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# The South African Health & Social Services Organisation: a United Health Organisation is Born

## *Critical Health*

On Sunday, 5 July 1992, the South African Health and Social Services Organisation (SAHSSO) was launched. The launch saw the amalgamation of a number of progressive health and welfare organisations - NAMDA, SAHWCO, OASSSA, HWS and OMEGA - into the new structure.

All health and social service workers can join, for example, doctors, nurses, psychologists, social workers, occupational therapists, clerks, general assistants and radiographers. Workers outside health and welfare who agree to the principles of SAHSSO can also become members.

## **The Need for Unity**

There were a number of reasons for uniting these organisations. The fluidity of political and economic activity has meant that non-government organisations (NGOs) now have to develop effective proactive as well as reactive policies and strategies to changing conditions. Broader realignments and unity processes in other sectors have served to highlight the need for a more forceful and united approach to the health and welfare sector. Previous inefficiencies and ineffectiveness in the progressive health and welfare sector has meant that funders are becoming more critical and selective. Unification allows for a more rational use of resources. Greater flexibility from organisations has materialised since it was realized that the chauvinism of the past was unproductive. This has been crucial to the unity process.

At the final meeting before the launch, the constitution was ratified and amended. Three commissions - policy, projects and campaigns - were initiated to determine the way forward. These commissions will have to provide the kick-start that the organisation initially needs.



*l - r: At the launch: Dawn Goodley, Barbara Hogan, Nelson Mandela, Mvuyo Tom & Moses Mayekiso. Photo: Critical Health*

Agreement was reached on a National Executive Committee (NEC). It is made up of a proportional representation of the amalgamated organisations and will serve for a period of a year. Thereafter, a new committee will be elected by the membership of the new organisation. The members of the NEC are as follows:

President: Mvuyo Tom (NAMDA);

Vice Presidents: Dawn Goodley (HWS) and Ilana Edelstein (OASSSA);

General Secretary: Refik Bismilla (SAHWCO);

Assistant General Secretary: Ann Hilton (NAMDA);

Treasurer: Barry Kistnasamy (NAMDA);

Assistant Treasurer: Alan Jackson (OASSSA);

Publications and Media: Krish Vallabhjee (SAHWCO);

Publicity Secretary: Aslam Dasoo (SAHWCO);

Campaigns/Projects: Shadrack Motloun (SAHWCO); and

Additional members: Mike Simpson (OMEGA) and Malefetsane Peter Ngatane (NAMDA).

## Comprehensive Care

According to its aims and objectives, SAHSSO is an organisation that intends to "contribute to the eradication of discrimination in the Health and Social Service sectors and in broader society" and to "promote a comprehensive approach to health and social services that will be multi-sectoral and inter-disciplinary at all levels for the provision of promotive, preventative, curative and rehabilitative services".

In relation to its membership, SAHSSO, "while not a trade union, ... will promote and protect the interests of its members". This implies, in a sense, an abandonment of professionalism. This begs the question of how SAHSSO is going to address or cater for the interests of previous members of, for example, NAMDA or OMEGA. While acknowledging the flexibility and maturity of the organisations in coming together as a united organisation, the last aim listed here does not necessarily dissolve the potential conflict or tension that could arise between the various professional groups within SAHSSO.



*l to r: Dikgang Moseneke, Mvuyo Tom, Moses Mayekiso, Refik Bismillah. Photo: Critical Health*



