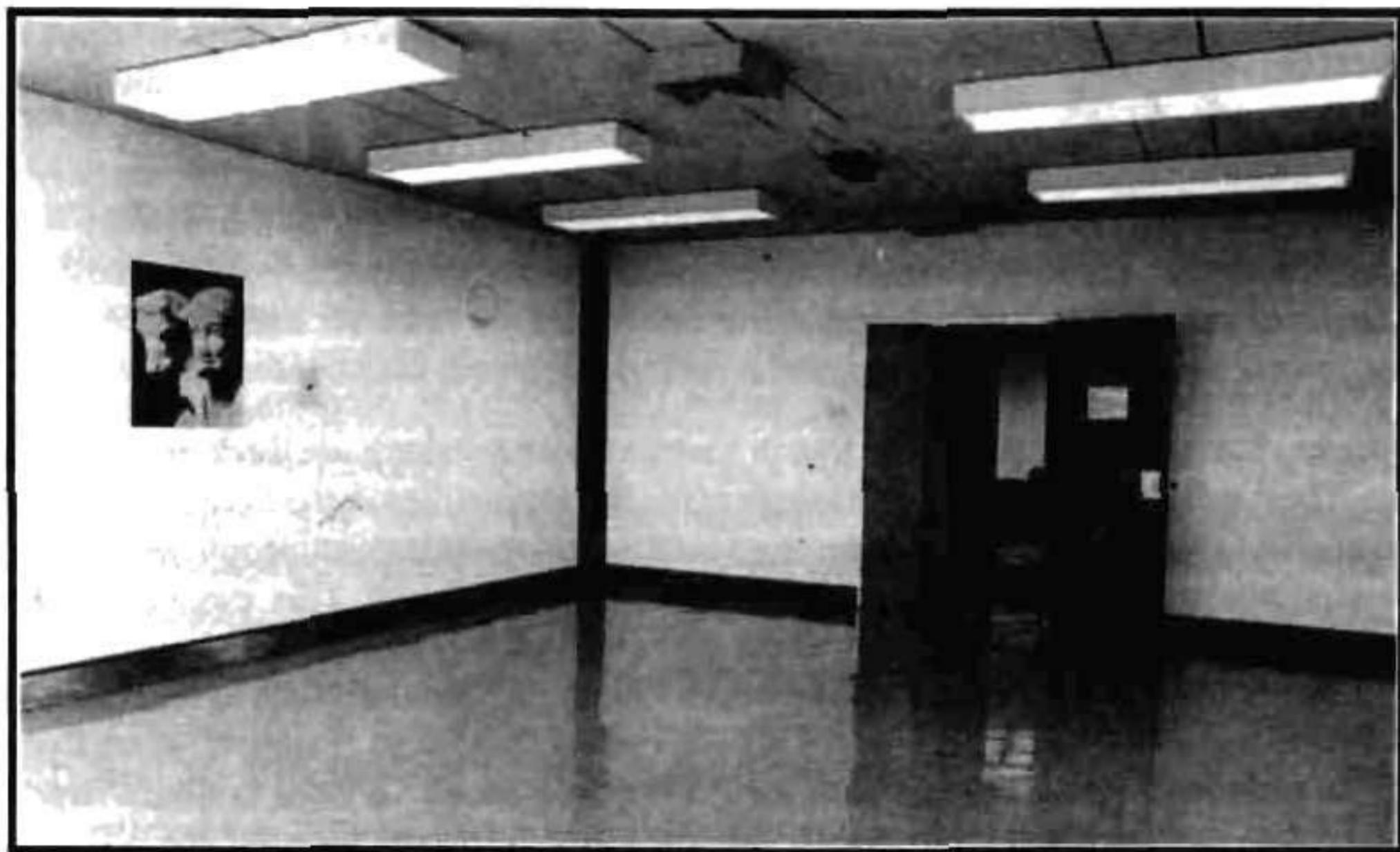


# The hospital defiance campaign

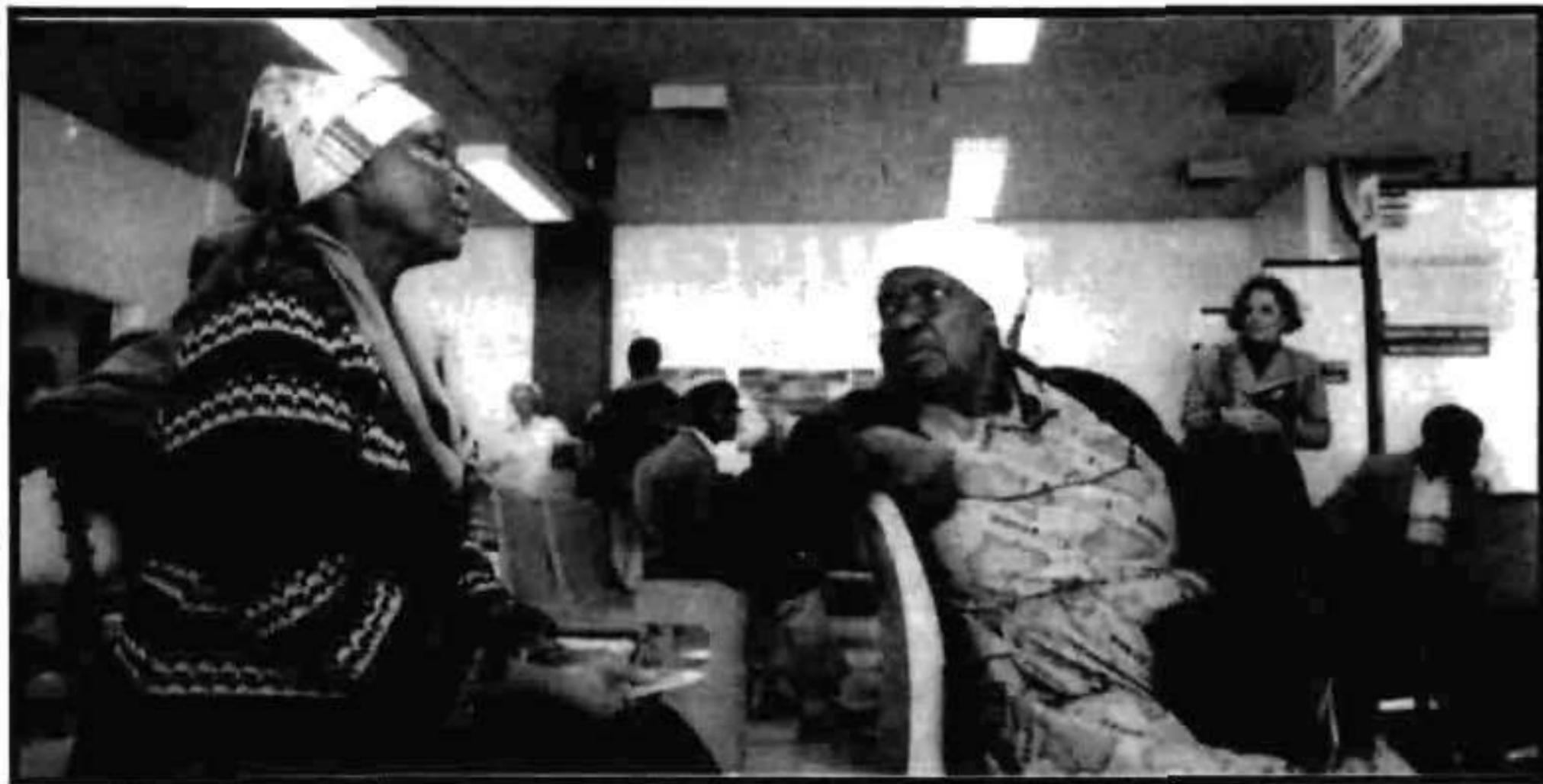
## Fundamental problems in the health services

The removal of the pass laws and the poverty of the rural areas has resulted in the rapid influx of hundreds of thousands of blacks to the urban areas. Yet, there has been no recognition by the authorities that this escalation in urbanisation has required an expansion of health services. Overcrowding and lack of financing for all hospitals, and black hospitals in particular, as well as the fragmentation of the public health sector into own affairs and general affairs, and into 10 homeland departments of health have to be urgently addressed.

This article briefly describes the Mass Democratic Movement's defiance campaign around segregated hospitals and argues that if the desegregation campaign is successful, it will logically lead to changes in the more fundamental issues mentioned above.



An empty ward at the white Johannesburg Hospital - thousands of blacks living close to this hospital must travel to overcrowded black hospitals in other areas to receive treatment.



Black patients present themselves for treatment at the "white" Johannesburg Hospital - the campaign declared all segregated facilities open to all.

## Reasons for the defiance campaign

Firstly, the authorities, as mentioned above, have not expanded the health services to meet the needs of a rapidly expanding urban population.

