

New Unity Movement



25th Annual

Presidential Address

Port Elizabeth FET College

Dower Campus

Port Elizabeth

23 April 2010

PRESIDENTIAL ADDRESS 2010

WELCOME

Comrades, friends, and honoured guests I bid you all a warm welcome to this open session of our 25th Annual National Conference.

This is only the second time in more than 18 years that we have been able to host such a conference here in Port Elizabeth and coming as it does after the first conference held in East London last year, it augurs well for a resurgence of our organization not only in this province but in other parts of the country as well. I am particularly pleased to welcome a significant number of new young recruits, from all over the country, some of whom will be participating in their first conference of this nature.

I trust that those of you who have come here either to renew old acquaintanceships with us or have come as curious observers, will find the address of some interest and that as a result you might be stimulated to seek to join us in prosecuting the work we have set out for ourselves in terms of our political policies and our programme.

IN MEMORIAM

Sadly, a number of stalwarts of our organisation passed away during the past year, and before proceeding with my address, I would like us to observe a moments silence in their honour.

Those whom we wish to honour in this way are:

1. RO Dudley 31/5/09
2. RS Canca 15/8/09
3. Cathy Steenveld 15/9/09
4. LM Mqotsi 25/9/09
5. Dawood Parker 22/10/09
6. Jimmy Hiebner 2/12/09
7. Marge Hanmer 22/12/09
8. Louis Roelf 2/4/10

In addition to these comrades, we remember Dennis Brutus who died on 26/12/09 and with whom many of us had strong fraternal ties.

INTRODUCTION

During the past year a number of issues and challenges that confront the citizens of this country in general and ourselves as an organisation in particular, have come to the fore.

Indeed the year under review has been characterised by a number of interesting, if not momentous events and one could devote much time to describing and commenting upon many of them. However time constraints does not permit this and by way of an introduction I will briefly touch on some of these as a background to the main focus of my address this evening, namely a consideration of the situation in the health sector which has become the subject of debate in recent times. By way of trying to show the stark choices that lie before the people of this country, I will review the Health situation as a means of illustrating the size and scope of the challenges confronting us here.

Other issues like the widespread service delivery protests and the crisis ridden education system will be the subject of papers delivered during our conference over the next two days.

The financial meltdown, which came to the fore in late 2008, continues to cast a dark shadow over events here. The effects of the global economic recession have continued to have a negative impact on the quality of living of us all.

Despite a belief amongst many economists that the worst of the recession is over and South African economists like Roelof Botha, in particular have an optimistic outlook regarding the future of the South African economy, the reality for the majority of people in this country is that things will probably get worse before they get better.

The unremitting poverty, homelessness, and unemployment will continue to dog the lives of the majority of the people of this country.

Lest we forget, it is those very people who were promised a “better life” and freedom from all the evils that blighted their lives during the Apartheid years, and who had the greatest expectations for an improvement in their lot, who now find themselves still most cruelly afflicted.

Small wonder that they express themselves in violent anger and many of them resort to crime to obtain the wherewithal of survival. And, while the exceedingly high levels of crime in this country may be attributable largely to adverse socio-economic factors, the mindless brutality inflicted on the victims of crime is equally a reflection of the anger felt by those who have been failed by the system that came into being in this country in 1994.

I will now deal briefly with some of the issues and events that have come to the fore in recent times.

COMMEMORATION OF NELSON MANDELA'S RELEASE

On the 11th February this year the country celebrated the 20th anniversary of the release of Nelson Mandela from the Victor Verster prison in 1990. This event generated great euphoria in many quarters; and commentators in the various print and audio-visual media had a field day in dissecting every aspect of that historic occasion. Much could be said about the true significance of that event, but time does not permit it.

Suffice to say there is almost universal acknowledgement that the high expectations generated by his release have not been realised. Just like the first democratic elections that followed in 1994, the release of Nelson Mandela 20 years ago has lost both its lustre and its promise. The failed promises represented by the events of 1990 and 1994 stare one in the face and we as the New Unity Movement see it as our task to rekindle a sense of revolutionary optimism and a rededication and commitment to bringing about a truly democratic, non-racial workers republic in this country.

THE POST POLOKWANE DENOUEMENT

The fallout from what may be called the post Polokwane denouement continues to dominate affairs, as it has done since November 2007.

The ousting of Thabo Mbeki and his supporters from leadership positions in the ANC and in the Alliance, the installation of Jacob Zuma as president and the apparent hegemony of COSATU and the SACP in the Alliance were some of the immediate spin offs from Polokwane.

While on the one hand the formation of COPE has proven to be a damp squib, a six day wonder, infighting and division within the ranks of all the components of the ANC-SACP-COSATU Alliance have become the order of the day. Furthermore, internecine strife within the ruling party itself continues unabated. This is manifested by a crass jockeying for party positions and for access to lucrative business deals.

At the same time, we have seen the rise of demagogue's like police commissioner, now general, Bheki Cele and Julius Malema of the ANC Youth League (ANCYL) who seem to have been given the job of court jesters by the ruling party. Their job is to distract the attention of the people of this country away from the true causes of their misery and to sow confusion in their minds.

And, in the background to all of this, the high levels of cronyism, corruption and conspicuous materialistic consumption amongst the ruling elite and the beneficiaries of BEE continues to shock and dismay one.

THE NATIONALISATION “DEBATE”

The well publicized call by Julius Malema for the nationalisation of the mines in July last year, exemplifies his role as alluded to above.

When he made the call for the nationalisation of the mines, Malema like a magician pulling a rabbit out of a hat, invoked the Freedom Charter, which we had all thought was dead and buried together with the Reconstruction and Development Programme (RDP), as the source of his inspiration.

