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REPORT OF 4. NATIONAL CONFERENCE OF THE ORGANISATION FOR APPROPRIATE SOCIAL SERVICES IN SOUTH AFRICA (OASSSA)

Venue: Senate House, Wits University

Date: 15-16. September 1989

OASSSA held its 4. national conference on "Social Services in a Changing South Africa" at Wits University on 15.-16. September 1989. As much of the proceedings concerned purely social or medical issues, these have been omitted from this report, which deals with more politically "relevant" issues raised. About 200 social workers from various parts of South Africa attended the opening session on the Friday evening (15. September), although fewer were present on the second and final day (16. September).

Jay NAIDOO, general secretary of Cosatu, was the first speaker, talking on "The role of Social Service Workers in the Struggle". He said: the conference comes at a crucial juncture at which the apartheid society is changing to a society based on human values that promote the dignity of our people. The South African society is riddled with conflict - between rich and poor, black and white, rural and urban, caused by apartheid. We have the situation where wealth, fairly enormous, is controlled by about 5% of the population of our country, predominantly whites, held by large monopolies which dominate our economy. One of the characteristics of apartheid is that thousands of children a year die because of the lack of access to medical and health facilities. This is where the role of social workers can come in. We ask you social workers to look at your role in the context of the struggle of our country.

Key among the clauses of the Freedom Charter are the clauses on the rights of health and welfare of our people. Today we see the reemergence of the mass democratic movement in South Africa. We have seen through the Defiance Campaign that we have captured the imagination of millions of people wanting to change the character of our society. The march today (on John Vorster Square in Johannesburg) was for the new South Africa for which we are fighting. We are seeing the Mass Democratic Movement launching a Conference for a Democratic Future that allows space for all against apartheid to play a role in ending apartheid. The role of social workers in that context is vital. To what extent have we played a role to transform children living under daily warfare to human beings able to make a contribution to a new South Africa? Even in the area of welfare we have seen how apartheid tries to control it as an ideological instrument to advance the interests of the apartheid regime itself and undermine the MDM. Today the MDM through the Defiance Campaign offers an opportunity to all to change the reality of Africa. If we look at the problems affecting the working class - alcoholism, incest, crime, violence - they rank among the highest in the world, affected by the widespread poverty arising from apartheid. But people are rising up to form anti-crime campaigns in various parts of the country. So we must move beyond intellectualising about the problems - whether these are health, living conditions, housing etc.

Unless we have a democratic government, we will not be able to direct funds equitably for the social and health needs of our people. So social services are not (politically) neutral. As the struggle intensifies, the way in which the regime seeks to coopt our people will become more blatant. FW de Klerk makes as if he is portraying a new face of South Africa. We must act against that lie because he is trying to regain the support of the intelligensia from which the National Party has become isolated.

Social work is important. There is a very crucial role you can play as social workers and psychologists in the civil war that faces our country, that has made our townships a warzone, for you to participate in the broader campaigns of our people and expose the way in which the apartheid regime increases the number of victims of our apartheid society. Our task as professionals is to empower the people to deliver their own liberation. Unity among organisations is important. Only coordinated organisations will be able to defend the interests of our people as a whole. We hope this conference will produce a decisive programme of action.

COMMENT: As I do not do shorthand and do not have a cassette recorder, the statements in the above and following reports may not always be 100% direct quotations, though as much of an effort has been made to quote the speakers fully. For the same reasons, sentences are sometimes omitted. However, I have tried to maintain as high a degree of accuracy as possible.

Guest speaker was Dr Joel KOVEL, an American Professor of Psychiatry and psychoanalyst. His address was of minimal "relevancy", focussing on his experiences and disillusionment with the practice of psychoanalysis, pschiatry and related profession in the United States.

On the second day of the conference, Saturday, 16. September, attention was given to the theme of "Social Service Structures: South Africa and the Alternatives".

The first address on this day was delivered by Mr Melvyn FREEMAN of the Centre of Studies on Mental Health Policy (Wits) and OASSSA executive member. He spoke on "The Structure of Mental Health Care in South Africa". He said: mental health care is prejudiced because of political motives. The most obvious structural hinderance to mental health care is racial - prejudicing black people, for example in the allocation of subsidies for mental disabilities for whites, coloured and blacks. With reference to in-patient care, more beds are available for whites than patients, while the reverse is true for black people. Using revenue from taxation for mental health care, the State provides various mental health care services through the four provinces for acute and longer-term psychiatric handling. However, the services by these four provincial divisions are further fragmented by the "Own Affairs" departments for Indians, Coloured and Whites, and the services for blacks through the "General Affairs" department. Obviously this is a waste of money and person power (Comment: non-sexist language for "manpower"!). Besides mental health care financed or subsidised by the State, the care is also provided by private institutions. But those most in need of mental health care are not necessarily those who will get help in

private welfare. The welfare of whites is fairly well developed in relation to welfare provided for blacks, which is in complete disarray.

Concerning mental health care entirely within the private sector: only 5% of blacks are covered by medical aid, which would be financially necessary for private care. To afford psychotherapy on a long term, you would need to be in the wealth bracket more than covered by medical aid.

This address was followed by one given by Ms Anita WAGNER, of Concerned Social Workers. (Comment: a copy of her address is attached).

