

Lessons in Struggle: The Hospital Workers' Strike

Critical Health

In May this year, the government structure which deals with wages and working conditions in the public sector, the Commission for Administration (CFA), refused to agree to a wage increase for public sector workers of more than roughly 8%. This is well below the inflation rate and it provoked a bitter strike by general assistants at public sector hospitals. The strike, led by the National Education, Health and Allied Workers' Union (NEHAWU), lasted for almost four months in the Transvaal. It spread to other parts of the country for shorter periods and workers belonging to the Health Workers' Union (HWU) in the Western Cape also joined the strike.

The Transvaal Provincial Administration (TPA) dismissed over 7 000 workers and, after weeks of confrontation, the dispute in the Transvaal only ended when NEHAWU made significant compromises. It agreed to the immediate return to work of 5 000 of the dismissed workers. The union's demands on wages and conditions will be dealt with when workers are back at work, but the union will be bargaining from a weak position because it also agreed to a six month moratorium on industrial action in the Transvaal.

The Government's Agenda

The government's hardline attitude was a central feature of the strike. It was clearly intent on crushing the union and it was prepared to allow hospital services to disintegrate in the process. It showed a total disregard for its responsibilities as an employer and as the provider of public health services for the people of this country.

Prior to this strike, the government had failed to abide by agreements reached after the 1990 hospital strikes by the HWU in the Cape and NEHAWU in Transvaal. In both cases, workers returned to work after settling their disputes with the CFA. Workers were promised a wage increase, six months paid maternity leave and a 40 hour working week. It was agreed that workers employed for over three months would be regarded as permanent. To date, workers with many years of service are still classified as temporary staff.

This year, the government, through the TPA, again demonstrated its lack of

concern for black people's health services. It refused to consider reasonable proposals from striking workers to cushion the effects of the strike on patient care. According to Philip Dexter, NEHAWU's general secretary, in the weeks leading up to the strike, workers tried to use more limited forms of action to express their grievances. They engaged in daily demonstrations at Baragwanath Hospital. This culminated in an occupation of administration offices at the hospital. Workers were given an ultimatum to stop their protest activity and, when this was rejected, the administration declared a lock-out. During the strike, NEHAWU offered to keep emergency services at hospitals functioning. This offer was rejected and striking workers were denied any access to hospitals.

The TPA showed its extremely reactionary attitude to the striking workers by dismissing over 7 000 workers in the first few weeks of the strike. The TPA's union bashing stance has been given open support by the government. There is no adequate dispute regulating mechanism and the government persistently refused to accept efforts by NEHAWU to resolve the dispute. For months, it opposed outside mediation. After the talks in August broke down, COSATU said that it seemed as if a political decision had been taken "at the highest level" to block a settlement.

Intimidation and Violence

The provincial administration also politicised the strike by deliberately recruiting scabs from hostels, many of whom are members of the Inkatha Freedom Party (IFP). This is a central reason for the high levels of violence during the strike.

Many newspapers carried reports, often unsubstantiated, of strikers intimidating scab workers at hospitals. Little was said about the daily intimidation that strikers faced from the police, scabs and hospital managements.

Scabs working as hospital clerks at Baragwanath Hospital held a meeting in August at which they agreed that all clerks should carry weapons in order to attack the strikers. *Critical Health* asked strike leaders if they had made any preparations to defend themselves. We were told that many of the people who protested outside the hospital were old women. Moreover, strikers would not dare carry weapons in a climate dominated by hostile government propaganda. After the clerks' meeting, strikers publicly disassociated themselves from any violent attacks on the replacement staff.

In some cases, intimidation was officially sanctioned. At Baragwanath Hospital, staff were given special permission to carry firearms, despite Soweto having been declared an unrest area. Staff were notified of this privilege by means of a memorandum from management which read, "We urge all staff to take advantage of this offer as soon as possible".



Strikers faced a very determined foe. *Photo: Dario Fossati*

Strengths and Weaknesses

The strikers were clearly confronting a very determined government. Workers were highly motivated and said they were not prepared to submit to the state's intransigence. But it was clear that workers would only win their demands if the strike was well organised and if it received widespread active support, both within and outside the health sector. A number of gains were made during the strike, but there were also many weaknesses.

According to Bobby Mgijima, an HWU organiser, (see the forthcoming article in the *South African Labour Bulletin*), there was a lack of preparation for the strike and health workers had not been sufficiently mobilised. However, rank and file pressure pushed NEHAWU to strike in the Transvaal in June. The union moved immediately to declare a national strike. The HWU in the Western Cape also joined the strike.

The strike failed to develop a truly national character. NEHAWU was weakly organised in the Cape and Natal and it soon called off the strike in these provinces. The HWU was willing to continue the strike in solidarity with NEHAWU's Transvaal members, but, a few weeks after NEHAWU workers in the Western Cape returned to work, the HWU also called off its strike.

