Community Health Workers: In the eye of the Covid-19 storm in South Africa

Friday 27 March 2020, by <u>Gauteng Community Health Care Forum</u>, <u>Khanya College</u>, <u>No Borders</u> (Date first published: 18 March 2020).

This analysis was written by the Khanya College and the Gauteng (province) Community Health Care Forum and published in the <u>Karibu!</u> newspaper in Johannesburg, South Africa. Karibu! is a working-class newspaper whose coverage ranges from combating xenophobia to a focus struggles for social justice and sees itself as part of taking the broader social justice and democratic challenges of post-apartheid South Africa. Republished and significantly abridged here by No Borders News with permission. For the complete version of the article, please read <u>In the Eye of the Storm</u>.

We always knew that the Coronavirus was going to land in South Africa, and that it was going to pose a grave danger to the population, and to the working class in particular. The South African state did very little to take leadership during the spread of the virus globally, even though South African citizens were affected and trapped in China for almost three months now. When President Cyril Ramaphosa delivered his State of the Nation Address on February 13, no mention was made of the COVID-19 pandemic.

In times like this, when a nation and a country faces catastrophe, it is customary for the ruling elite to hide their greed, their predatory instincts and their absolute lack of compassion for the working class and the poor behind calls for "the nation to unite." For the president, the coronavirus "will unite us and bring us closer." For those of us who spend time working to organize the working class and poor against daily instances of injustice and impoverishment, we must not be fooled. Under the cover of this "unity" and "bringing us together" still lies the predatory instincts of a greedy ruling elite. If the working class does not mobilize and organize to combat the impending catastrophe, it will perish with the bitter memories of the Judas kiss administered by the country's elite.

In the eye of the storm

Khanya College organizes Community Healthcare Workers (CHWs), among other sections of the working class and the poor. These CHWs – neglected, abused, exploited, disrespected and treated with absolute lack of compassion by the ruling class and its black elite, are in the eye of the storm. This weekend past, Khanya convened discussions among the leadership of the CHWs organized in the Gauteng Community Health Care Forum (the Forum), and convened a broader meeting of movements to discuss this impending catastrophe and how the working class should respond to it.

Like the CHWs, the working class that inhabits the informal settlement of this country, that rides overcrowded taxis every day, that collects materials for recycling from the country's rubbish dumps, that has no running water in its matchbox houses, that has to look after orphaned children who will die of hunger if they "isolate" themselves – all these working-class people are in the eye of storm.

To be able to rise to the historical challenge, we have to understand the task before us. We have to understand the conditions under which we have to struggle, we have to understand how more two

and a half decades of betrayal have weakened the working class's ability to resist the virus. In the meeting of over 60 activists we began by undertaking such an analysis, and proceeded to set out a program of mobilization and organizing. We also set up a list of demands that we need to struggle for and ensure the state implements in order for the country to rise to the challenge.

The medical context of our organizing

COVID-19 arrives in South Africa against a background of a public health system that is in deep and structural crisis. The numerous instances of collapse are too many and too well known to list here. Only those in a state of denial need a list of these instances of collapse.

South Africa has two health systems – a health system for the rich, and a health system for the poor. A public health system for the poor, and a private health system for the rich. Sections of the working class currently employed on a permanent basis has been able to buy themselves out of the public health systems through private medical insurance (medical aids). Many of these members of the working class live precarious lives in this private system, with many of them running out of benefits on a regular basis, and thus facing either the option of delaying their treatment or falling back into a collapsing health care system.

The private health system has all the facilities needed to respond to COVID-19 – testing facilities for the virus, laboratories that can generate results within hours if not minutes, clean hospitals, access to water and (with their generators) a stable supply of electricity, instruments to rehydrate patients and resources to feed them. With these facilities, we can expect the elite to "isolate" themselves behind the walls of these private hospitals and clinics.

On the other side of the class divide stand the hospitals of the working class – water that sometimes does not run, is cut for lack of paying municipal bills, unstable electricity supply, a demoralized and apathetic staff, (a staff that does not use these facilities when they get sick since they are contracted to state medical aid), hospitals and clinics with chaotic administration, laboratory services that periodically hit the headlines because of their lack of capacity and chaos. This is the health system that will have to respond to the COVID-19 coronavirus for the majority of South Africans....

