

COMMUNITY ORGANISATION AND HEALTH

This review consists of a presentation of the overall objectives of organising around health issues, an analysis of potential contradictions within the health system, and a discussion of some practical issues involved with organising around health issues.

OBJECTIVES OF ORGANISING AROUND HEALTH

The first objective is the creation of an awareness of health within a broader context. Health must be seen as a basic human right that must be strived for politically. It must also be understood in its socio-economic dimensions. For example, the contradiction between the provision of individual curative measures, as opposed to the provision of preventative measures at a community or collective level, should be understood.

The second objective involves the mobilisation of people. It is only through unified mass action that meaningful and fundamental change is possible in any sector. Thus, programmes need to be structured so as to optimise community involvement by using local struggles as sites of challenge as well as learning experiences.

The third objective is the establishment and strengthening of community and worker organisations. It is only through such structures that development and understanding, as outlined in the first objective, is enhanced and the energies of people are focused and mobilised, as mentioned in the second objective.

POTENTIAL CONTRADICTIONS

The major contradiction in the provision of health services is an economic one. At one level, health care is a commodity subject to market forces and able to generate profits. At another level, basic health care is a necessary aspect for the reproduction of the working class.

Regarding health as a commodity, the medical profession (especially the private sector e.g. MASA), competes with the public sector (the State) against the people, to maintain profitability. This conflict is most intense at the working class level - since it consciously and deliberately pushes the burden of health care upon the private sector which the latter is reluctant to accept since it is less profitable. For middle and upper classes, both the State and the private sector are in agreement in exploiting this sector to the maximum especially through medical aid schemes.

The private sector is well organised in its "trade union" (MASA), and has a sufficiently powerful political lobby to prevent the Department of Health from embarking on any extensive public sector initiatives. It has succeeded in stopping the full implementation of the National Health Facilities Plan which proposes the creation of health centres in working class townships such as Phoenix, Mitchell's Plain and Soweto.

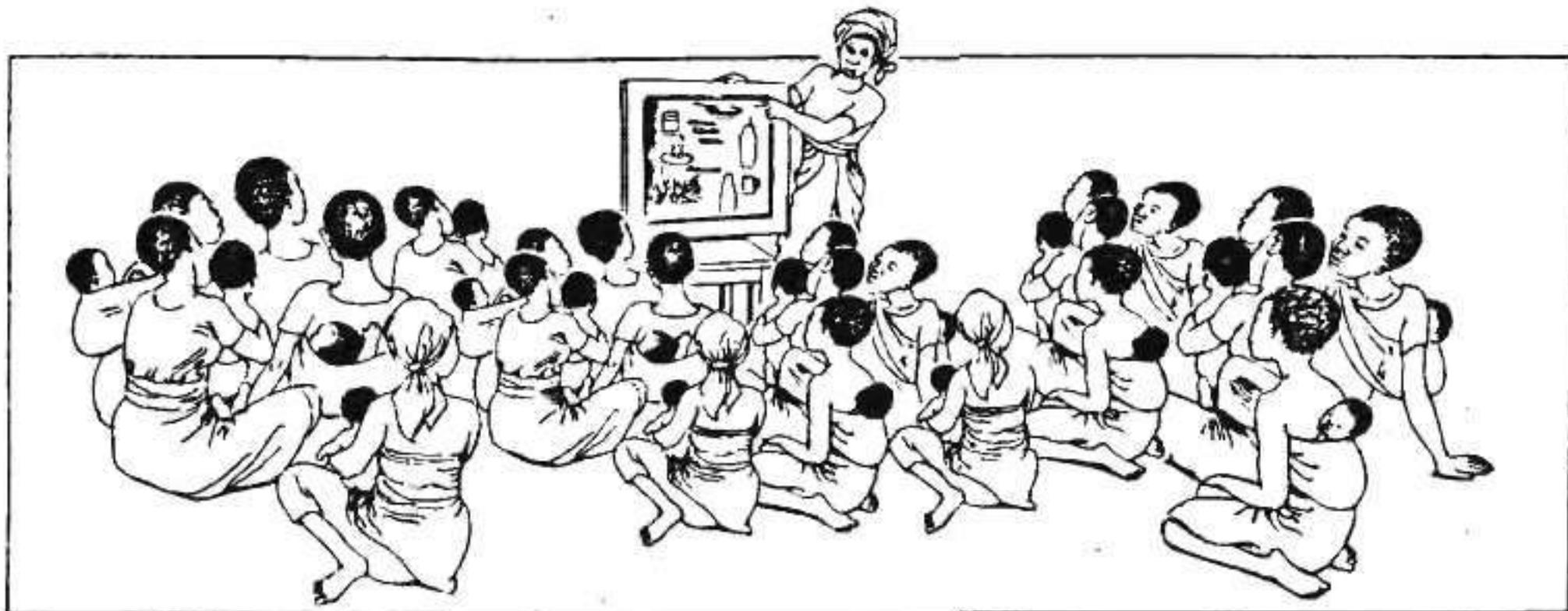
At the community level, the State has launched an extensive ideological campaign promoting primary health care, self-help in health, and village health workers in rural areas. These are all aimed at promoting the responsibility of individuals to care for their own health, and at the same time preparing people to

