

# Statement on public service strike

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## Public service strike: Paying workers more is critical to addressing a much wider crisis

*?I am still trying to work with passion, but the conditions are demoralising. The workload increases by the day. On top of that, since 2003, there are two vacant posts for professional nurses in this clinic. If it was not because I am motivated, nearly a militant supporting the ARV roll out, I would have left long ago.? ? Mpumelelo Mantangana, Professional Nurse, Ubuntu TB/HIV Clinic, Khayelitsha, quoted in MSF's report *Help Wanted*, May 2007.*

The public service strike began on Friday. It is one of the biggest in recent South African history. The trade unions are demanding a 12% increase and government is offering 6%. TAC members are participating in strike protests in solidarity with health workers' demands. This statement explains why.

### Poor work conditions

The strike is a symptom of a much greater crisis in the public service and, TAC's primary concern, the health system in particular. However, as citizens we are also concerned about the poor working conditions of teachers, police and other public servants (see [this article](#) in today's Sunday Times). Therefore TAC will show solidarity with public sector workers by supporting legitimate strike actions across all public service sectors.

Conditions of service in the public health system are poor. Doctors and nurses face increasing patient loads and patient mortality due to the HIV epidemic. According to the South African Health Review 2005 (quoted in ALP submission to SAHRC, May 2007):

- The number of enrolled nurses has dropped from 60 per 100,000 public sector users in 2000 to 52 in 2005.
- The number of professional nurses has dropped from 120 per 100,000 public sector users in 2000 to 109 in 2005.
- Nursing assistants have dropped from 81 per 100,000 public sector users in 2000 to 78 in 2005.

A Human Sciences Research Council survey of 2003 on the impact of HIV on health workers found that the HIV/AIDS epidemic has an impact on the health system through loss of staff due to illness, absenteeism, low staff morale, and also through the increased burden of patient load. The survey measured prevalence in four provinces and found that nearly 16% of health workers are HIV-positive.

The human resources crisis has been exacerbated by the closing of nursing colleges, freezing of posts and migration out of the health system. For example, an OECD report from 2003 found that over 23,000 South African health workers

were working in the USA, Australia, Canada, New Zealand and the UK. But migration to other countries is only part of the problem. More money is spent in the private health system, which serves about 20% of the population, than the public health system. In a report to the SAHRC Enquiry Into Access to Health Care Services, economist Alex Van den Heever reported that private medical scheme expenditure was R43.4 billion compared to R42.4 billion for provincial departments of health, in 2005. The private system sucks resources, including nurses and doctors, away from the public system.

Consequently, public sector patients receive poor service. Many stand in queues from early in the morning in the hope of seeing a nurse for a few minutes. Others lie dying with opportunistic infections and their HIV status undiagnosed in dilapidated wards with sub-standard care. Dr Lydia Cairncross who works at Groote Schuur Hospital wrote a moving submission to Parliament in which she described how 1,000 of the hospital's patients are awaiting hernia surgery, how breast and colon cancer patients wait up to three months for life saving surgery and how diabetes and hypertension patients lose their lives because they are delayed from receiving treatment by the health system. Only by addressing the human resources crisis in the health system can government hope to achieve the ambitious targets of the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011.

## **Government's response to the crisis: a plan or a statement of intent?**

The Department of Health launched its Human Resources for Health Plan in April 2006. But it is a plan of noble intentions not actions. The ALP's submission to the SAHRC explains that the plan fails to accurately assess the health system's human resource needs or the health needs of the population. It does not recognise the increased burden on the health system due to HIV. Critically, it fails to provide any concrete recommendations for addressing specific [human resources] challenges by, for example, setting benchmarks, targets and indicators which are measurable. Now is the time to develop a practical district-based plan with clear recruitment strategies and time-based targets that go beyond job advertisements.

## **Better salaries will help**

The 6% offer by government is inadequate. It is slightly below the inflation rate (CPIX is 6.3% according to the Reserve Bank) and substantially below estimates of food and transport inflation which are major expenses for lower-paid workers. Besides, making greater effort to meet union demands during the current wage negotiations, government must revisit its human resources plan, in consultation with unions and patient rights groups. The plan must include concrete provisions for remunerating health workers substantially better over the next few years. Public health workers must be rewarded for the immensely difficult conditions in which they work. Incentives have to be created to attract more doctors and nurses into the system.

Salary increases are not enough of course. Nursing colleges must be re-opened and government needs to invest in full-time, properly remunerated community health workers to do counselling, patient education and data capturing. This will alleviate some of the burden on doctors and nurses.

Of course, this will cost money. But the Treasury has consistently collected higher revenues in recent years which resulted in a massive budget surplus this year. Treasury has also given large tax cuts to the middle-class and continues to give an inappropriate tax subsidy to medical scheme users. There are therefore plenty of opportunities to find more money for public health-care.

## **Essential workers and the right to strike**

Many health workers are classified as essential workers. The trade unions and government are disputing if they have the right to strike. All workers have the right to protest poor conditions of service, even essential ones. All doctors and nurses should be able to contribute to the strike in some way if they choose. Nevertheless, certain life-saving services

must continue to operate.

TAC is concerned by a report that some striking workers shut down, or attempted to shut down, an intensive care unit in King Edward Hospital in Durban. Patients in the direct care of hospitals are at risk of losing their lives through such actions. This is unacceptable. We are sure the unions will agree with us that it is necessary to take action to prevent such behaviour.

However, government also has to take responsibility for failing to prevent such incidents. For about three years, the Democratic Nursing Organisation of South Africa (DENOSA) has been urging government to agree to a minimum level of service agreement, but government has failed to do this. Such an agreement, which is in place for example in the British National Health System, would ensure that life-and-death essential services continue to operate during a strike and would have the buy-in of unions.

## **TAC will continue to support the strike**

Our public servants are the backbone of state delivery. Teachers, nurses, doctors, police, prosecutors and others are essential to the development of our society. Our political leaders have a duty to respect their conditions of service and to ensure they earn a decent living.

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