This call evoked a number of interesting reactions.

Predictably, the media, the parliamentary opposition, and big business have all thrown up their hands in horror at this perceived threat to continuing foreign investment in the economy.

The response from ANC MP, Professor Ben Turok was revealing. He claims that he, as the author of the relevant clause in the Freedom Charter (article in M&G 23-30 July 2009 and letter to editor Sunday Times 2/8 /09) could vouch for the fact that the Freedom Charter did not call for nationalisation as alleged by Malema.

Now, while the President and other government ministers have been at pains to point out that nationalisation is not ANC policy, the other alliance partners appear to be split.

On the one hand, NUMSA and COSATU spokespersons have fully endorsed the ANCYL's call for the nationalisation of the mines, while on the other hand the SACP has strongly repudiated the call as “opportunistic” and as being made by a “faction of parasites”.

Apparently undeterred by any criticism of his views and encouraged by the president's injunction that there should be a debate on the matter, Malema, together with other members of the ANCYL recently embarked on a tour of other countries, most notably Zimbabwe; and China is also included in the proposed itinerary. The purpose being to gather first hand information on how nationalisation had worked in those countries.

One can only speculate as to the reasons why, if the official position of the party is against nationalisation, a debate on the subject is now being encouraged.

Stranger still is why the alliance partners have adopted different positions on the question.

Indeed, given the differing messages being sent out by the components of the alliance one is tempted to ask, who is fooling who?

It is indeed ironic that the question of nationalising the mines should now surface from within ANC ranks albeit that it might be argued that it emanates from its lunatic fringe, namely the ANCYL. The irony being that the ANC, since being in government has adopted and implemented a policy of wholesale privatisation of state owned assets and has now gone on record as being opposed to the idea of nationalisation.

Now I do not wish to enter into this “debate”, save to say that I suspect that the ANCYL has a different conception of nationalisation to that of COSATU. For the former nationalisation means, opportunities for the black elite to further increase their already bloated bank balances; whereas COSATU might be thinking of nationalisation as a means to achieving worker control of the means of production. Whatever the case might be, we would warn the workers of this country not to be beguiled by the apparently revolutionary rhetoric of the ANCYL. They should rather be calling for the socialisation of the whole economy of this country. They should be warned that the idea of nationalisation of business and industry is an accepted practice by capitalism-imperialism. A recent example that comes to mind is the so-called “*bail-out*” of the failed American banking system by Barack Obama, which was nothing but a form of nationalization. In this case, the bankers were saved from bankruptcy with taxpayers’ money and allowed thereby to continue earning their fat salaries and huge performance bonuses while workers would be left to pay for it through increased taxation.

Unity movement writers have long ago pointed out that “*nationalisation is one of the secrets of the independence trick which capitalism-imperialism has pulled in many African countries*”.

This debacle calls into question the much-touted dominance of the Left inside the Alliance, which was seen as both a cause, and an effect of the post Polokwane denouement. This has certainly not lived up to expectations insofar as the influence of the International Monetary Fund (IMF) and the World Bank (WB) on economic policy in this country is concerned. The neo-liberal strangle hold on the economy introduced by Trevor Manuel continues unabated. And now we are being subjected to a debate on nationalization of the mines rather than one on the socialization of the economy as a whole.

Furthermore, the fact that the COSATU leadership remains married to the false promise of the “National Democratic Revolution “(NDR) is a cause for concern.

The NDR may have achieved its aim of developing a black bourgeoisie but has seen the entrenchment of poverty and joblessness for the working class.

We must ensure that if there is to be a debate on nationalisation, that workers are fully informed of the implications and consequences if such a policy is not linked to the socialisation of the economy. That their right to decent work and decent conditions of employment can only be achieved through the establishment of state run companies under worker control.

We will be able to engage with this subject during this conference when discussion on a paper on the economic situation in China takes place.

THE SOCCER WORLD CUP (WC 2010)

In 2004, South Africa had the right to host the soccer world cup in 2010 bestowed on it by FIFA.

Right at the outset, it was made abundantly clear to the government that its authority would be subordinate to that of FIFA when it came to anything to do with running of the month long tournament. From the building of new stadia, to providing a new transport system, to providing state of the art medical facilities, to restricting the trading rights even of street vendors, FIFA would in effect be dictating government policy.

The government in its turn showed itself to be a willing partner and went out of its way to satisfy all FIFA’s demands, especially when doubts were raised about its ability to do so.

In 2007, a meeting between FIFA and the Department of Health (DoH) was held at which FIFA spelt out its requirements in respect of its needs for the medical treatment of FIFA officials, the competing teams and their entourages, for the tournament.

These included state of the art trauma units and other medical facilities.

It was at this meeting that the then minister of health Dr Manto Tshabalala-Msimang assured FIFA that her department and the government in general would ensure that all FIFA's requirements would be met.

As we have seen, the government has left no stone unturned in ensuring that FIFA's deadlines and demands are all met.

At the time, being granted the right to host WC2010 was hailed as a great achievement. An achievement imbued with the promise of great things to come; but will it?

Will those promises be realised or will the people of this country be looking back in years to come and curse the day WC 2010 came to these shores?

We were told that WC 2010 would prove to be a major boost for the economy. However, already some economists are suggesting that apart from a modest boost in tourism, this might not be the case.

What is clear however is that FIFA will be the main beneficiary of WC 2010. It is slated to make a profit of \$1.8-billion; which will exceed the profit earned from WC 2006 that took place in Germany.