Secondly, residential segregation has broken down in certain "white" group areas and large communities of black people now live in areas where only "white" health facilities are provided. The state refuses to acknowledge the needs of black people living in these "grey" areas and to plan accordingly as this would amount to acknowledging the victory of these residents against the apartheid laws. Hence the situation in central Johannesburg where thousands of black women and children have no curative paediatric facilities and no maternity facilities within 15 km because, according to the state's master plan, the only blacks who live in "white" Johannesburg are workers.

These relatively recent developments made the inequalities in the hospital services available to blacks and whites all the more starkly visible. Moreover, people were being denied access to the nearest hospital because of their colour. This established the background consciousness against which the campaign was launched.

The campaign was co-ordinated by health worker organisations such as the National Medical and Dental Association (NAMDA), the South African Health Workers Congress (SAHWCO), the Organisation for Appropriate Social Services in South Africa (OASSSA), the National Education Health and Allied Workers Union (NEHAWU), the Concerned Social Workers (CSW) and the South African Black Social Workers Association (SABSWA), together with the broad mass democratic movement.

## Immediate objectives of the campaign

1. To publicise the fact that hospitals are still segregated despite claims by Minister De Klerk that apartheid is being done away with. This objective has been successfully met.
2. To get a "foot in the door" of the white hospitals and to ensure that some black patients would be seen and admitted to these hospitals. This objective has also been achieved and demonstrates the power of the Mass Democratic Movement to defy racist legislation.
3. To achieve the de facto integration of the hospitals.
4. To force the government to declare publicly that the hospitals will be open to all races.

The last two objectives have not yet been achieved but the campaign will be taken forward until they are.

## The broader implications of the campaign

If these immediate objectives are achieved, how will this campaign lead to an attack on the apartheid administrative structures and the inequality in resource allocation?

According to the tricameral constitution, health and hospital services fall under "Own Affairs". Each own affairs administration has its own budget for hospital services which should be spent exclusively on a single "race" group. Clearly, this can only be done if the hospital is either used exclusively by a single "race" group, or if the patients are divided up between sections of the hospital so that one can calculate what proportion of the hospital budget has to be paid by each department of health. Thus, desegregation of the hospitals would make the tricameralisation of health care unworkable and prevent the transfer of hospitals to own affairs administrations.

Furthermore, if the hospitals are desegregated, patients are likely to use the least crowded hospital in their vicinity. Thus the white hospitals which are presently underutilized will become crowded too. This is likely to lead to concern from whites and pressure on the government to increase resources to these hospitals. However, it will become clear that the only way black hospitals can be made comparably attractive to white hospitals is if they receive equal resources per patient. This could therefore become a campaign not only for equalising health care in the townships and the "white" metropolitan areas but also for raising the level of funding for health care in general.

## Ensuring the safety of the participants

The campaign targeted only a few hospitals: 4 in the Transvaal and 4 in Natal. The reason why only these hospitals were chosen was to ensure protection and support for patients

presenting themselves at these hospitals. Asking sick people to participate in a political campaign, where the potential for police intervention and violence is significant, has obvious ethical problems. It was important to ensure that patients would be escorted by high profile people, that the press would be present wherever the patients were, and that diplomats and international figures would be able to observe how the state responded to the black patients. This was achieved by limiting the focus of the campaign to selected hospitals. This does not, of course, mean that only those 8 hospitals will be targeted in the future.

## Placing health on the political agenda of the MDM

Health has never been high on the political agenda of progressive organisations (aside from the health worker organisations). However, this seems to be changing. Recently, we have seen anti-apartheid groups taking up health issues. This was perhaps the highlight of the campaign, for this is what will remain after the campaign quietens. This is another reason for focussing this first mass health campaign on issues that were straightforward and easy for everyone to understand; issues that no-one could possibly disagree with.

Once health achieves recognition as a political issue, alongside housing, education, land rights and others, then we can begin to mobilise people further around the more complex issues such as the quality of care they receive, access to health services, inequality, and democracy in health care.

*By the National Medical and Dental Association (NAMDA), Southern Transvaal.*

### HEALTH LINES

NAMDA and SAHWCO are encouraging doctors to refer their patients, when necessary and with the patient's consent, to white hospitals if convenient for patients (i.e. if the hospital is closer to where they live or less crowded).

When doing so, doctors have been advised to phone the hospital and inform the appropriate doctor of the transfer. A note should be made of the reason for referral, the patient's name, the referring doctor's name as well as that of the doctor spoken to, and the date and time of the conversation.

If any hospital worker refuses to treat or admit the patient, the referring doctor should contact one of the health lines below, with the details.

The patient, in the meantime, should be treated at another hospital and the above mentioned organisations will follow up the incident as well as monitor the situation in general.

Tel: 011-294060

Tel: 011- 3374775