Ms Winnie SEROBE, a nurse at a private Family Planning Clinic in Johannesburg, spoke of her experiences in a women's self-help (non-professional) social assistance within the community in Diepkloof. The group for instance "adopts" mentally-ill people and their families.

(After the morning tea-break, there was a session on "Alternative Social Services" in Nicaragua, presented by Dr Joel KOVEL; in Mozambique, presented by a Mr Mike MULLER; and in Namibia, presented by a Ms Petronella COETZEE. However, I did not attend this session).

The Saturday afternoon session began with parallel sessions (Focus on Aids; focus on violence; and focus on the child, family and community.) I attended the session focussing on violence.

The first speaker during this session was Mr Lloyd VOGELMAN, director of Project of the Study of Violence at Wits University in a contribution entitled "The Living Dead: the psychology of living on Death Row". His talk was an abbreviated version of a contribution on the same theme in the latest South African Journal on Human Rights, published by the Centre for Applied Legal Studies (please refer to that publication).

Mr Graeme FRIEDMAN and Mr Alan COLAM, both Johannesburg psychologists, spoke on "Factors in the motivation to take up arms": a case study from the Eastern Cape. This refers to the court process against 11 Port Elizabeth ANC activists charged with terrorism, aiding and abetting known ANC members, an attack on the SAP and a limpet-mine explosion. The two psychologists interviewed the accused and gave evidence in mitigation. (Comment: cf. SOUTH, 14.9.89. for a report on the sentencing, under the heading "'Harsh' sentences for ANC activists"). FRIEDMAN began by stressing they did not have the intention to advocate violence but to explain it. He started by explaining socio-economic reasons, citing statistics in various fields to show the discrepancy in living conditions between Port Elizabeth blacks and Port Elizabeth whites, for example: chances of living under Household Subsistence Level (Blacks: 39%, whites 0-4%), chance of being unemployed (Blacks 50%, whites 3-10%) etc.

He said: We can infer that mental health is almost non-existent for blacks in the (Port Elizabeth) townships. He said, besides socio-economic factors, there were also political factors which motivated those involved in the court case to take up arms. These included the state of emergency, pass laws, shooting by SAP in Langa township, the barbed-wire existence around Brighton-On-Sea, allegations of police torture, disappearances and deaths, municipal police activities as auxiliaries to the security police and siding with the local vigilantes, consumer boycotts. FRIEDMAN quoted various examples of these factors. He gave the psycho-social history of two of the accused. One for instance was 24 years old when involved in the activities of which he was accused. He lived in a shack, the mother is a domestic, he attended school up till the end of Std 7 when he had to leave for financial reasons. Of both accused, FRIEDMAN stressed: they have no psychological, anti-social history. The motive for the men for their terrorist involvement were: apartheid, having grown up in a violent society, no protection from the police who are supposed to protect the society, both accused were caught up in frenetic politicisation and seven comrades were killed by police. One accused explained: "I was looking for someone to give me something to fight back with". They said they chose to take up arms only as a last resort because they felt the government was intransigent. They found someone sympathetic in an ANC soldier "Eric", who came to the townships and fell under his military command.

Alan COLAM continued, saying the experience of these two men was of struggling in a bad work. The struggle for their community becomes a personal struggle. A fulfilling role in society with human dignity was failing. We have noticed a powerful theme of resistance organisations being seen as "parent symbols" in the sense of the need when under great stress, of that authority we all need for guidance and meaning in our life. The individual can believe the bad experience he encounters is because he is bad, useless. He senses anger and frustration which cannot be directed at the "parent State". The individual believes his badness is responsible for the bad state of affairs. That is the first option. The second option is, if you can't beat them, join them. This may be the option of the collaborator, of members of the vigilantes. The third option: the individual tries to locate the badness where it belongs and unmask the aggressor.

Why is this attack so physical? In the conflict, the police and vigilantes are seen as spokesmen of the oppressor. Violence becomes the language of communication. If there is no speech there can either be identification with the oppressor, or action. Violence is acting-out because there is no talking-out. It is the only language available. But we are not dealing with a pathological person here. All people need a "parent" - if not the State, then the ANC. For the active opponent of the State, the "parent State" which has shown itself fundamentally bad must be fundamentally replaced. Our argument is that violence maintains the identity of the individual.

The final part of the session was devoted to "The Restrictree". Ms Ntjantja NED, a social worker connected to the Detainee Counselling Service, described who the detainee or restrictree could be: "I see the restrictree as a teenager ... a young single parent A

restrictivee is a human being who besides oppressed, is singled out and harrassed ... becomes alienated from the community, beginning to experience depression. Life becomes meaningless because he is not able to carry out a meaningful life. He is in a state of crisis because he cannot take charge of daily activities. What is the role of social service workers? The main challenge is we need to locate ourselves in the MDM and understand the social context of detentions and restrictions".

A clinical psychologist, Ms Ruth EASTWOOD, continued to speak on "The Restrictivee". (Full text attached).

(Comment: at this stage I had to leave the proceeding. However, the conference was almost at an end. The final items of the programme were "Final plenary", "Unity in the health and welfare sector" and "Summing up and closure".

I would describe the conference and atmosphere as serious, informative, interesting, certainly providing the participants with serious food for thought on their role in the South African society).

(For more on OASSSA, cf. "Critical Health" journal, Number 27/ August 1989)