South Africa's burden of disease

South Africa has one of the world's highest burdens of disease in the world. South Africa is the unfortunate leader in a range of disease areas, including: child mortality, malnutrition, Tuberculosis (TB), high blood pressure, diabetes, obesity, and the list goes on. In discussions on COVID-19 we now know the possibility of intersecting with such a high burden of disease is indeed a lethal cocktail. The experience of this coronavirus pandemic has shown high mortality rates among older people. For South Africans this is very little comfort. For a country with the bulk of its population made up of young people (in the over 60% range), the burden of disease among young people is shockingly high, and puts many young people at risk. Young people do not only bear the burden of the country's high HIV/AIDS rate, but diabetes, obesity, and other diseases are widespread among them.

As we sail into this impending catastrophe, into this impending storm, we sail with a health system that is deeply flawed and in a deep crisis. We cannot respond to the crisis without radical changes in the health system.

The social context of our struggle against the coronavirus

The reason that South Africa carries such a high burden of disease is because South Africa is now

the most unequal country in the world, and one of the poorest in the world. We need to emphasize the poverty of South Africa's working class and poor people. The ruling elite is fond of portraying the South African working class as if they are spoilt children who don't know that "there are poor children in Africa." Many of these educated professors that serve this elite and work in its "think tanks" do not even try to explain why the burden of non-communicable diseases (NCDs) in South Africa is estimated to be three times higher than in countries at similar levels of development, and is similar if not worse than burdens of disease in much poorer countries.

The social context of this struggle is also one of deep, systemic and structural violence. In a report on the burden of disease published a few years ago, the authors note that "for a country not at war, South Africa faces an unprecedented burden of morbidity and mortality in relation to violence and injuries." We know that the ugly face of this violence is plays out on the bodies of women and girls. In a highly charged social context where the fear of death is unleashed, the struggle for control of spaces and resources may well lead to escalation in the levels of social violence, especially against women and girls.

Women and girls, while in the frontline of this violence, are not the only ones. South Africa's ruling class has for a long time used the "foreigner" as a cover for its politics of austerity. Not long ago, a former Minister of Health used the fear of foreigners as a reason to explain why he and his government has shamefully capitulated to corporate interests and could not roll out an effective health system. Xenophobia may rear its ugly head as the failure of the state is transferred onto African foreign nationals.

A defining feature of our social context is the epidemic of unemployment that faces large sections of the working class and working-class communities. We know that more than 50% of young people are unemployed, a much higher proportion than the already high rate of unemployed in the country. This high rate of unemployment is a social catastrophe by any measure. Within the context of the coronavirus and the struggle against it, it is beyond catastrophe.

The youth is the fundamental social force in the struggle against major national disasters. No major wars or national disasters have ever been won without the youth. South Africa's youth has been betrayed and is deeply compromised.

The poor social services that the working class have to live with everyday has the potential to become major drivers of the transmission of COVID-19 within the working class. Here we need to go beyond the fact that the compromised health of the working class make it vulnerable to the virus; we need to look at how the housing conditions of the working class (informal settlements), the transport it has to use to go to work (overcrowded taxis, trains and busses), the quality of the food it has to eat, the lack of running water in its houses, its meagre incomes and dependence on social grants, schools that have no running water. A major organizational challenge for the working class is how it will organize itself so that it mitigates the potential drivers of transmission. All the so-called radical or drastic measures announced by President Ramaphosa are all peripheral to this major organizing and strategic challenge.

Strategic Perspectives: how to respond to the impending catastrophe

Our struggle against the coronavirus has to begin with the understanding that this is not, primarily, a medical crisis: *it is primarily a social and political struggle*. We must learn from our immediate history of HIV/AIDS struggle that the ruling classes and the governments that represent them will run this way and that way when the crisis is in the public eye, and will quietly drop any commitment to this struggle when signs of containment appear.

The working class goes into this battle with its organizations at their weakest for over 30 years. This weakness of working-class organizations is all around us. Long gone are days when we could talk of street committees, of residential locals, of trade union activists, and of civic leaders that are not tainted by corruption and tenders. And yet the struggle against this virus can only be won by the working class rediscovering its organizing traditions, and by the working class throwing up new leaders that are not compromised by 25 years of corruption and dishonesty.