FIFA reaps very handsome profits, no matter where the event is held. Only last month, FIFA declared results for the 2009/2010 financial year. On revenues of greater than \$1-billion, it had made a profit, mostly from TV and marketing deals of \$196-million. FIFA also boasted that its accumulated reserves had risen to more than \$1-billion. Not bad for a supposedly non-profit making organisation!

However, on the negative side, a recent report on a review of what happened in Korea/Japan which hosted the 2002 WC reveals that some of the stadia that were built there became white elephants and have since been demolished.

Now when one, considers the total amount of money, running into hundreds of billions of Rand, spent by the government on hosting this extravaganza in relation to that spent in addressing the huge social and infra-structural deficits in this country, then it is readily apparent where the true interests of the ruling class in this country lies.

The cartoonist ZAPIRO put this event into its true perspective with a cartoon published in the Mail & Guardian on 4 March

The cartoon depicts a shining new soccer world cup stadium with an adjoining informal settlement, 100 days before the official kickoff date. The caption over the stadium reads: "*What we've built so QUICKLY is a testament to our REAL commitment*".

The caption over the informal settlement reflecting the sentiment of those living there says; "*Huh! ... Exactly!*"

As the saying goes, a picture tells a thousand words and this cartoon brilliantly exposes the ANC government's skewed sense of priorities when it comes to addressing the legacies of Apartheid and the huge social deficits that exists in this country.

Another, very pertinent perspective on this event is given by Christopher Merret of the University of KZN, in the November issue of APDUSA VIEWS. In an article entitled, *"A noble cause betrayed: The ANC and the commodification and politicisation of South African sport"* he amongst other things says; *"There is no evidence from previous mega events, that the world cup will deliver any major benefit. Taxpayers will pay dearly for this act of national prostitution destined to bequeath a clutch of expensive white elephant sports stadiums."*

In the similar vein, Dr Udesb Pillay of the Human Sciences Research Council (HSRC) has published a book titled: *"Development and dreams: Urban legacy of the 2010 football world cup"* in which he reportedly gives the results of 5 years research and concludes that the economic benefits of being a host country have been overstated. (*Daily News 8 March*)

What has been said above about the ANC's approach to WC 2010 does in a certain sense provide one with a yardstick against which one can measure their handling of the broken down health service sector. As we stated in an editorial in our Bulletin of September-October 2007 which dealt with the collapse of the Public Health Sector, "Rather than address the problems in health directly, the government has become obsessed with the hosting of the World Cup in 2010 almost seeing it as a panacea for all the ills of this country. It is more concerned about changes to suit FIFA than it is about addressing the problems relating to the well being of the country's citizens"

As alluded to in the introduction, I have chosen to focus on an examination of the state of our health system both because of its topicality and because the state of the health system exemplifies how the ANC has reneged on its promise of a "better life for all".

THE HEALTH SYSTEM IN SOUTH AFRICA

As we stated in the editorial referred to above, *"Notwithstanding the government's commitment to the Alma Ata declaration (1978), the Millennium Development Goals (MDG) of the United Nations (2000) and having produced many policy documents including the Batho Pele Principles of health care delivery and a Charter of Patient Rights, the reality is that there has been a decline in the health status of the majority especially that of children and their access to health care facilities has become questionable."*

Since then the situation has become more dire and in the wake of the announcement by the government last year that it intends introducing a National Health Insurance scheme (NHI) which has received wide media coverage the situation in health has become topical.

Since it is the intention of the NUM to produce policy statements on Education, Health and other matters affecting the lives of the people of this country, ones comments here are meant to initiate discussion on the formulation of a policy statement on Health by the NUM.

Before proceeding further, I have a question. Is health care a basic human right? It would appear that the answer to that question is not as straight forward as it might seem.

While the answer to that question in a country like Cuba or the former USSR might be an unequivocal yes, in a country like the USA the question has been the subject of heated debate and disputation. Because in that country, while the majority of the people believe that it should be so, some very powerful people and vested interest groups believe that it is not a right. Others argue more cynically that it is a right provided that *"you can pay for it"*.

In other words, they do not believe that the state should provide free health care for all citizens. Nevertheless, the question of health care in the USA had become so important that Barack Obama and his Democratic party were able to push through some major reforms of their mainly privatized health care system in March this year. However, it should be noted that the Republican Party and

many powerful vested interest groups have vowed to overturn even those modest reforms which only bring the USA into line with the health systems operating in most industrialised countries.

But that is not what we want for ourselves here in this country!

The United Nations Declaration on Human Rights and the Alma Ata Declaration both state unequivocally that health is a right, although most countries in the world and especially those dominated by capitalism-imperialism merely pay lip service to it.

Certainly, the South African government claims to be committed to health as a right. The Department of Health (DoH) has since 1994 published numerous documents, which amply attest to the fact that this is the case. Why then do the people of this country suffer the appalling health outcomes that they do?

THE STATE OF HEALTH OF THE NATION

What is the state of health of the majority of people in this country?

The burden of disease that is the incidence and prevalence of disease in South Africa is exceedingly high and the health indicators for the population at large are shocking in the extreme.

Apart from a high incidence of a variety of infectious and largely preventable diseases, the toll that the HIV/Aids pandemic is having on the lives of the people of this country is inestimable. According to World Health Organisation (WHO) statistics for 2005, South Africa had a mortality rate of 675/100,000, which was the 6th highest in the world.

According to the latest estimates, the number of people living with HIV/AIDS in South Africa is close to six million.

According to the latest WHO statistics, the incidence of Tuberculosis in SA is 940/100,000, which is one of the highest in the world. The WHO regards an incidence greater than 200/100,000 as an emergency.

