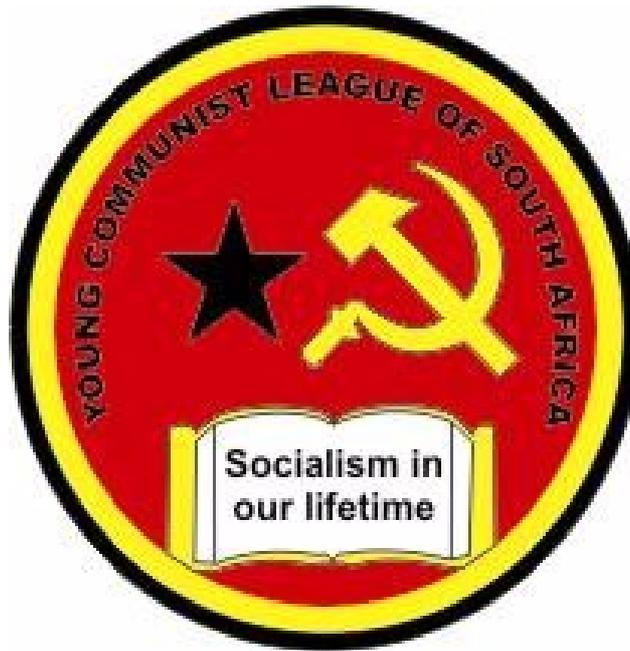


SUBMISSION OF THE YCL FREE STATE

TO THE

PORTFOLIO COMMITTEE OF HEALTH



ON FINDINGS REGARDING CONDITIONS IN HEALTH INSTITUTIONS IN
THE FREE STATE PROVINCE

JANUARY 2013

**CAMPAIGN FOR EFFECTIVE, EFFICIENT AND AFFORDABLE
PUBLIC HEALTH SERVICES FOR ALL**

Submission of the Young Communist League of South Africa in the Free State on its findings regarding the state of affairs in Public Hospitals in our Province presented to Oversight Committee of Health in the Free State Legislature, __/__/2013.

About the YCL Free State

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|------------------------------------|---|
| 1. Name | <ul style="list-style-type: none"> • YOUNG COMMUNIST LEAGUE FREE STATE |
| | <ul style="list-style-type: none"> • Youth Wing of the South African Communist Party, the most vibrant, biggest and oldest Communist Party in the African Continent. The only Vanguard of the South African Working Class, a character earned out of the struggle. |
| 2. Ideology | <ul style="list-style-type: none"> • Marxist-Leninist |
| 3. Principles | <ul style="list-style-type: none"> • Non Racism • Freedom • Equality • Socialisation of the ownership and control of the means of production |
| 4. Slogan | <ul style="list-style-type: none"> • 'Socialism in Our Lifetime' |
| 5. Establishment | <ul style="list-style-type: none"> • The Young Communist League of South African was established in 1921. • Banned together with the CPSA in 1950 under Suppression of Communism Act. • Re-established in 2003. • Inaugural Provincial Congress of the Free State in 2006. |
| 6. Pillars of Our Programme | <ul style="list-style-type: none"> • Building a strong YCL • Youth Development • International Solidarity • Political Education <p>Recently Successfully Conducted Activities</p> <ul style="list-style-type: none"> • Our 100 000 Free Sanitary Towels Campaign |

| | |
|-----------------------------------|--|
| | <ul style="list-style-type: none"> • Kabelo Thibedi ID Campaign • Jobs For Youth Campaign • Establishment of Communist University-FS • Health Campaign • Joe Slovo Right To Learn Campaign |
| 7. Presence | <ul style="list-style-type: none"> • 114 Branches in all Five District of the Free State • Structures in all local municipalities • Currently arguably the most vibrant and vocal youth organisation • Website, Facebook etc. |
| 8. Alliance | <ul style="list-style-type: none"> • In Alliance with the ANCYL • SASCO and • COSAS |
| 9. Constitution | <ul style="list-style-type: none"> • Available on www.ycl.org.za • Unitary Organisation |
| 10. Provincial Head Office | <ul style="list-style-type: none"> • 44 Fichard Street, Bloemfontein, 9300, Moses Kotane Building |
| 11. Leadership | <ul style="list-style-type: none"> • Provincial Secretary – Life Mokone – 082 529 3224, lifemokone@gmail.com • Provincial Chairperson – Eddie Lesenyeho – 079 236 7821, setabebela2011@gmail.com |
| 12. Head of Administration | <ul style="list-style-type: none"> • Thabang Mokitimi – 072 057 1403 • Thabang.mokitimi@gmail.com |
| 13. Spokesperson | <ul style="list-style-type: none"> • Fezile Sonkwane – 079 991 4618 – Fezile.sonkwane@gmail.com |

