

Behind Mbeki's sacking of South Africa's deputy health minister

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23 August 2007

The sacking by President Thabo Mbeki of South Africa of his deputy health minister, Nozizwe Madlala-Routledge, has produced outrage amongst AIDS activists in South Africa and consternation among political commentators internationally.

The Treatment Action Campaign (TAC), the main organisation that has fought for AIDS drug treatment in South Africa, said, "This is a dreadful error of judgement that will harm public health care and especially the response to the HIV epidemic."

Referring to Mbeki's notorious support for the small but vocal group of dissidents who deny that the HIV retrovirus causes AIDS, they added, "It indicates that the president still remains opposed to the science of HIV and to appropriately responding to the epidemic."

Typical of the response in the Western press was the editorial in the *New York Times*, August 14, "Unlike other African countries, South Africa has the financial resources and the medical talent to successfully take on its HIV/AIDS epidemic. What it lacks is a president who cares enough about his people's suffering to provide serious leadership."

Madlala-Routledge came to the fore in the latter half of last year when the health minister, Manto Tshabalala-Msimang, took sick leave to undergo a liver transplant operation. Tshabalala-Msimang shares Mbeki's attitude to antiretroviral (ARV) drugs and is notorious for promoting health foods, not in addition to ARV drugs but as an alternative—she has become known as "Dr. Beetroot."

After a widely supported campaign led by the TAC, the African Nation Congress (ANC) government finally agreed to provide ARV drugs by the end of 2003. However, it continued to drag its feet over the next period, and provision has been patchy. At the end of last year, a draft five-year National Strategic HIV/AIDS plan was put forward, formally agreed to in March of this year, which campaigners regard as an improvement [*]. Even today, it is a scandal that only a third of those needing the drug are receiving it, according to the World Health Organisation.

Madlala-Routledge is credited with playing a major role in the recent improvement of drugs provision, publicising the campaign to get people to overcome reluctance to taking an HIV test by undergoing a test herself at a rural clinic. After Tshabalala-Msimang's return in June, there had been a growing conflict with her deputy.

In July, Madlala-Routledge made an unannounced visit to Frere Hospital in the South African town of East London, following a

campaign in the local newspaper about the conditions there, with a very high infant mortality rate. She declared that the maternity ward in the hospital was part of a "national emergency."

Tshabalala-Msimang's response was to send a team to investigate the situation and propose improvements, and suggested that the press reports were an exaggeration. Mbeki went further in his weekly ANC newsletter and claimed that the reports were false.

Madlala-Routledge was finally sacked after going to Spain to attend an AIDS conference without Mbeki's permission. She had immediately flown back without attending the conference when she heard that a note had arrived from Mbeki opposing the trip after she had already left.

Whilst it is true that Madlala-Routledge has played a role in somewhat improving the situation for ARV provision, her dispute with Mbeki and Tshabalala-Msimang is part of a much wider conflict that is taking place within the ANC. Madlala-Routledge is a leading member of the South African Communist Party (SACP)—a fact the *New York Times* editorial fails to mention—and was elected to its central committee at its July conference.

The SACP makes up a tripartite alliance with the trade unions in COSATU and the ruling ANC. Whilst smaller in size, it plays a key ideological role in the support of the ANC government, and fully supported the commitment to capitalism that was so vital to the United States and Western governments after the end of apartheid in 1994. However much the *New York Times* may criticise Mbeki over HIV/AIDS, it can hardly forget the role that he played in embracing free market capitalism in the 1990s.

Mbeki could not have achieved this without the SACP heading off working class opposition to the ANC's privatisation policies. Despite the sacking of Madlala-Routledge, it retains a number of cabinet posts in the government. But the SACP and COSATU, many of whose leaders are SACP members, are increasingly coming into conflict with Mbeki and the ANC majority. At its conference, two government cabinet ministers, Ronnie Kasrils, minister of intelligence, and Jeff Radebe, minister of transport, were voted off the central committee, and Charles Nqakula, minister for safety and security, was removed as party chairman though he remained on the central committee.

Latest news reports show that the factional disputes are intensifying. The South African *Sunday Times* has alleged that Health Minister Manto Tshabalala-Msimang had a liver transplant operation because she was a chronic alcoholic and had continued

drinking before the operation. Normally, liver transplant operations, with scarce donor livers—in this case from a teenage suicide victim—are only carried out on patients who have given up alcohol. The *Sunday Times* also alleges that Tshabalala-Msimang has continued drinking after the operation. Secondly, the paper alleges that Tshabalala-Msimang, while superintendent of a hospital in Botswana in 1976, stole a watch and other items from patients. She was convicted and banned from the country as an undesirable alien.