The struggle against the COVID-19 coronavirus faces five grave and immediate dangers:

Social fracture and individual survival

The first danger is that there would be a major breakdown of social solidarity as members of working-class communities look after themselves and their families. A vicious struggle for meagre resources may ensue in which the law of the jungle prevails. Social solidarity is the ground on which resources can be shared; the ground that will make it possible for houses to be opened to neighbors in need of rooms to recover in; this is the ground on which children of sick parents can be looked after and fed by neighbors; this is the ground on which churches can become sanctuaries and turned into places for the sick who cannot be kept in homes without endangering the whole family.

Lack of infrastructure in townships

The ruling class, the elite and its presidents have spoken a lot about "self-isolation", about "social distance," and "quarantine." They have talked about how people must work from home. They have closed schools for extended period. They have said little about how the working class is supposed to achieve "self-isolation" in the one-roomed houses and informal settlements in which it lives; they have spoken less about how social distance will be achieved in taxis, a mode of transporting people which packs them as sardines; they have spoken less about where and how those who are very sick will be quarantined; they have spoken even less about how the precarious working class will "work from home." Our strategy has to lean on the social solidarity of working-class communities to create these infrastructures from within the townships.

The moral factor in war

Wars are never won by guns alone. Indeed, in many instances we have seen armies with much more superior firepower suffer defeat by those with less hardware. In South Africa's own history, the old (and still much alive) ruling class of apartheid understood that the war against the liberation movement could not be won without "winning hearts and minds." Every general worth their salt understands the decisive role of the moral factor in war.

Our most immediate danger is that we are sailing to war with a demoralized youth. We are here not talking about a tiny fraction of youth that is intoxicated with entrepreneurial ideology (a youth that is playing at being part of the ruling class). We are here talking about the millions of young people that are in under-resourced schools, in neglected colleges, the millions of unemployed youth – we are talking about this nation's most vital resource. The strategic challenge is how to re-energize this youth, how to transform its death wish into a zest for life – into a desire to serve and safe this country from disaster.

Ruling class attempts to lull the nation to sleep

All the measures announced by the president, his so-called 'drastic measures' are not drastic at all. All he has announced are measures already taken by the leading imperialist nations – after all, which Italian will be travelling to South Africa when the whole of Italy is on lockdown? The South African

ruling class and its representatives understand that a mobilized working class may not leave its structures of class rule and profit making intact – even for a short period.

A working class leadership that is out of touch

Over the last few years the weakness of working-class movements has expressed itself in various ways. One of them is that leaders of the working class – trade unionists, leaders of union federations and big unions and activists from communities' previous waves of struggle seems to have forgotten the meaning of organizing. Whatsapp groups, Facebook posts and likes, radio talk shows, press conferences, columns in the bourgeois press, breakfasts and roundtables – all these and similar activities have substituted organizing, or more specifically working class organizing. We must admit that these activities do represent forms of ruling class and middle class organizing. These classes, with their control of the levers of power – including the state, the media and economic power – can afford to organize in such platforms. They use these platforms to test "public opinion" – and then they proceed to roll out plans and transform their ideas into actions. The "leaders" of the working class, on the other hand, depend on the bourgeois press to reach their constituency, although they are not in control of instruments that shape so-called public opinion.

The meeting of activists on Saturday, 14 March at the House of Movements agreed on a campaign that is to unfold along a number of phases, as well as along a number of fronts:

Building organization and raising consciousness

A key, and fundamental pillar of the campaign is to build organization at the most basic and local level.

Localized organizing

The general approach was that given the nature of the COVID-19 virus, localized organizing in small groups, and meetings in small groups that can operate in lock-down conditions need to be the approach. These groups set the stage for the kind of neighborhood actions that will be crucial in the struggle against the virus.

The meeting was mindful of the fact that even the existing groups cover areas that are too wide, and that organizing will have to go further down and deeper into the working class. As other activists join the initiatives it will become possible to split into more localized groups.

Raising community consciousness

The first phase of the campaign against the virus has to focus on raising the community's consciousness and preparing the ground for social solidarity. This phase begins with elementary interventions that distribute information in communities, and in this way put the activists into contact with their communities.

Mindful of the need for localized organizing, the meeting divided the activists into five regions in Gauteng in which this work will begin. Flyers have already been produced and in the next days will be followed by posters to be put up and distributed at key spaces in townships where the working class congregates. These areas were identified and range from places like taxi ranks to spaces like churches and schools.