Introduction

We welcome this opportunity for a public consultation process that is due to us, the public, as protected in the constitution of the Republic of South Africa. We believe that the committees involved in the process of playing monitoring role in relation to health services in the province are faced with one of the most daunting task of serving the downtrodden majority. We should however indicate that as the youth we are more worried of some happenings whose intentions seek to threaten democracy and development. We stand before this committee today with confidence that our submissions will receive the urgency it deserve from your actions and begin to restore confidence of majority of our people and on institutions that advance and deepen democracy.

As part of our commitment to defending the rights of the people to be consulted we are have already met with all the people affected by the issues we raise in this submission. We also respect that anonymity of the people met, our sources of information and locations on fear of intimidation and abuse by those in positions of power.

We must indicate that whatever we will raise in this submission and even the outcomes that your reaction to this may bring should find expression in all relevant the pieces of available legislations. We will appreciate highly that as part of the process, reasons should be shown to all of us including the media on why some of our proposals may not be supported. Further, we must indicate that the final arbiter on this matter is the people whom we stand to represent and although they might find it hard to participate in this process, they too expect answers to the questions we pose.

Background

From early years into democracy the South African Communist Party has campaigned tirelessly for universal access to quality health care service in South Africa. The campaign of the SACP intended at discrediting the neo-liberal policies that were implemented by government and replace it with a health system that places the quality of life at the centre rather than profit for the few. It sought to push and influence government to establishing a health system that relies more on prevention rather than treatment as has always been the case in our country.

To reach a breakthrough to this goal the SACP, its youth wing and the public in general engaged in an array of activities which were coined under the Red October Campaign although prolonging beyond the month of October, to visit public health care institutions, to meet recipients of services and to assess the situation. In doing that, we allowed no limitations in relation to the things we supposed to deal with, from access of proper medical care, relevant drugs for relevant diseases, relevant doctors for relevant patients, conditions affecting access to service, employee satisfaction and retention of skills for the future.

As part of this activity, the Young Communist Leagues of the Free State produced a document (Annexure A) to stimulate continuous debate within our society on how best we can engage in finding solutions to challenges facing the public health care in our country. This document was informed by the visits we made to public institutions, public dialogues taking place in different periods and the people who on daily basis turn to the YCL for support.

For the record, it is worth mentioning that some of Health Institutions in the province that we visited as the YCL in the period of three years include the Universitas Academic Hospital, National Hospital(Both in Bloemfontein), Bongani Hospital(Welkom), Thebe Hospital(Harrismith), Phutholoha Hospital(Ficksburg), Parys Hospital(Parys) and Tshiame Clinic(Tshiame B). All this institutions informs the content of this submission however with emphasis to UAH which is the only tertiary health institution in the province and a pilot for the implementation of the National Health Insurance.

Legislative Responsibilities that informs the submission

As the YCL Free State, we emerge from the premise that Health Institutions in South Africa are there to promote the health of all people by ensuring access, effectiveness, caring and most of all serve as agents of the people to roll out a clear national health system supported by primary health care approach. This in our view is not voluntary and certainly not depending on the understanding or interpretation of individuals but legally binding while any infringement is prosecutorial.

Part of legislative mandate that assisted us in our campaign range from *National Health Act, 61 of 2003*, the *National Policy for Health Act, 116 of 1990*, the *Academic Health Centres Act, 86 of 1993*, the *promotion of access to information Act, 2 of 2000*, the *promotion of equity and prevention of unfair discrimination Act, 4 of 2000*, the *skills development Act, 97 of 1998*, and *Employment of Equity Act, 55 of 1998*. We are confident that all this pieces of legislations and more other ones find better expression in this house and are well defended from here.