Mgijima argues that another fundamental weakness was the lack of a plan to build public support. In addition, there was no clear strategy to develop solidarity action within the health sector. Mgijima considers this an important

lesson because, "in future, we will need to think about the involvement of our members in the private hospitals ... as we cannot have afford to have members playing the role of spectators".

Support from other Health Personnel

NEHAWU did eventually threaten to involve its private sector members in the strike. Striking workers also constantly appealed to health professionals to give active support to the strike. Many professionals responded positively to the appeals. Doctors, nurses and paramedics at Ga-Rankuwa Hospital, near Pretoria, joined the strike in July, while academics and students at the Medical University of South Africa marched in support of the strike. At Baragwanath Hospital, a Concerned Health Workers' Committee was established, consisting of 4 representatives from the local civic association, 5 reps of sympathetic medical professionals and 10 reps of the striking NEHAWU members. The committee met daily and discussed ways in which the impact of the strike could be sustained.

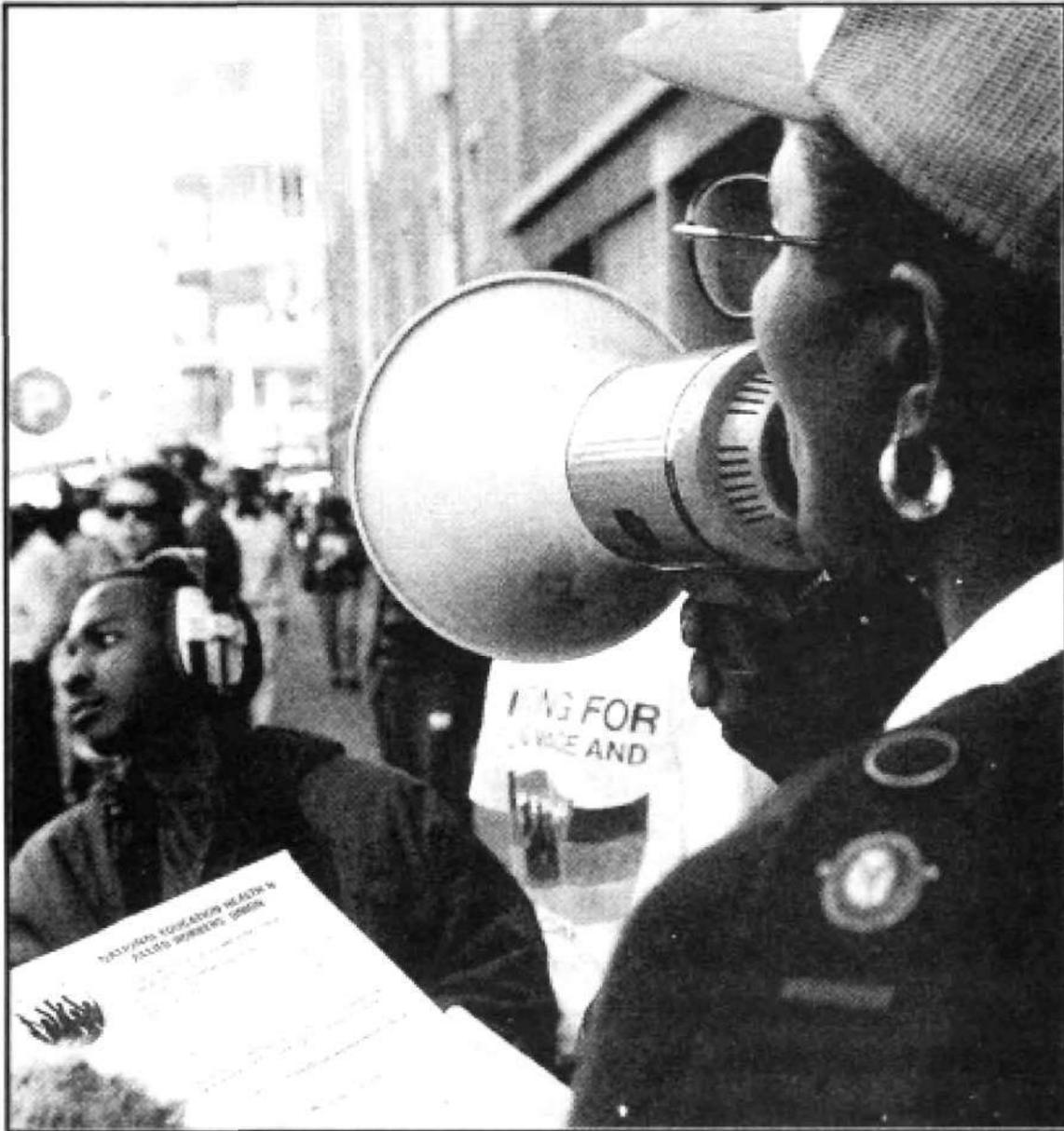
The Doctors' Crisis Committee and the Committee of Concerned Professionals were also formed. These represented doctors, therapists, radiographers, registered and student nurses. Although these committees sent memoranda to the TPA, their concern was to normalise the situation rather than actively support the strike by engaging in marches or pickets.