Making contact with local organizations

Activists agreed that in the course of their awareness raising campaign they need to make contact with local organizations – youth groups, church groups, local associations of various kinds, local sports clubs, and other local organizations.

Forming community neighborhood structures

The second phase of this campaign is to begin organizing local neighborhood structures. In the discussions it was noted that given the nature of this virus, localized, small meetings in communities will be the key to organizing as large crowds cannot gather without endangering the community.

The rapidity with which the campaign can transition from the consciousness raising phase to the neighborhood structures phase will depend on how deep and widespread is the organizing, and how deeply we reach into communities in the first phase. This phase will be shortened as more activists join the campaign. While the meeting noted the need to be careful with recruitment of local youth into the mobilization (to ensure some criminalized elements do not take advantage of this mobilization), it was agreed that through contact with local organizations the youth can be energized to act in defense of their communities. In turn, the mass entry of the youth into this struggle will signal the transition to the phase of building neighborhood structures.

Creating health infrastructures for anti-coronavirus defense

A key challenge of the campaign is to create social and physical infrastructures that the working class can access in its struggle against the virus. These structures fall into two type: (a) structures that must be put in by the state on the one hand, and (b) structures that must be set up by the organized communities.

Infrastructure to be set up by the state (local, provincial and national), including:

- Access to water and sanitation
- Free testing for all at all health facilities
- The state must command all laboratories
- Production and free distribution of appropriate masks
- Production of essential medical equipment

Throughout this campaign when we make demands on the state our watchword must be – "from above and from below!"

Responding to the social needs of this struggle

The struggle against the COVID-19 coronavirus will raise many social issues that the organized and organizing working class will have to take up. Some of these issues are:

i. Securing employment of sick members of the working class

- ii. Feeding schemes in townships
- iii. Make working class transport safer
- iv. Food parcels to support the working class

In the eye of the storm - Community Healthcare Workers in the frontline

Beginning at the end of the 1990s, and throughout the two decades between 2000 and today, CHWs

have been placed at the frontline of the struggle against HIV/AIDS and a steadily rising burden of disease. Many have died in the service of their communities. No guns or bombs went off – only the silence of killer diseases that have taken their lives. For their efforts these women have been violated and abused by the state. The state has thrown them as cannon-fodder into the many storms of South Africa's failing health system. Since 2012, these young women and men (a minority) have struggled for respect and recognition. They have waged militant but non-violent struggles over these years. They have struggled to build their own organizations, to amplify their own voice.

In 2018 they won an arbitration award declaring that they are employees of the Gauteng Department of Health on a permanent basis. They do not have the luxury of "working at home," of "self-isolation" and of "social distancing." The working class depends on them for its daily survival against disease. They have to walk into homes every day, they take their own meagre wage to buy bread for patients so that patients can take medication, and they watch patients die in their arms. They leave these houses with the infections they went to fight.

True to form, a government that is worried by the impact of the virus on profits, has violated its own laws, defied court judgements and lied over and over again about implementation of the award.

CHWs, and the newly contracted Expanded Public Works Projects (EPWPs) that will work in this fight against the corona virus must be trained, equipped and clothed appropriately to be able to work safely and effectively in this new battle. For a long time CHWs have been exposed to diseases that have led to their deaths. It is time that the government recognizes that without the self-sacrificing workers this country would be a grave-yard.

At the meeting of its office bearers held in preparation for the meeting of movements, the leadership of the Gauteng (province) Community Health Care Forum (the Forum) decided that the coronavirus changes the terrain of struggles. They decided that certain forms of direct action they were planning have become inappropriate in the light of the danger facing the working class. These young women, violated, abused and exploited will again sail into the eye of the storm.

When they formed the Forum in 2017 they adopted a slogan for their organization: *Re tla dula re direla setjhaba!* (We will continue to serve the nation).

Once again they are called to sail into the storm. They *will* sail into the storm. All they ask is that their follow working class activists and communities provide some kind of air-cover.

From their own bitter experience, they know that only organization can save them. They know that only organization can save the working class from the impending catastrophe.

No Borders Khanya College Gauteng Community Health Care Forum

<u>Click here</u> to subscribe to our weekly newsletters in English and or French. You will receive one email every Monday containing links to all articles published in the last 7 days.

No Borders

 $\frac{https://nobordersnews.org/2020/03/18/community-health-workers-in-the-eye-of-the-covid-19-storm-in-couth-africa/$