While this is a frightening statistic in itself, it becomes even more so when one considers that most of the people affected are HIV positive and that there has been an alarming increase in the incidence of Multi Drug Resistant TB (MDRTB) and Extremely Drug Resistant TB (XDRTB)

The shocking state of health of the South African population is revealed by the following Health Indicators:

- (i) Life expectancy at birth: 50 for males, 53 for females.
- (ii) Probability of dying under age 5 (U5MR): 69/1000.
- (iii) Neonatal Mortality Rate (NMR) - death in first month of life: 21/1000.
- (iv) Infant Mortality Rate (IMR) - death in first year of life: 56/1000

To put these statistics into perspective, the average life expectancy of people living in developed countries is more than 75 years; in a country like Cuba the U5MR is 7/1000 and the IMR 5/1000.

The IMR can be used as an accurate measure of prevailing social and environmental conditions in a country and also as a measure of the quality and efficiency of its health care services.

South Africa is a signatory to the Millennium Development Goals (MDG) of the United Nations that was set in 2000. The MDG's are meant to reduce poverty and improve health outcomes globally by 2015.

Eight goals have been set. They are:

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/Aids, malaria and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development.

Sadly, knowing the state of affairs existing here it should not be difficult to predict that we in South Africa have little chance of reaching any of those goals.

I will cite just one example to give an idea of the challenge confronting us in respect of South Africa achieving any of these MDG's. The U5MR (MDG goal #4) for South Africa in 1990 was 60/1000. The target set for South Africa is to reduce the U5MR by two thirds by 2015. This seems grossly unlikely given that the U5MR is currently 69/1000. It is rising rather than declining!

Thus given the general state of decline in the health status of the people of this country, not to mention the breakdown in the health care delivery system, which I will come to later, the folly of the government giving priority to spending billions of Rand on hosting the soccer world cup and the Gautrain project is obvious.

Quite apart from the tremendous burden of disease and the poor health indicators alluded to above, a number of other insuperable problems beset this country's health sector. These include infra-structural deficiencies, insufficient hospital beds, insufficient professional health personnel, and huge budget deficits carried by the provincial departments of health just to mention a few.

But over and above this we have to deal with the reality that we actually have two health care services in this country. The one service, the Public health system caters for the more than 40 million mostly poor people and most of whom are the main victims of the excessively high burden of disease. The other system is the private health system, which caters for only 8 million people.

South Africa spends approximately 8.6% of its GDP on health care. 58% of this is spent within in the private sector, which caters to 15% of all South Africans. Put another way only 42% of our health resources are spent on 85% of the population. The per capita spending on a patient in the private sector is 7.2 times more than that spent on a patient in the public sector.

Of the 34 324 registered doctors in SA, only 9959 work in the state sector. Only 43% of nurses are in the public sector. There are 42 000 unfilled nursing posts in the Department of Health. Finally, 31.2% of all health professional posts in the public sector are vacant.

These problems have been well documented by studies conducted by the Council for Scientific and Industrial Research (CSIR) and by the Development Bank of South Africa (DBSA). The DBSA in particular has in collaboration with the DoH and other stakeholders in the health sector produced a "Health Roadmap" process which details all the problems, deficiencies, and challenges confronting the public health sector in this country.

Similarly, the Health Systems Trust (www.hst.org) and its publication the South African Health Review (SAHR) is a reliable, non-governmental source of information regarding the state of the health sector in this country.

I will comment on a few of the problem areas which has resulted in the broken down public health system that currently exists.

INFRASTRUCTURAL DEFICIENCIES

According to a report in *The Times* of 11 March, the country has a R57 Billion backlog of health infrastructure. This is the amount needed to just revitalise or rehabilitate hospitals and clinics in all nine provinces. The Eastern Cape (R13.7-billion) and Mpumalanga (12.84-billion) were the most seriously affected.

HOSPITAL BEDS

A gross shortage of hospital beds is a distressing feature of the public health system. Reports of sick patients having to wait for interminably long periods of time in overcrowded casualty sections prior to their admission, being turned away or discharged prematurely from hospitals because of a shortage of beds is widespread.

The Private hospitals sector have about 31 500 beds in total available for the eight million members of medical funds. But even in the private sector there are not nearly enough neonatal, paediatric or maternity beds. Moreover, there are geographic disparities in the distribution of these beds, meaning that certain provinces have shortages of certain types of bed. On the other hand the public sector only has an estimated 100 000 hospital beds. Even combining this number of beds as envisaged under the National Health Insurance proposals which I will deal with later will probably be insufficient.

CRISIS IN TRAINING OF MEDICAL PRACTITIONERS

As reported in the South African Medical Journal the dire state of academic medicine in this country was brought home by a Parliamentary Portfolio Committee on Health hearing which was held on 21/10/09.

The portfolio committee listened to presentations made by the various Academic Health Complexes (AHC) of which there are 8 in the country.

Summarising the information given to the committee, the report says that the situation in the AHC 's was described as facing *"dire consequences in terms of health care worker output, research, quality of tertiary health care and practical training, with the Bloemfontein AHC in imminent danger of collapse."*

As an example the Pelonomi hospital in Bloemfontein was said to be on notice by the Health Professional Council of South Africa (HPCSA) to have its accreditation as a teaching hospital withdrawn unless major problems there were resolved.

Other shocking facts brought to light at the hearing included the following.