Some Perceptions on Health Service in our country

Since the inception of democracy, public health service in our country has mainly been viewed as the backbone of the country's health system. This is despite a whole range of health institution being subjected to the brutality of tender system which promoted the dog-eat-dog mentality at the expense of the lives of our people. There has been some more advanced infrastructure in public health institutions, advanced technologies and proper methods for preparedness. More and more people began to have access to health facilities with more and more staff component available to assist people. Distance between people and services became in many areas the issue of yesterday and sometimes more critical some patients being attended to in their homes. The public health services slowly began to match some of the private institutions and even receive referrals from some private institutions.

However, perceptions that the public health service institutions are risky continue informed by challenges of accidents and poor delivery of service to the people. Moreover, that was not only the problem but also the opportunistic private sector that

seeks to feed on the carcass of the declining government services. Here the private sector sought dominance while political parties in our country sought to score cheap political points by comparing the service provided by government with that of private conglomerates. The society on the daily basis is fed information about non functionality and manageability of government institution with the blame entirely apportioned to the ANC. Such attempts however never succeeded because majority of our people cannot afford the ridiculous over-pricing of private health care the legacy that will be reversed by the implementation of the NHI. This I mention Chairperson, deliberately with full knowledge that some ideologies in this legislature do not support the implementation of the NHI. The safety of families and non role specific emergency response requirements remains a nuisance against public health system today.

Labour Relations

We are concerned that across the length and breadth of complains we received throughout our campaigns work, the most passionately presented are labour matters ranging from conditions of work, staff component, salaries and skills transfer. Certainly, in majority of areas where we visited have been marred by the outcry from the workers notwithstanding the core but a glance on morale of those who must deliver service.

We also believe that issues of Labour Relations should be addressed according to the laws of our country, and that where, possible, all the skills should be absorbed into the system. We will also call for a review of officials in health sectors in the province, what and how much work they are performing for how much and how long. This call is a call to end exploitation that exist in the name of patriotism while top management pocketing millions as salaries for incompetence. As part of this review, we also call for the authentication of employee(including top management) information in order to know whether those in the top positions are agents of change or still rooted in servicing the ideals of old regime. Apparently, the morale decline of the public sector workers is informed by non attention to many of this issues or sometimes deliberate misappropriation of legislation governing the implementation thereof which to us amounts to corruption.

Our findings that requires your immediate intervention

Meeting with UAH management

Although the briefing made by the management contained a lot of detail some will be utilises here to advance our views and some will be used because they were dismissed by the workers as pure fallacy.

The following were issues arising from our separate meetings with the management and the workers and a walkabout visit to some sections of the Hospital:

History and Workers: The Universitas Academic Hospital was first opened in 1967 and has now begun to fall apart. The Hospital was initially meant for white people only while Pelonomi was for blacks. During 1994 Pelonomi was a tertiary hospital for the whole of the Free State before it was downgraded and now serves a referral to

UAH. The UAH has at least more than 2000 employees and 648 beds with full spectrum of tertiary curriculum. UAH boast about having the best health care workers with high level commitment, involvement and team work. The briefing with the Acting CEO, Dr Nick Van Zyl, revealed that a survey was conducted depicting 89% employee satisfaction versus 11% that is due to lack of information. Their in-house survey depicts 86% employee satisfaction with the same reason for dissatisfaction accounting for the difference. Consequently, the workers refuted this report as self-profiling of the Acting CEO and argued that the survey was conducted by UFS focusing on Students in the Hospital.

Budget: The capital budget running the institution amounts to R1,2 billion with about 72% falling directly to salaries leaving about R300 million left to run the hospital. There is reported over-expenditure of about R30 million a year. Surely this must be a cause for concern, it calls for a need for proper planning to be done, clear targets with clear needs and timeframes can help reduce budget anxiety. It means the department must deploy relevant people who understand public finance, management and the sector.

Medicine: The Hospital is currently not facing any challenges in relation to medicine and has about 3000 different types of medication and 89% of high level medication. In different occasions the pressure that is caused by patient not paying for medication compels the borrowing from private institutions like Medi-Clinic. This can be attended to when the issue of budgeting is reviewed by the department. Furthermore, we call for any policy that compel for the buying of medication from private pharmaceutical conglomerates at an inflated price must be challenged and reviewed by government.

Technical: We also found out that there are 22 lifts in the institutions with some of them out of lifespan and some are critical to the daily service. Currently there are two which are permanently not working, this is a worrying factor. It was reported that in April this year, the door mechanism caused bad accidents due to maintenance crisis because the parts are imported from Brazil. Besides all this challenges and according to the Acting CEO, there is a tender involving companies such as; Autos Motus and Konie responsible for maintenance and despite huge capital spent on these tenderpreneurs, their level of incompetence continues amounting to corruption and affecting ordinary people. We insist that as in other areas we have covered an investigation be done.