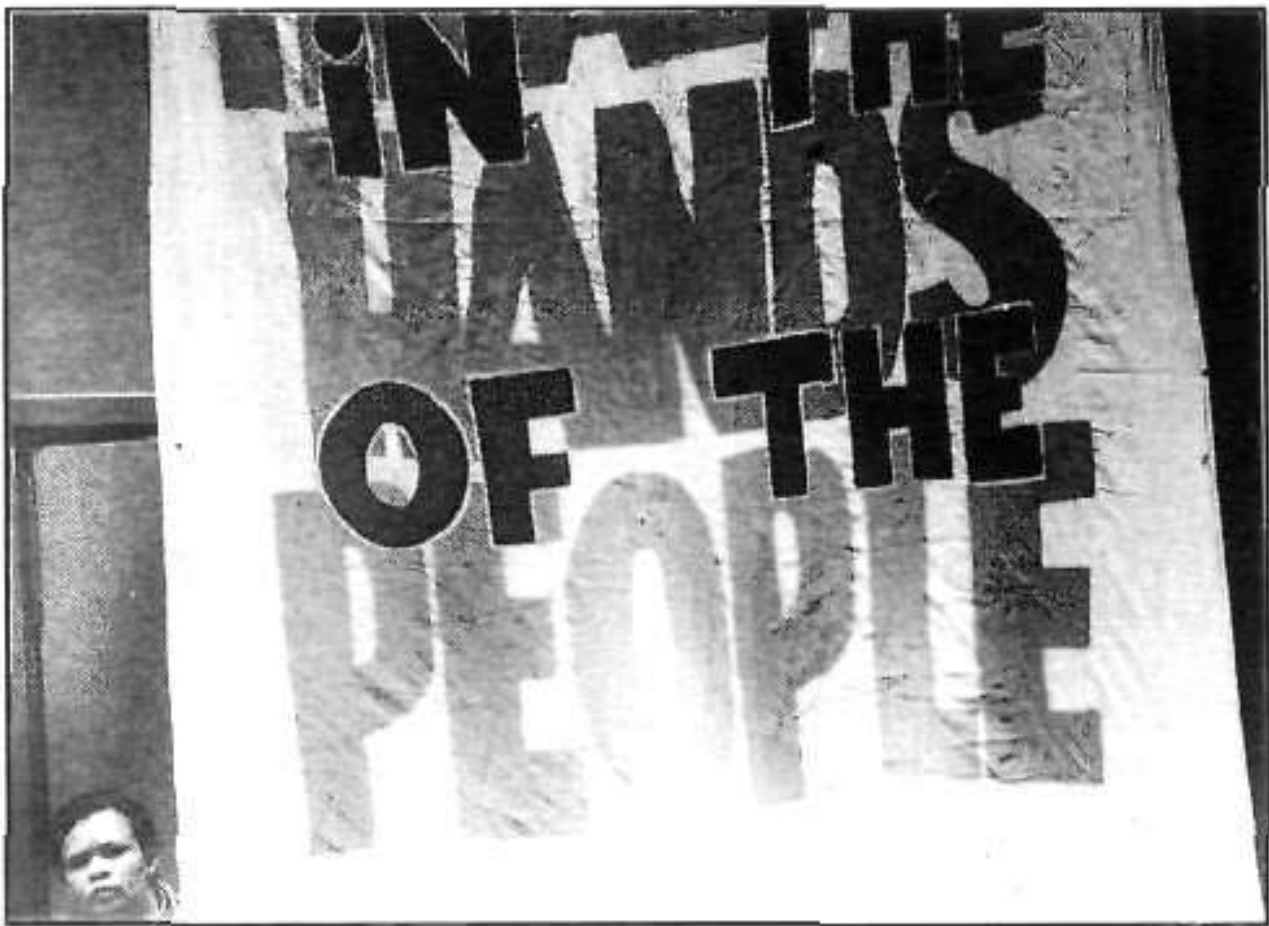
*l to r: Alan Jackson, Shadrack Motloug, Barry Kistnasamy, Ann Hilton.  
Photo: Critical Health*

## SAHSSO and the PPHCN

Earlier this year, the PPHCN postponed discussions on their participation in the united organisation. This is not because they were opposed to the idea of unity. Rather, the PPHCN were undergoing a process of restructuring and needed to pursue that process rigorously. In the SAHSSO constitution, a clause was added to allow "networks" to join or work with SAHSSO while retaining their autonomy, so long as they agreed to abide by the aims and objectives of SAHSSO. This leaves the door open for the PPHCN to join the fold at a later stage.

The move towards unity concentrated primarily on the actual formal launch of a united organisation. However, as it now stands, the regions have yet to launch and structures need to be developed. Here, perhaps, SAHSSO can learn from PPHCN's experience. SAHSSO can watch the regrowth of the PPHCN so that it, in turn, does not have to suffer similar problems unnecessarily.

The speakers at the launch included Nelson Mandela and Barbara Hogan of the ANC, Dikgang Moseneke of the PAC, Moses Mayekiso of



