The National Education, Health and Allied Workers’ Union (NEHAWU) strikes

To the Editor: Articles by Dhai and Mahomed1,2 and McQuoid-Mason2,3 on the recent industrial unrest in North West Province (NWP) cover important aspects, including rights governing labour action, patients’ rights and negotiation for essential services.

Over the past decade, we have lived through at least five NWP-wide strikes and numerous localised industrial actions. The larger strikes resulted in increased morbidity and mortality, particularly affecting disadvantaged sections of the community, who are totally dependent on public health services and powerless to choose other facilities for healthcare. The increased morbidity would have permanent sequelae, reducing life expectancy and quality of life – a realistic example is the unavailability of insulin or antihypertensives at clinics, resulting in well-described clinical complications and chronic disease progression.

The strikers made very legitimate demands and had valid reasons for strike action. These included drug, medical supply and staff shortages, problems with infrastructure, the use of poorly paid community health workers as ‘slave labour’, and blatant corruption in the procurement of goods and services.

The no-work-no-pay labour principle for strike action, despite the presence of attendance registers, was ‘negotiated’ off the table as part of return-to-work agreements between politicians and labour. To date, no one has been held accountable for the deaths, pain and suffering directly attributable to these strikes. The actions, responses and lack of leadership by the National Department of Health (NDoH) and NWP were equally responsible for the escalation of labour action, as well as denial of appropriate care. The phrase ‘getting away with murder’ has repeatedly been used by those affected, but none of the responsible entities has been held to account. Both the NDoH and strikers are equally responsible – one, the Department, an unnoticed killer, the other, the strikers, noticed when acute care was denied. How can a ‘caring state’ allow the removal of consequences to this ‘murder’? Only according to the international laws of armed conflict.

Death and disability directly attributable to strike action on the scale seen in NWP are no less of a tragedy than Esidimeni and should be subject to similar judicial inquiry and processes, to allow for redress and to ensure that such circumstances never happen again.

A K L Robinson
Previously Deputy Director-General and Head Clinical Services, NWP Department of Health, South Africa; currently Deputy Dean, Faculty of Health Sciences, North-West University, South Africa
andrew.robinson@nwu.ac.za

Ebrahim Variava
Department of Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; and Head of Internal Medicine, Klerksdorp/Tshepong Hospital Complex, South Africa

The authors write in their personal capacity.