- Most existing nursing training institutions could not provide professional nurses as required by the 2005 Nursing Act. (The government closed down a number of nursing colleges after 1994 in terms of its rationalisation policies)
- Whereas the number of Medical Officers in the public sector had increased by 34% from 2001-2007, the number of specialists had only increased by 4%
- There is a shortage of 2,590 specialists in the public sector
- To satisfy specialist requirements in the public sector over the next 15 years would require a 34% increase in current registrar (specialists in training) admissions.
- The underfunding of specialist training at the School of Dentistry at UWC meant that 31% of posts were unfilled.
- There was currently one dentist to 1.5 million people and of 5 430 general dental practitioners 1,900 were working in the United Kingdom.

These facts serve to highlight the fact that a properly functioning health sector is crucially dependent on sufficient numbers of well trained health care personnel being produced by our medical schools and nursing colleges.

The medical schools are quite simply not producing sufficient numbers of doctors to provide for the health care needs of the population. In answer to a question in parliament this year the minister of Higher Education, Mr Blade Nzimande, indicated that only 1,306 doctors graduated from the eight medical schools in 2008. This number was down on that seen in previous years. For example 1,394 graduated in 2004. This revelation begs the question as to whether any research into establishing the number of doctors required to cater for the health needs of the country, has been done.

And to compound matters further, it has been conservatively estimated that up to 17% of doctors leave the country after qualifying each year. Clearly the country cannot afford to continue losing large numbers of such a vital human resource and measures to reverse this trend needs to be introduced.

THE GREAT DOCTORS STRIKE 2009

The unprecedented doctors strike during June last year was greeted with expressions of shock and dismay by all and sundry.

Two separate but interlinked issues appear to have been the catalyst for this strike action by doctors.

On the one hand the Occupation Specific Dispensation (OSD) of significant salary adjustments for doctors which was supposed to have been implemented in terms of a government resolution taken in 2007 did not materialise.

On the other hand the dissatisfaction with the general state of the health infra-structure in the country had been a longstanding concern amongst doctors employed in the state sector. This aspect has been largely driven by doctors who are not affiliated to any specific union

Both the media and the state have tended to emphasise the former as being the main reason for the strike whereas in reality the main impetus has been the latter.

The strike brought to the fore the lack of unity of purpose amongst doctors working in the public sector.

On the one hand the South African Medical Association (SAMA) which is the only union representing doctors in the Public Service Co-ordinating Bargaining Chamber (PSCBC) led the strike action emphasising the question of the implementation of OSD. On the other hand the United Doctors Forum (UDF) representing mostly junior doctors working in public sector hospitals, while emphasising a demand for salary increases which were substantially larger than that which SAMA had proposed, also highlighted the dire state of the public health sector.

The existence of two apparently mutually hostile organisations representing doctors is obviously a cause for concern. This does raise the question of health worker organisations and the role they must play in transforming the health sector in this country.

THE FINANCING OF HEALTH

The Budget allocation for health is 7-8% of GDP. This translates to \$ 869 per capita, which is on a par with many other countries. However, that is where the favourable comparison ends because the health outcomes in terms of the burden of disease and our health indicators are far worse than those of countries with similar budget allocations for health.

This year's budget saw the allocation for health increased from R86.9-billion to nearly R105-billion. This includes R3-billion for increased spending on HIV-AIDS. While this is welcome, this figure should be compared to the R119,4-billion allocated to the police and the army.

Each of the 9 provinces are responsible for providing health services. However, it has recently been revealed that most of them are deeply debt ridden and dysfunctional. The provinces are collectively indebted to the tune of more than R12-billion. The Eastern Cape for example owes R1.8 Billion. Furthermore, despite the overall budget increase, the actual budget allocations to the provinces has decreased year on year. For example, the Eastern Cape budget for 2010/11 is substantially less than the previous financial years.

So taking the above facts into consideration, it should not come as a surprise that the provincial departments of health cannot deliver and this translates into poor patient outcomes.

THE STATES RESPONSE TO THE HEALTH CRISIS

Given the constraints of time and the nature of this presentation, one is able to highlight only some of the many deficiencies and weaknesses that exist in the health system. And on its side the government has been the first to acknowledge the shortcomings in the health sector. They have come up with a number of initiatives meant to improve the situation.

Dr Aaron Motsoaledi the minister of health has grasped the nettle of the challenges confronting his department far more efficiently than any of his predecessors. And to his credit there have been significant improvements in the performance of the DoH under his leadership and there have been some positive developments. However these have largely taken the form of "too little, too late"

How does the government and the DoH in particular plan to deal with all the problems confronting them?

The initiatives that have received the most attention and media coverage have been Private Public partnerships (PPP) and the National Health Insurance (NHI)

PRIVATE PUBLIC PARTNERSHIP'S (PPP's)

Following the diktats of the WB and the IMF and being in thrall to a neo-liberal economic policy the government has been persuaded to accept the idea that it needs the help of the private sector in providing the infrastructure necessary for service delivery and in the health sector in particular. The brainchild of the IMF, PPP's provide a mechanism whereby the private sector not only finances the building of new hospitals and clinics or refurbishing existing ones including supplying all the equipment necessary to enable them to function efficiently; but they also provide managerial skills, and are supposedly more efficient in service delivery than the state sector.

The government has adopted PPP's as a matter of principal and to this end has established a PPP unit inside the national treasury. A whole new PPP industry has come into being with so called PPP "transaction advisor companies" which bring together private sector companies and government departments for specific projects. Not surprisingly this industry has a strong BEE presence. The DoH boasts of a number of such PPP projects, the most important one being the Nkosi Albert Luthuli hospital in Durban. These PPP constructed health facilities have all been touted as major successes by the DoH but anecdotal reports suggest that these have not been that successful in terms of service delivery and the costs of paying off what amounts to a loan from the private sector partners has proven to be prohibitive.

