is in spite of the fact that many patients are forced to come to the hospital at these times through the very real fear of dismissal, should they miss a days work.

Hospital staff who previously received free treatment, will now have to pay in cash.

Organising around the tariff issue - the first steps

These drastic measures have caused widespread concern amongst communities. A workshop, convened by the Health Workers Organisation (HWO) in May to discuss the issue, was attended by many organisations.

Representatives of health worker organisations, various community, youth and women's organisations, welfare and political organisations resolved to protest these increases.

A programme of action was drawn up in the workshop. It identifies four phases of the campaign to protest the tariff increases:

Phase one - groundwork: meeting with organisations

Phase two - fieldwork

Phase three - mass action

Phase four - confronting the authorities

Groundwork

An interim committee was formed. It consists of delegated representatives of various organisations. The committee is mandated to facilitate co-ordination of the 'Hospital Tariffs Campaign' spearheaded by the Health Workers Organisation in Natal.

Ever since the committee was established, various organisations, communities and mass meetings have been addressed by HWO on this issue. Attempts have been made to link up with community structures, to undertake house visits, to distribute pamphlets on a mass scale and to circulate the petition that was drawn up.

Since then, many more organisations have joined the protest. To date, about 200 thousand pamphlets have been distributed and approximately 7 000 petitions are in circulation throughout Natal.

At the last community consultative meeting held on 15 June 1988, it was resolved that the 'groundwork' phase of the campaign, ie house visiting, collection of signatures and pamphlet distribution, should draw to a close by the end of July 1988.

What has the campaign achieved thus far?

Through the campaign communities were informed of the crisis in health. The campaign has highlighted the mismanagement of public funds by the government, NPA and Kwa Zulu authorities.

It has exposed the effect of fragmentation and privatisation. Resistance to fragmentation and privatisation of health services has been building up at grassroots level. The launching and carrying out of the campaign has brought together a broad range of organisations, including trade unions, civic associations, youth, women's, sporting, health and welfare organisations in the struggle around a health issue. The campaign has shown community organisations that there are health care issues that they can mobilise around. In this way health has been put on the agenda of community organisations. The campaign has popularised the slogan 'Health is our Right' and it has challenged the authorities.

What more can the campaign achieve?

It can force the authorities to reverse some of its decisions.

It can show progressive organisations that health is no less important than rent, housing or education issues and can show community organisations that they have the most important role to play in achieving health for all.

The campaign can build a stronger link between health workers and the community and it can consolidate the resistance to fragmentation and privatisation at a grassroots level. It can show that central and local government is incapable of providing adequate, appropriate, equal and accessible health care.

Where to from here?

Because of the nature of the campaign, it cannot be dragged on for too long a time. Eventually, the gains made in the campaign must be carried through to a situation where health workers identify themselves as part of the community and take up health issues at grassroots level; where community organisations create health portfolios in their structures. This should contribute to the formation of Community Health Committees. Demands should be crystallised in a Health Charter, thereby advancing the National Democratic Struggle.