So far, Mbeki has defended his health minister, stating that she is being “demonised.” His spokesman said he would not respond to demands to sack her unless evidence was produced.

The background to these divisions is the leftward movement in the South African working class and growing anger at the ANC government—as expressed in the huge support for the latest round of strikes.

After 13 years of ANC rule, the majority of families in South Africa live below the poverty line, and unemployment has doubled over the same period. Divisions between rich and poor have grown dramatically, with the ratio of CEO pay to workers’ pay now standing at more than 50 to 1.

This June, Statistics South Africa published a report showing the impact of HIV/AIDS and the ANC’s refusal to provide ARV drugs on the mortality rate. For those aged 25-49 years, the rise in registered deaths was 169 percent between 1997 and 2005.

The SACP has decided to present a “left” face to divert the mounting opposition to the ANC government over this social catastrophe into safe channels. The divisions between the SACP and the ANC leadership are entirely tactical and are not ones of principle or substance. To give just two examples of this: Madlala-Routledge was sent by Mbeki to speak to his trade union opponents in COSATU at their conference in 2006 and was in favour of cutting back South Africa’s public sector. Mbeki’s deputy president, Phumzile Mlambo-Ngcuka, a supporter of free market capitalism and presumably sensitive to Western government fears that Mbeki’s AIDS policy could have a destabilising effect, teamed up with Madlala-Routledge in pushing through the provision of ART drugs.

It is in the debate over who will be the successor to Mbeki that the factional disputes have become most heated. The ANC leadership elections take place in December of this year, and Mbeki has announced that he will stand for a third term of office. Although he is barred by the constitution from standing as president for a third term in 2009, as ANC leader he would be able to put forward a chosen candidate. The main candidate standing against Mbeki and backed by the SACP and COSATU is deputy ANC leader Jacob Zuma.

Zuma was sacked by Mbeki two years ago from his position as deputy president when his financial advisor, Schabir Shaik, was found guilty of corruption for his involvement in a government arms deal. Zuma’s court case on corruption charges collapsed for lack of evidence, but now he faces a further trial as new evidence has emerged. In a separate trial last year, Zuma was acquitted for allegedly raping the daughter of a family friend.

Zuma had no differences with Mbeki over pro-market policies when he was in power. Although he has a populist style and relies

on his long history in the ANC’s struggle against apartheid to command support, his “left” credentials are bogus. He even spoke out against the recent public sector strike, claiming it damaged South Africa’s international reputation. His standing amongst AIDS campaigners could hardly be lower—at the rape trial, he revealed his ignorance by saying he took a shower after having sex to make sure he was not infected.

The SACP remains deeply committed to its Stalinist traditions by presenting the ending of apartheid as a “national democratic revolution,” the two-stage theory that the Kremlin once used to carry out countless betrayals in developing countries. Socialism was always presented as the next stage of the revolution at some indeterminate future date, and those who attacked nationalist leaders for supporting capitalism were denounced as “ultra left.”

Now, the SACP claims it wants the democratic revolution to be taken further, with a so-called “democratisation of the economy.” With unconscious irony, Mbeki is currently attacking them as “ultra left.” An examination of the SACP’s policy reveals that it is merely a revamping of the Stalinist doctrine of economic nationalism, calling for a “strong industrial policy” as opposed to the present government’s reliance on exports in mining and agriculture. Socialism is described as a “Medium Term Vision.”

No reliance can be placed on an SACP- and COSATU-backed Zuma government, including Madlala-Routledge, to develop an adequate policy on HIV/AIDS as opposed to Mbeki, or any other pressing social issue. There could be no guarantee that the ART rollout would proceed beyond its present limited level without a huge injection of funds into the health service. Such provisions, as well as measures to tackle the chronic levels of poverty and unemployment, cannot be provided under the profit system that the SACP defends.

The development of a new working class movement based on an internationalist and socialist perspective, opposed to the ANC and also the SACP and COSATU, is sharply posed throughout the Africa continent.

[*] for a history of HIV/AIDS provision in South Africa see <http://www.avert.org/safricastats.htm>



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