Whatever might be said in its favour, a PPP comes down to running the health service as a business, which in our view is iniquitous.

By we are not alone in our opposition. Others like health economist Alex van den Heever has stated his opposition to PPP's citing the British experience of poor outcomes with PPP projects in that country.

Patrick Craven, spokesperson for COSATU described PPP's as "a euphemism for creeping privatisation. Private ownership leads to higher costs, poorer services and the loss of jobs".

On the other hand, the government confirmed its commitment to privatisation. In his budget speech, Pravin Gordhan stated that, "*a closer partnership between the public and private healthcare systems is a prerequisite for the introduction of the NHI*".

The private health sector companies are of course very willing to enter into PPP's with governments not only here but beyond our borders as well. As an example, the DBSA has committed R700m to a PPP hospital project headed by the Netcare private hospital group in Lesotho. This being yet another manifestation of the Imperialistic nature of South African big business.

NATIONAL HEALTH INSURANCE (NHI)

The proposed introduction of a NHI was part of the ANC's election manifesto last year. The NHI it would seem is the ANC's answer to all that is wrong with the current health care system in this country. But is it?

The basic idea with the NHI is to provide a comprehensive health care cover to all irrespective of their financial or social status, through a single payer system. Details of the financing of the scheme and how it would function were broadcast widely for comment. In terms of time frames from its introduction, it was announced that the enabling legislation for its implementation would be tabled by June this year with the idea is that the new system would be introduced over a period of five years.

But before trying to reach some kind of understanding of whether the NHI as mooted by the ANC is a good idea or a bad one, we need to understand the reasons why the ANC has suddenly now come up with the idea.

The main motivation being that given the economic policies it has been forced to pursue by Imperialism, the ANC has come to the realisation that it will not be able to bring about the desired results in the countries very dismal health indicators unless it comes up with a new scheme.

The idea of an NHI has evoked a variety of responses from a variety of different interest groups and civil society. Basically the responses can be divided into those in favour of the idea and those against but the basis of the support or rejection is more varied

From the responses one has seen it is clear that there are those who support it either out of conviction or blind support for the leadership of the organisations to which they belong while others either represent vested interests opposed to anything that poses a threat to the supremacy of private enterprise and who see the NHI as a threat to the elitist, profit driven private health sector. Included in both camps are academics and "independent" political analysts.

To give some idea of the scope of the debate I will highlight just some of the views that have been expressed.

The most persuasive argument against the introduction of the NHI, in the form proposed by the ANC, comes from the ECONEX group of economic analysts who were commissioned by the

Hospital Association of South Africa (HASA), which represents the private hospital industry in South Africa. Their brief was to investigate the economic viability of the NHI. The study, which was quite exhaustive, concluded that the NHI was both unaffordable and unworkable. (www.econex.co.za)

Commenting on this study, Business Day in an editorial comment describes the NHI as “An unworkable solution” (*Business Day*, 17 February 2010)

The editorial states further that “Implementing an NHI within the kind of time frame suggested by the ANC, with the public health system in a state of collapse, state coffers running dry and the country suffering a debilitating shortage of skilled medical personnel, amounts to putting the cart before the horse.”

According to a report in The Sunday Independent, 31 January 2010, others who have expressed views critical of the NHI are independent political analysts Protas Madlala and Mohau Pheko and Academics like Prof Tom Wheeler of the South African Institute of International Affairs and Prof Robert Schire of the University of Cape Town's Department of Politics. According to the report, they agreed that the NHI could not work and “would be dead on arrival”. They also believed that the NHI was being used by the ruling party for populist gain.

On the other hand, a wide cross section of civil society organisations have expressed views which are generally in favour of the NHI. These include groups like The Treatment Action Campaign (TAC), Peoples Health Movement (PHM), SACP, COSATU and affiliates like NUMSA and NEHAWU, as well as the Board of Healthcare Funders (BHF) representing the medical aid schemes, and the Health Systems Trust (HST).

Some relevant points of view expressed include the following:

- The NUMSA trade union issued a statement on 15 February 2010, which was critical of the “dastardly” ECONEX research findings and saw it as a part of a ploy by “health profiteers” to undermine the progressive health reforms of the government.
- Louis Reynolds of the Peoples Health Movement (PHM) writing in Amandla magazine (Dec 2009/Jan 2010) sees the NHI initiative “as a historical opportunity to establish Primary Health Care (PHC) as the foundation of a high quality unitary public sector health system”
- The independent analysts Aubrey Matshiqi and Ebrahim Fakir of the Electoral Institute of Southern Africa are quoted in the same report as having said, “The accusation that the NHI was ideologically driven was being advanced by people who were also ideologically motivated or persons who supported private health profiteering interests.” (Sunday Independent 31/01/2010)
- Patrick Bond writing in Muslim Views (October 2009) argues that the NHI is needed to solve South Africa's health crisis. He cites research done by the John Hopkins Bloomberg School of Public Health in the USA. They developed an economic model, which would make an NHI both workable and affordable within the budgetary constraints of the present government's economic framework. He sees the NHI as making health care more accessible to the majority with resulting huge benefits to the country in the form of lower rates of illness (a reduction in the burden of disease) , increased labour productivity and “Keyneseyian multiplier economic effects which can be calculated as a 5% increase in overall economic activity. It has been made abundantly clear that for those who have expressed reservations or outright opposition to the idea of a NHI, health is a commodity rather than a right.

For them it is not a question of whether an equitable health system is necessary or desirable but whether such a system is feasible and or affordable in terms of the a present market driven capitalist economic system.