Nurses Sympathetic, but not Organised

Many nurses, in particular, were sympathetic to the strikers' demands, but have been afraid to show open support for the strike. The lack of greater support from nurses can be partially attributed to a weakness on the part of the union as regards its ability to organise nurses. A nurse said that the problem is that "NEHAWU has not organised properly among the nurses. We are health workers, and by putting pressure on us to strike, the union is insensitive to the professional obligations we have towards patients' demands. If the union had consulted us better, we might have worked out a way we could support them."

In future, gaining the full weight of support from nurses and other health professionals is going to be a long battle, for the additional reason that many personnel perceive themselves as "professionals" rather than health workers with specific skills (see the first article in the previous edition).

There were instances when nurses played a more active role. One nursing sister said during the strike that, "at NEHAWU's suggestion, we proposed a skeleton staff to the administration and they refused it. We have met the highest authorities, calling urgently for arbitration, but we have been ignored."



Many nurses were sympathetic to the plight of the strikers but lack of organisation prevented more effective involvement. *Photo: Dario Fossati*

At the start of the strike, nurses at Baragwanath Hospital stood behind the Doctors' Crisis Committee against active support for the strike. Yet, on 19 August, about 400 Baragwanath nurses marched, calling for the reinstatement of fired workers. They expressed remorse at working during the strike and concern that their safety was threatened by the presence of IFP members among the scabs. The nurses received permission to hold the protest march and arranged shift changes to ensure that patient care was not compromised.

Gaining Support within the Community

The strike showed that trade unions need to build active support for their strikes amongst the oppressed community. This is of special relevance in the state sector, where the government has traditionally curtailed workers' rights to strike or even

to organise. As pointed out by Mgijima, NEHAWU and the HWU should have done more in this regard.

NEHAWU gained some community support after the mass dismissal of strikers and this support grew when the ANC/SACP/COSATU alliance embarked on its mass action campaign. The union also raised the profile of the strike by involving the civics and other health organisations in negotiations over the strike. However, community support would have had a greater impact if the union had made appeals and organised support before embarking on the strike.

Strikers at Baragwanath Hospital said in August that the active support of the civics and other political structures participating in marches had helped keep workers "spirits up" to continue the fight. But NEHAWU's finances were drained by the dispute and workers were finding it difficult to even produce strike pamphlets. The union failed to seek organised support from the community in terms of food parcels and fund raising drives. The little money that strikers had came from their local, unco-ordinated efforts at fund raising.

Nevertheless, the support NEHAWU received from community organisations assisted the union in drawing the government back to the negotiating table. According to a civics spokesperson, negotiations between NEHAWU and the TPA were re-established as a direct result of the week of mass action in August. These talks broke down again, but the TPA eventually agreed to mediation by an independent body. This, in itself, was a significant victory, given that there is no adequate dispute regulating mechanism. It was, furthermore, during this mediated process that the TPA offered to re-instate 5 000 workers.

Undemocratic Hospital Boards

The involvement of the community has had other positive political implications. Neal Thobejane, NEHAWU's assistant general secretary, says that, as a result of the strike, the civics began to see an opportunity to introduce democracy into the running of hospitals. Many are calling for the dismissal of racist hospital managers.

Sisa Njikelani, speaking on behalf of Actstop, a Johannesburg city centre civic structure, said that it had participated in mobilising marches in support of the strike. Actstop and NEHAWU are now demanding that hospital boards should be restructured. Presently, hospital boards are advisory bodies appointed by the provincial administrators. Actstop has submitted memoranda to local TPA offices questioning the legitimacy of the TPA to run hospitals. It has been involved in arranging meetings with hospital boards and managements. According to Njikelani, the demand is that the boards should be community structures, with elected members, and should have executive powers over the running of hospitals.



Demonstrations were held in support of the strikers. Was enough active support generated from the community? *Photo: Dario Fossati*

Where to now?

It is clear that, despite the determination shown by hospital workers in this strike, workers have returned to work without their demands being met. In the Transvaal, more than 2 000 workers have not been automatically re-instated. Those that are back at work are tied to an agreement which prohibits their right to strike for six months. On the other hand, there were encouraging signs of support from other health workers and the community. This was enough to get the government to agree to mediation and to re-instate 5 000 workers.

However, the government promises to continue to be a bad employer. It is going to table the Public Service Labour Relations Bill in Parliament next month. The bill includes a vague definition of essential services. It stipulates that public sector workers who provide those services will not be allowed to strike in future.

NEHAWU and the HWU will have to rebuild their strength and tackle this new threat. It is encouraging to see that unionists are already assessing the strike with the view to learning the lessons and being better prepared for future struggles.

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