The Role of Emergency Services Groups

SAHSSO

At the launch of the South African Health and Social Services Organization (SAHSSO) in July 1992, guest speakers from the civic and liberation movements appealed to SAHSSO to respond to the emergency needs of our people in the current wave of political violence.

Emergency response work has been a major component of the work done by the progressive health movement during the repression of the 1980s and 1990s. This work was set up during the first state of emergency in the mid 1980s. This was a necessary response to state repression and violence and the very real threat people faced when seeking medical attention for wounds sustained in the violence. Against all standards of humanitarian behaviour, wounded activists were arrested and harassed at doctors' surgeries and in hospitals.

The response to this by the progressive health and legal sector was to run weekend workshops to train people in basic first aid, counselling skills and legal rights.

The first aid training taught people to recognize the severity of injuries in order to assess the risk from injury against that of victimization in a situation where a person's condition was serious. Trained people were equipped with first aid kits to treat a number of conditions such as bleeding, shock, tear gas toxicity and broken bones. Emphasis was placed on the most common and likely injuries such as gun shot wounds from live ammunition and birdshot, blunt and sharp instruments, for example, batons and pangas.

The programme was coordinated nationally and operated in many regions, for example, PWV, western and eastern Cape, Border, Natal, OFS, Transkei and northern Transvaal. Set up by NAMDA, the project was run as a combined project with OASSSA, Detainee Support Committee and HWA/SAHWCO and regional structures where they existed.

The programme was managed by a small staff complement and volunteers from each organization.

What did ESGs achieve?

Large numbers of activists were trained in counselling skills and first aid. The programme also concerned itself with the plight of hunger strikers, the medico-

legal assessment of political prisoners and trade unionists injured by police. Considerable numbers of ex-detainees and political prisoners were helped by this programme.

One of the weaknesses of the project was that the counselling services were largely once off visits with referrals and not an established service with full time staff to treat PTSD and other effects of detention. The clients were seen by committed doctors and therapists in their voluntary capacity who worked on a roster basis. This service was only available for limited number of hours a day. This often meant a waiting list of clients waiting around for health workers who might have emergencies in their full-time jobs.

Problems with the first aid training were largely related to decisions about who should be trained. Trainees were selected from communities by community structures. Committed participants often had high political profiles. The police in fact often arrested the full ESG team during times of political activity. They would be released after a few days, effectively immobilizing them as first aiders when they were needed most. This was not incidental, they were arrested and questioned precisely around this activity. The programme often faced the dilemma of who to train and who would be most reliable and available. The training was very expensive with trainees being provided with fully equipped first aid kits which were often lost or confiscated. Clearly these factors mitigated against the pro-

At play in the midst of a storm? *Photo: unknown*

gramme meeting its objectives.

The National ESG programme was formally dissolved in December 1991. A major factor in this was the lack of donor funding to sustain the programme. Also, most detainees had been released and there were fewer political prisoners. Communities were no longer requesting training for first aid, caught up in the euphoria and hope following the unbanning of the liberation movements.

The only remaining area of activity was the provision of emergency medical teams at rallies, marches and other forms of protest.

What role for this kind of work in the future?

The problem of safe access for injured persons out of unrest areas and the safe conduct of health teams into these areas is of particular concern. Provision for this is an obvious and serious omission of the National Peace Accord Document and procedure. SAHSSO should pressurize the progressive movement and the state to institute this kind of practice.

At present SAHSSO has emergency health teams which form a sub-group of SAHSSO at a regional level. In the southern Transvaal the training of health workers in the provision of first aid and emergency medicine has commenced.

The role of SAHSSO in the provision of emergency services in the present political violence remains undefined. At the launch of our region a request was made by the Soweto Civic Association (SCA) to train members of the self-defence units (SDU) basic first aid. The SCA voiced an urgent need by the civic movement for training and SAHSSO must assess whether it can undertake a programme of this nature. While SAHSSO draws its members from the health and social services sector, these activists are already employed on a full time basis and their involvement in our organization is on a voluntary basis after hours.

In order to run an effective and cohesive service for the community, community members need to be trained and equipped to deal with medical emergencies and this training has to be sustained. Clearly, SAHSSO will need full time employees to run a programme of this nature and given its present financial constraints an ESG programme at this stage seems unlikely. SAHSSO may be able to undertake the task of running weekend workshops in the various regions for the civics in order to impart basic skills around the management of injured people.

This debate needs to be urgently addressed not only by SAHSSO but also by the progressive movement and attention must be given to the provision of safe medical care to the community.

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