For most of these analysts and commentators, it comes down to affordability in terms of a business model. According them the present budget for both private and public sector is R 79-billion. And

since The total cost of the NHI when fully implemented as per the ANC's model would require revenue in excess of R300-billion., the NHI is simply unaffordable, end of story!
For them the question is simply one of affordability. It is based on the idea of health as a commodity rather than a right.

But, the question of an NHI is too important to leave to vested interests to rule on.

In response to criticism levelled against the NHI by vested interests and others opposed to its implementation, the government appears to be backing off from implementing it in the form originally proposed. The minister of health has been noticeably quieter on the issue, of late.

We need to mobilise communities to become involved in protests around demands for a free, equitable health care system. We need to organise actions around those demands. We need to rebuild a movement that will strive to put in place the only economic and political system that can bring those demands to fruition.

We cannot allow the question of the NHI to be seen in isolation from the broader socio-political issues that underpin the health system presently in place

In looking for solutions to the ghastly state of affairs, pertaining in the health sector one can but refer to the example of Cuba with its much-maligned Socialist system. Cuba has one of the best health care systems in the world, which can provide us with some valuable lessons.

The stark contrast in the health indicators for South Africa and Cuba is all the more remarkable when one considers that whereas South Africa is ranked by the World Bank as an upper middle income country, Cuba is a lower middle income country.

We should also take note of other views that have come to the fore concerning the question of transforming the health sector in this country.

- A notable recent contribution is that by Cde Lydia Cairncross of WOSA. In a paper, titled "*Towards a unitary system of Health for All*", she has put forward a commendable set of proposals which includes a set of "alternative/transitional demands". This paper was prepared for the Truth Conference, an initiative that I will refer to later

She lists these demands in the context of the following overarching philosophy:

1. Free healthcare for all
2. Single health system funded from a single tax base (implies nationalising the private sector)
3. True Primary Health Care based on the Alma Ata Declaration 1978

She proposes the following immediate demands:

4. Abolish ALL user fees at health centres
5. Stop privatisation:
 - a. End subsidies for medical aid
 - b. Reject social health insurance, we want free health for all
 - c. Abolish PPP's which prey on the public sector
 - d.
6. Health Funding
 - a. Scrap the defence budget and divide it between health, education, housing
 - b. Increase corporate taxation
7. Share Public/Private resources
 - a. Cluster hospitals geographically. Each private hospital legally required to donate a % human and material resources to neighbouring hospital

- b. Legislate no patient should die for want of an emergency treatment e.g. intensive care, when that is available in private sector
- 8. **All parliamentarians and Cabinet Ministers to use Public Health Facilities.**
- 9. Schools and workplaces as centres for Health Care
- 10. Human Resources
 - a. Open previously closed nursing colleges
 - b. Improve working conditions for health workers
 - c. Fill all vacant posts immediately!
- 11. Community Mobilisation around Health
 - a. Community health forums to run clinics/day hospitals
 - b. Youth volunteer system
- 12. Home-based care as recognised, paid work

THE PEOPLES HEALTH MOVEMENT (PHM) AND THE CAMPAIGN FOR THE RIGHT TO HEALTH

The People's Health Movement, which is a global network of civil society groups, researchers, activists, and teachers involved in health, was established in Bangalore India in 2000. (www.socialmedicine.org). The South African affiliate ("circle") of this organization has been in existence since 2003 and is based mainly in Cape Town. (www.phmovement.org)

The PHM has proposed the launch of a global campaign on the Right to Health (RTHC). Consequently, a RTHC was launched in Cape Town in 2007. This local initiative was supported by organisations like the TAC and Cosatu.

The PHM calls for *"a campaign led by civil society, and including many sectors that play a major role in determining the health of communities such as water, land, housing, education, labour etc."*

The PHM emphasises a resolution adopted by the UN in 2000 on the core obligations of the state in regard to health. The UN resolution describes the right to health

"as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health".

The goals of the right to health campaign (RTH) are given as:

1. To raise awareness in South Africa of what constitutes health.
2. The strengthening of civil society organizations in health. Currently, the campaign will help to re-establish vibrant civil society groups in the health sector.
3. Communities and ordinary South Africans to have a meaningful say in the development, implementation and monitoring of policies, particularly related to resource allocation, affecting government, NGO and private sectors. It is important to show that alternative models for affordable, accessible, acceptable, and high quality health systems are possible and provide the building blocks for these policies.
4. Enable South African organizations to link up with international networks of like-minded health groups as part of the campaign, thereby building international solidarity and capacity to advance the right to health.

The PHM emphasises having a health system that is based on the right to health and which is based upon an alternative model for affordable, accessible, acceptable and high quality public services that will realize the right to health.

There is a clear need for the PHM that is currently based mainly in Cape Town, to extend to other parts of the country.

- A meeting of some social movements held in Johannesburg in December 2008 drafted a document, which included the following demands in respect of health, which broadly echo those put out by the PHM.

They also stress that the problems in health cannot be resolved without also paying attention to the provision of a healthy environment and the implementation of measures to prevent pollution and ecological degradation, and put in place measures to promote ecologically sustainable development and social development.

They call for the provision of universal health care, including reproductive health care; *an* end to the privatisation of health care and all private services must be incorporated in a universal, state-controlled, and managed health care system.

Furthermore they highlight the provision of clean water and sanitation to all the people; the provision of adequate, universal social security for all, including for the unemployed.

THE NUM'S POSITION ON HEALTH

It is our intention as the NUM to produce a position statement on the question of Health in South Africa. We see health as a right but emphasise that we see it as an integral part of the demands contained in our Ten Point Programme.