The scourge and paralysis brought about by the tendering system and the case that justifies the end of its days continues to play. There is an allegation about one company that has been given a contract since 1999 to manage and maintain the steamy house. What can be the reason for this? We call for a probe on this and all relevant individuals to answer. During the year 2011 the institutions hired two white plumbers to work on maintenance of and now there is a new firm (Plumbing Unlimited) hired to do the same work. If this is true, what could be the reasons for such decision to me made?

Affirmative Action: There is an apparently a growing concern and allegation that the Acting CEO is perpetuating an anti-affirmative action tendency within the institutions. *This is clarified below under HR.* This purported the workers under

Nehawu to demand from the Acting CEO, an Equity Plan of the Institution without success.

Skills and Training: there is further complaining that one of the ways used to perpetuate an anti-affirmative action tendency is through denying employees opportunities for training, for skills transfer, and education. This produces negative impact against progress for more previously disadvantaged people, youth and women. Some of ridiculous policies dictate that a person with less than two years of employment cannot be allowed to receive study leave.

Human Resources: Issues of human resources are legislative issues and we in the YCL define any failure, ignorance or negligent managerial practice in that regards as corruption.

This Human Resources Department which consists of HR Manager, Assistant Manager, 3 Chief Personnel and Senior Officers are all white, and 2 Coloured in a low supervisory position and 1 white female. There is also an allegation that a post of HR Officer level 7 was advertised with requirements suited for one white employee and upon a query by the workers, the post was immediately withdrawn. What could be the reason for this if necessary level of impartiality was exercised?

During our meeting with the workers and through other means of communications, we learnt that an employee started working at UAH on August 2011 and on the 20th September 2012 when we visited the hospital, the employee was still without a job description. This managerial behaviour subject an employee to super-exploitation by managers who seek to own workers, hire and fire them as they please.

Death threats case not finalised and allegedly, this is so because the perpetrator is white. A white employee allegedly threatened to shoot another worker after a disagreement. Previously, a black person was immediately suspended for committing similar offence. Instead of action taken, the CEO indicated that the alleged perpetrator is harmless. In the SCM section a case of harassment/illtreatment of an employee with chronic illness was lodged by the union against the supervisor but the union was told by the labour relations section that the management is reluctant to act. We draw strength and confidence from the SACTWU strike in QwaQwa, where employers who pointed a gun at striking women workers were arrested with immediate effect. We call for immediate action not only against the perpetrator but on whoever senior manager responsible to effect such action.

The top management of the institutions consists of 7 Managers and only 2 of them are black. A black manager was targeted for the post of Human Resource Manager and not appointed because the post was not funded; however a white female was absorbed on the same post including administration stripping off certain powers from the current black SCM Head. We think there might be a case for concern here.

The appointment perpetuating anti-affirmative action tendency is also evident in clinical department where heads are all white with one black in optometrist department. Despite the standing agreement with the union and the previous CEO to appoint atleast black psychologist, citing issues of EAP programme being crowded

by black employees, the issue of language and other factors, a white lady was instead considered.

In the IT Section with the Manager and Supervisor being white, Africans in the same level are not given powers to act rather their white counterparts are considered. This goes further to depriving them of information and other functions available to their counterparts.

The Technical Section consists of the white manager with a team of 5 supervisors with one black. There are 4 officials in the planning section all on the same level, 2 blacks reporting to white Forman.

The same scenario we are also painting in the Allied Health Department (Occupational Therapy, Physiotherapy, X-ray, and Speech Therapy), the situation is also nonstandard.

The progress in relation to in sourcing was made post 2009 State of the Province Address however; there was confusion on this matter which suggested that another parallel programme erupted which could threaten the work of the current cleaners who was to be absorbed. This matter has already been handled by the YCL with the Premiers Office and ANC leadership in question to try safeguarding the existing jobs.

On Employee Satisfaction

- We find in some areas there is none or less emphasis put on critical value of individual employee.
- That there is insufficient emphasis on stress management techniques although there is enough evidence that exploitation is responsible for such.
- Our emphasis on theoretical framework on risks facing the public health institutions that are not worthy of their employees thus losing them to better offers. This we mention because we view health workers as risk managers and communicators who must always remain in good mental shape and be retained.
- These challenges are responsible for decrease in willingness of the workers to go extra mile in their public service to the country.

