

Transdisciplinary attempts at psychiatric health care and political power: The Life Esidimeni tragedy and the commodification of public health care

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Judge Moseneke (2018) revealed that in 2015 over 143 mentally ill people died from neglect and starvation, while 1418 patients were traumatised and several injuries were reported at Life Healthcare Esidimeni in Johannesburg, South Africa. This was a tragedy that shocked the world and warranted the appointment of an alternative dispute resolution process by the government (Makhura 2017). The appointment was made by means of an arbitration commission, chaired by the former Deputy Chief Justice, Judge Dikgang Moseneke.

Government officials, who were leading the Finance and Health Departments at the time of the tragedy, and representatives of the deceased appeared in front of the commission to testify on the events that led up to the tragedy. The commission completed its work at the beginning of 2018 and Judge Moseneke delivered the Commission's final report, commonly referred to as the 'Life Esidimeni Report' on 19 March 2018 through a national television broadcast.

Analysts, commentators and social media characterised the process of the commission and the overall experience as evidence of the government's incompetence, corruption and inhumanity (Al Jazeera 2018; BBC Africa 2018; News24 2018). In the report, Moseneke characterised the government systems and its officials as dysfunctional, inhuman and anti-poor (Moseneke 2018, 41). Furthermore, the mentally ill deceased people came from poor families and needed government support to be accommodated in the private health care facility of Life Esidimeni.

This paper explores the tragedy of Life Esidimeni as a manifestation of a financial intersection of both the government and business in the privatisation and commodification of health care at the disadvantage and subjugation of the poor and mentally ill people. The Marxist social conflict theory was applied to this exploration to demonstrate how the government as a state entity has institutionally subjugated the poor and mentally ill people to a point of their death by averting health care from them in the Life Esidimeni Healthcare facility.

Quality health care in South Africa is commodified and privatised. It is expensive for a poor person. As a result, it is accessible exclusively to the bourgeoisie of South Africa as per the

Marxist conceptualisation. Therefore, in preventing the poor and mentally ill people from accessing health care in Life Esidimeni, the government operated as an agent of the ruling class to secure the class interests of the rich people who are entitled to commodified health care.

Details of the Life Esidimeni tragedy

The Life Esidimeni Report indicates that 144 mentally ill people died after the government moved them out of the private health care facility called Life Esidimeni after 1 October 2015 (Moseneke 2018, 2). The government moved the patients to ill-equipped and understaffed facilities around Johannesburg. These facilities were operating as non-governmental organisations (NGOs). The type of facilities used by the NGOs ranged from houses and shacks to inappropriate clinics in townships (Moseneke 2018, 32). The patients were moved, precisely, from a private health care facility to dumping sites by the government.

In giving her testimony to the commission, the provincial Minister of Health in the Gauteng Department at the time, Qedani Dorothy Mahlangu, stated that a contract that the government had with the private Life Esidimeni Healthcare facility was terminated due to budgetary considerations (Moseneke 2018, 19). At the time of terminating the contract, over 2000 psychiatric patients were kept at the Life Esidimeni hospital receiving highly specialised, chronic and psychiatric health care. According to Qedani Mahlangu, this financial obligation became unsustainable for the government and, as a result, the patients had to be moved to the care of affordable and volunteering NGOs to save costs. Others were discharged and sent home to be with their families.

In December 2015, three months after all the patients had been discharged, Qedani Mahlangu reported to the national parliament that 36 former Life Esidimeni patients had died in one of the NGOs. Parliament noted the report but did not take any immediate action. In the following year, 2016, it was revealed that the NGOs, where the patients had been transferred, had poor facilities to accommodate the patients. In addition, the NGOs did not have specialised treatment for every condition of each patient. The NGOs were using standardised and inexpensive medication for almost all the kinds of conditions of the patients (National Assembly 2017).

It is worth recalling that the provincial Minister, Qedani Mahlangu, and her Department of Health were warned extensively to take action against the developing tragedy surrounding the

mentally ill patients that have been transferred to incapable NGOs. For instance, the Auditor General of South Africa (AGSA) observed in 2015 that while the contract between the government and the private Life Esidimeni Healthcare unit was financially unsustainable, measures had to be taken immediately to rescue the situation before there could be dangerous consequences to the patients. This warning to the government went unheard. Instead, the government failed to adhere to the recommendation of the AGSA by conducting a monitoring and evaluation process of the situation in assessing the feasibility of the NGOs' capability to provide specialised care to the psychiatric patients (Makgoba 2016). The rest was history.

Marxist conceptualisation of commodified health care

Marx was a critic of capitalism based on the conceptualisation of the world and its communities as categories of commodified products. In the market economy of capitalism, every sphere and object of life can be bought and sold at a price. According to the logic of capitalism, basic human needs, such as water, shelter, clothing, health care, education, communication, food, and transport, are all traded in the market at a price (Christiansen 2017).