Given our analysis of the nature of the state, we do not believe that the problems we face here can be resolved within the neo-liberal, macro-economic policies being pursued by the ANC.

While accepting reforms brought about as the result of struggle from below we believe that only the eradication of capitalism-imperialism will make it possible for the creation of a just and equitable society.

We nevertheless see the struggles around health as being an important rallying point for developing solidarity networks and forging unity with like-minded organisations and mobilising the masses to challenge the entire current economic and political dispensation.

BUILDING THE UNITY OF THE LEFT: A NEW BEGINNING?

This brings me to the penultimate matter that I wish to address this evening. This concerns a potentially promising development

Here I am referring to the beginnings of signs of a regrouping of forces on the Left as exemplified by the Conference of the Democratic Left (CDL) and Truth Conference (TC) initiatives

The decline in influence of the Left has been an ongoing cause of concern for us.

During the course of this year, we as the NUM have been invited to participate in two apparently disparate initiatives.

Both of these initiatives arise out of the contradictions thrown up by the failure of the ANC to establish a truly democratic dispensation in this country since coming into power in 1994. The post Polokwane denouement has simply added fresh impetus to these initiatives.

We will be considering our own response to these initiatives during this conference. Whether we agree to become involved or not we do need to understand where these initiatives come from and how they fit in with our own analysis of what is required in the struggle.

THE CONFERENCE OF THE DEMOCRATIC LEFT (CODL)

The main movers behind the call are: disaffected members of the SACP some of whom like Mazibuko Jara is a member of the AMANDLA magazine together with Brian Ashley of AIDC and

Trevor Ngwane of the Anti Privatisation Forum (APF). A key document explaining the rationale for this call is that by Vishwas Satgar also a disaffected member of the SACP.

It would appear that this initiative is a consequence of the fall-out from the ANC's Polokwane conference, at least as far as the disaffected SACP members is concerned.

With regard to some of the other protagonists, it may be worth recalling that the editorial collective of AMANDLA with Brian Ashley being a leading light was behind a call in 2005 for the formation of a "New UDF". That initiative was stillborn.

Is the CDL a more updated version of that?

A number of workshops designed to build regional structures for this initiative have been held in the Western and Eastern Cape and in Gauteng. A national meeting has now been mooted for June.

THE TRUTH CONFERENCE (TC)

The Umtapo centre in Durban together with the Centre for African Literary Studies (CALs) at UKZN; and the Workers Organisation for Socialist Action (WOSA) are the 3 main drivers of this initiative.

A number of regional workshops have already taken place, the most notable of which was one that took place in Cape Town on 13 February. An Eastern Cape regional meeting is scheduled to take place in June.

According to its proponents, the Truth Conference which is scheduled for September 2010 will be *"constituted by concerned individuals and activists who will be free to proclaim their party-political affiliation at the conference. That is to say, it is a conference that is open to any South African who is concerned about the state of affairs as it affects the urban and the rural poor"*.

The TC would be open to all concerned citizens: from faith-based to grassroots community groups.

A number of discussion documents have been produced including the one by Lydia Cairncross referred to above. It is envisaged that by the time of the TC, these documents would have been thoroughly discussed so that the TC would be the forum for the participatory development of a "national liberatory programme of action".

THE POSITION OF NUM

We have proposed the building of a United Front (UF) for Socialism.

And to this end, we engaged with a number of fraternal organizations in 2000 in what is known as the Port Alfred Initiative and we are currently involved in the Radical Left Network (RLN). We have been involved in the RLN with a number of other political organisations since 2006. It is based almost exclusively in the Western Cape. Developments in respect of the CDL and the TC will almost certainly have a bearing on the continued existence of this initiative.

In considering our response to these initiatives we need to know whether they are mutually exclusive, antagonistic, or complementary?

We need to clarify for ourselves how these initiatives fit in with our own call for the building of a United Front.

CONCLUSION

We would be fooling ourselves if we thought that we had all the answers to the issues and challenges confronting us.

The advent of a new democratic dispensation in 1994 has thrown up a whole slew of contradictions and new challenges that need to be resolved. Some of them have been touched on above.

However, there are still other questions that need to be addressed. These include the following:

What is the basis of our struggle to-day?

How do we disaggregate issues of class from those of race and racism?

Which are the contending classes in South Africa to-day and can the struggle for social, political, and economic equality still be predicated in terms of the well-known paradigms of class struggle?

What is the nature of South African society and to what extent do issues of race and group identity still obscure the class struggle?

What is the link between promoting the concept of nation building which envisages a society in which race and group identity are absent ie all groups of whatever colour or ethnic origin consider themselves to be South African in an inclusive sense. Given the dominance of group identity, is it realistic to expect workers of the various groups to coalesce into a single non-racial working class? In other words, is it possible for a "*white*" working class person to find common ground with a "*black*" working class person?

To what extent is class-consciousness as opposed to race or group consciousness developed in the SA population?

It is answers to questions such as these that need to be explored so that we can then embark upon a meaningful programme of action.

Our programme of action must be predicated on the building of a new society that is responsive to the needs of the people - a democratic and egalitarian socialist society.

I trust that I have succeeded in stimulating our observers into seeking to engage with us on some of the matters touched on in this address. We have made available a collection of our literature for those who are interested.

Equally, I trust that the address will provide delegates attending conference with a good basis for the deliberations that we will take place over the next two days of conference.

Let our watch words be: Mobilise, Rebuild, Organise.

For the building of a new movement against capitalism-imperialism

A Luta continua!

I thank you for your attention.

Basil Brown

President

23 April 2010