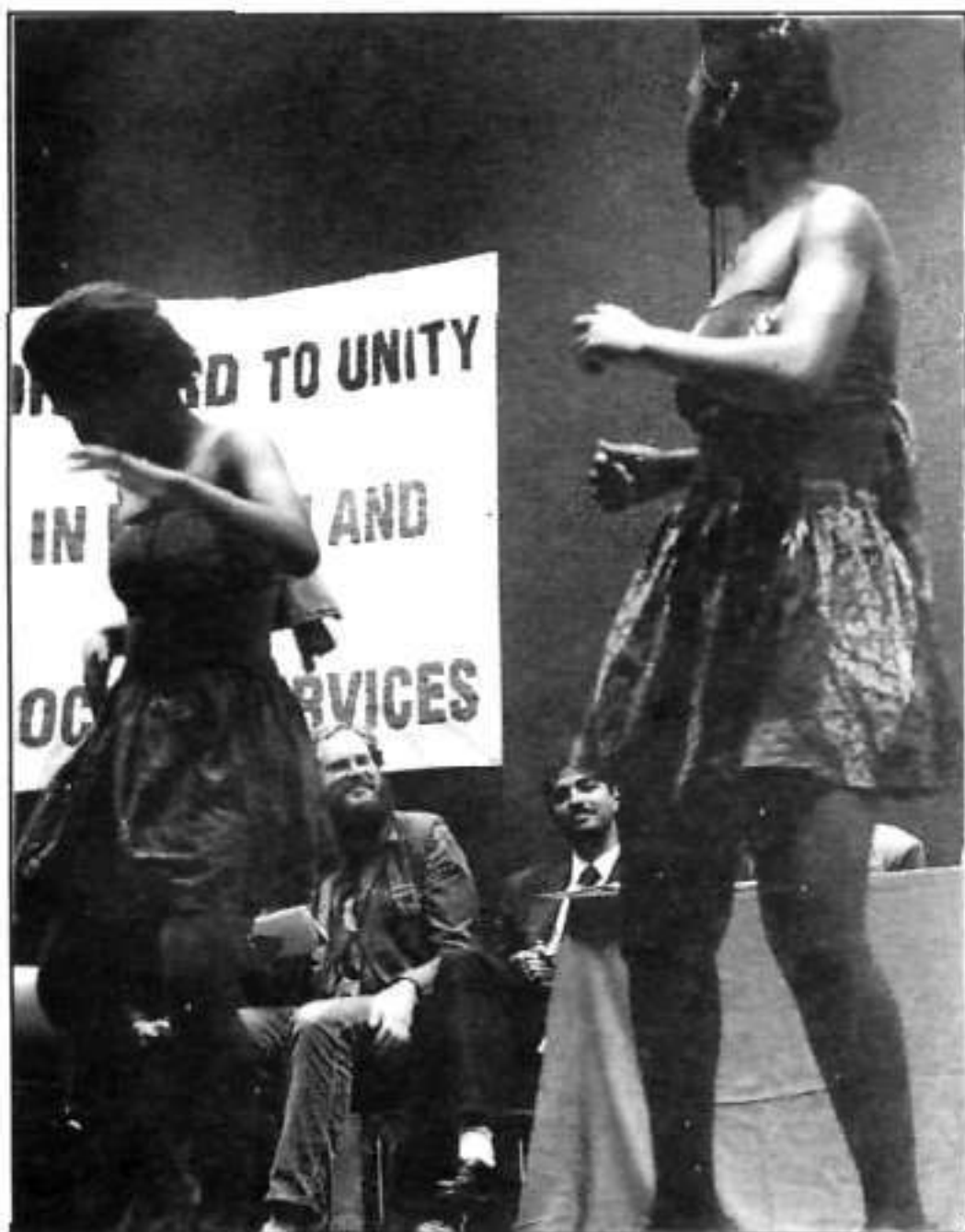
For some it was rather curious ... *Photo: Critical Health*

the South African National Civics Organisation (SANCO), and Jay Naidoo of COSATU. Philip Dexter of NEHAWU gave a brief input into the health workers' strike. Nelson Mandela slated the government for its intransigent attitude towards striking health workers.

Barbara Hogan appealed to the new organisation to provide emergency services in places where mass violence has occurred. Dikgang Moseneke spoke of the literal cordon of fear that stalks people in townships. Post-traumatic Stress Syndrome is increasingly common in townships where violence is endemic. While it may not necessarily be the sole responsibility of the health sector to respond to this growing problem, it does fall on the shoulders of the health sector to help those people affected. Are there enough resources to address this challenge?

## **New Challenges**

SAHSSO, with a vision of accountable, accessible and affordable health services, has an important role to play in the future development of this



... and for others, it was rather entertaining. *Photo: Critical Health*

country. It will need to carry out its vision with integrity and determination. It has reached a state of unity and this, in itself, is a sign of determination. But there are hurdles that will have to be overcome. SAHSSO has only just launched and, already, there are questions that need answers and issues that must be tackled.

The next edition of *Critical Health* will address the questions raised in this article, as well as other questions and issues which will, no doubt, arise, in a more comprehensive way.

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