accept a lower standard of health care - "primitive health care".

Thus, one sees the development of a sophisticated first world type of medical system with organ transplant units in all the major centres to cater for the health needs of the urban elites, and a third world type of primitive health system promoting self-help, family planning and individual (as opposed to collective) social responsibility.

The central message throughout the typhoid, cholera, polio, and plague outbreaks in the past few years has been to emphasise the responsibility of individuals in promoting their own health and the diversion of attention away from the basic socio-economic and political factors which led to those disease outbreaks.

Apartheid permeates all aspects of health care, producing additional contradictions. Both the quantity and quality of health services for blacks and whites show gross disparities.



A variation of apartheid medicine is the attempt to impose a western high technology curative health system based on the profit motive, on a largely black working class with a different health and disease profile. Without a democratic and essentially political approach, such limitations cannot be overcome.

It must be stated clearly that organising for social and political gains through health issues has several limitations which must be considered if serious errors are to be avoided. Traditionally, health and diseases have been attributed to forces outside human control. The ideological process of showing the link between health and socio-economic and political factors therefore will involve a long process of conscientization. Health, unlike wages and factory floor issues, is a "soft" issue and therefore very expendable. In the face of more pressing needs like paying for housing, transport and other costs, and obtaining better working conditions - health issues and health struggles are often not a priority in the community or on the factory floor.

In the struggle for survival, it may be more important for the sick worker to go to work rather than fight for extra health services and benefits. In addition, the provision of health services or improvements in health status are often intangible and may take a long time to materialise, unlike wage increases which are tangible, concrete gains with immediate use value.

Resistance to these issues concerning health and safety at the workplace and community have been of a limited nature. With the present economic climate it is difficult to see any significant struggles developing on their own around these issues. This is not to say that

no struggle is possible; the growing number of independent, democratic medical and health groups could play an important catalytic role in alliance with progressive trade union and community organisations. The former groups therefore have an important responsibility to focus upon these areas in an active, non-academic, and dynamic manner, providing both material and ideological input. These groups have an important role to play provided they do not get side-tracked in short term medical gains, but rather maintain a longer term perspective aimed at fundamental political changes. Likewise, the progressive trade union movement has a role to play in ensuring that these health groups have a defined and clear role that assists in broader organisation and resistance.

PRACTICAL ASPECTS

Several groups have conducted health-related programmes, including church groups, mission hospitals, union groups, community organisations, and many other more informal groupings. A common feature of most of these programmes is a sincere commitment to improving the health status of the local populations in which the organisations operate.

Implicit in some of these programmes is a commitment to working towards a just and democratic society, which is an essential prerequisite for a healthy society. A critical problem faced by these groups is the difficulty experienced in bridging the gap between an awareness of the broader issues affecting health, and a clear political understanding of South Africa. This is a problem faced by both activists in health groups, as well as community members. In other cases, as health activists become more involved in the broader political struggle, they are often

drawn into civic, union, and other sectors and out of the health sector.

Another controversial issue is whether the project should actually provide an alternative health service, in which case cash may be sucked into a bottomless pit of increasing demands, or whether it should primarily highlight the contradictions in the health sector, and persuade the masses to demand services and participation in decision-making processes affecting those services.

The latter approach lacks any short-term material benefits, and therefore demands a greater degree of mobilisation, and the creation of some organisational infrastructure ideally linked to civic, child welfare, or trade union groups in order to sustain itself.

Many readers of Critical Health are involved in some or other form of organisation around health issues. We would appreciate hearing from you about your experiences and your response to this short article.

Durban Community Worker