NATIONAL HOSPITAL

There are situations reported to us in this hospital is that are purely life threatening and sometimes sickening. It is unbelievable Chairperson, that people in their right state of mind can do or allow some things to fall apart to such extend as we realised.

There is a company contracted by National Hospital for more than 13 years now. The company has staff component of 63 and is responsible for feeding all patients in the hospital. This company is allegedly owned by same people but is constantly changing names, a feature that may be improving its chances of constantly winning tenders. Whilst the names of the company change over a period of time, from KKS, Compass Group, and currently about to change to Medi Rest (in this regard, uniform has been sized by workers and correspondence comply).

The average salaries paid by this company to its workers range from R1,200 in 2007, and in R1,650 in 2008, while currently sitting at R2, 323, 88, notwithstanding the worrisome deductions of computer(not available to workers), telephone(not available to workers), food(not available), and uniform(returnable). This is despite the company allegedly winning a three year tender for a whooping R84 million rand. It is even alleged that the current workers have not contracts of employment. One worker (Food Service Assistance) is responsible to feed thirty patients allowing patients to consume cold sustenance.

The food that is being consumed by the patients is reported to have been stored for more than a year in refrigerators and is now fetid. The workers are sometimes instructed to paste the labels of food on top of the expiry date so as to fool the patients. Dieticians who are investigating issues raised by the patients, the public concerned and workers are hiding information to protect their seniors. The Management appointed a contract Manager and infection control Manager to investigate the matter and that was done however the former CEO and Management refused to avail the investigation report on the rotten food being served to the patients.

The whistle blower who is also a shop steward of NEHAHU was immediately dismissed and after the intervention of our union and Management he was reinstated and the union requested an investigation on that saga. The whistle blower was later again dismissed for unclear reasons and the union took the matter to CCMA and won the case but instead the company appealed the decision and we are still waiting the Labour court ruling. We are suspecting that the company want to make sure that the whistle blower must not reveal fraud, and corruption in the company as that might negatively affect the contract of the company with the department.

Apparently, an investigation was made on how the company called Medi-Rest acquired the tender and so we call for public disclosure of that investigative report. And why the CEO, when called by the workers does not want to be involved in the matters affecting the workers of the company she appointed. Surely, the CEO must be concerned about compliance on the side of the company and that there is value for money spent by government on such contracts.

All these issues are threatening the quality of life not only of worker but of all who depend on the hospital for better service and further justifies our reasons on perceptions about public health in our province.

Probe into allegation of criminal acts, corruption and nepotism

Chairperson, the issues we are raising above affect the economy, and threaten political stability and democracy. We believe that the urgency of probing this issues and handing to the police those that require so must be exercised. Those that must be immediately suspended and face the might of the law must not be given special treatment at the expense of our people.

Recommendations by the YCL Free State to Oversight Committee on Health

The YCLFS is glad to submit before this Oversight Committee on Health, of the Free State Legislature, led by the Chairperson Hon. J Ramokhoase, the following recommendations:

- That the Committee as led by the Chairperson consider the submission by the YCL with all its contents.
- That a moratorium be imposed on the use of labour brokers in government institutions and on all outsourced of services in order to secure decent work for all workers.
- That there be eradication of the current corrupt and ineffective tendering system and privatisation of government services in all health institutions in the province.
- Action against any act that denies workers their appropriate benefits depriving them of appropriate livelihood.
- That the reigning environment of 40% unemployment be used as enough case to fight the exploitative system and its causal chronic poverty.
- Immediate suspension of some senior managers starting from CEO level to line function.
- Consider disbanding, review of the work, of relevance of the current Hospital Boards as we have a deep sense that they are also in *mora* for not helping the situation.

Organisation Attached on this submission:

- NEHAWU
- MEC for HEALTH
- ANC
- SACP
- COSATU
- YCL Website
- MEDIA

END.

Footnotes

1. University of Pretoria ETD – Leonard A (2005) Affirmative Action in South Africa: ‘Development approaches and legislative requirement’.
2. Sisonke Msimang – Affirmative Action in the New South Africa: ‘The Politics of representation, law and equity’.
3. Constitution of the Republic of South Africa

SUBMITTED BY:

Life Mokone

ANNEXURE A