Books, wine, food, soap, property land, cell phones, holiday vacations, labour, concerts and water must be sold the same way in the market economy with a profit motive (Marx *et al.* 1988, 197). Under capitalism, it is deemed impossible for a human being to obtain anything for nothing. As the saying by Mall in 1942 (Dryer 2010, 240) goes, "there ain't no such thing as a free lunch". The Marxist framework refers to this phenomenon as commodification.

Commodified products are affordable to those who have the means to purchase them. Health care, a human need that is also a scarce resource, is in high demand globally from world citizens. In capitalism, citizens, or rather human beings, are consumers. The logic of capitalism dictates that when a resource is scarce and in high demand, it becomes expensive. In addition, the labour power required to produce such a scarce resource tends to be expensive as it is highly specialised and costly to train such skills in a commodified education system (Marx *et al.* 1988, 19).

Doctors, nurses and medical practitioners are the affluent labour power that is in high demand in the health sector. The commodification of their trade also invites them to demand an incentive of high value in the form of exorbitant wages for compensation. This conundrum

makes the entire value chain of health care unaffordable to ordinary people and the governments of poor and developing countries (Christiansen 2017).

The state as a class oppressor of the poor

The state in the form of a government is usually the entrusted institution in a country that bears the responsibility of providing health care to all its citizens. Health care is a basic human need. It becomes the responsibility of the state to “respect, protect and promote the rights of the citizens which are outlined in the Bill of Rights” (Constitution of South Africa 1996). The South African state though, similarly to the majority of states globally, operates within the framework of the market economy underpinned by capitalist fundamentalism (World Bank 2017, 19). In such an economic arrangement, the state depends on taxes collected from its active workforce and corporate industries to function in the execution of its public responsibilities.

The size of the *fiscus* of a state reflects the strength of the market economy in which it is based (Gamange 2010; National Treasury of South Africa 2017; Office of Management and Budget 2017). In 2017, the state of the United States of America (USA), with an unemployment rate of 4.1%, had a large *fiscus* of \$3.8 trillion (Office of Management and Budget 2017), as compared to the state of South Africa which, with an unemployment rate of 26.5%, had a moderate *fiscus* of \$122 billion (National Treasury of South Africa 2017). The relationship between the market economy and the *fiscus* of the state is a matter that Marxist scholars observe as the manifestation of class power by the market over the state for the benefit of the propertied ruling class.

The history of colonialism in South Africa inflicted poverty, unemployment and underdevelopment on the black population. On the other hand, it has created a skewed market economy that is still owned by the historically privileged white minority. This puts the South African government in the position where it has to face a complex socio-economic contradiction wherein it collects tax revenue from a tiny basket of the employed workforce to serve an unemployed and poverty-ridden majority of the population. As a result, the tax revenue of the South African state and its overall budgetary framework of government tends to be unable to satisfy the needs of the population. In some cases, the government has to face

a trade-off between providing health care to the poor or investing in the higher education of its youth (Zibi 2018).

In the South African context, rich people are the white minority group that has been exclusively benefiting from exclusive, quality, private and commodified health care since the apartheid colonialism period. Rich people remain with their own privatised institutions of health and education intact. They can afford the commodified and private health care. Nzimande (2009) observes that South Africa is characterised by a “funding [system] of health care [that] is a two-tier system which grossly discriminates against the working class and the poor in favour of the rich and propertied classes”. Discrimination against the disadvantaged is to the extent that a patient, who does not have a private medical aid cover, does not receive treatment from a private health care institution, irrespective of the level of the emergency (News24 2017).

The weak currency of South Africa and its low-growth economy results in a struggle to recruit the best medical talent, medicine and equipment that is of excellent quality to the public hospitals. These world-class incentives, rather, are accessed by the private health care system (Nzimande 2009). In addition, the state subsidises private health care in large amounts in order to make it affordable to the low-middle-income earners of South Africa. The subsidisation of private health care by the government negatively affects its *fiscus* due to the exorbitant market value of private health care. The national Minister of Health, Dr Aaron Motsoaledi, highlighted the unacceptable levels of government funding of private health care and committed to seeking the regulation of the sector in the 2018 Budget Vote speech in parliament (Motsoaledi 2018).

Though the government subsidises private health care, it remains exclusionary to the poor. Attempts made by the government to create the private-public partnership provision of health care for the benefit of the poor people through initiatives such as the National Health Insurance have been met with rejection by the stakeholders of the private health care system (Nzimande 2009; Motsoaledi 2018). Therefore, private health care remains exclusionary, expensive and heavily funded by a government that is supposed to represent the most vulnerable population groups in society. This quagmire is evidence of how the government is a class oppressor of the poor. As per the conceptualisation of Marx, the government, in this instance, has operated as an agent of the ruling class to secure the class interests of the rich people at the expense of the poor.

The South African government is not a stranger to acting in the interest of private capital against its own poor citizens. On 16 August 2012, the South African Police Service used live ammunition and killed 34 mineworkers during a protest for a living wage of R12 500 (\$984) in the platinum mine of Lonmin in Marikana. Lonmin is a private company that owns a platinum mine in the township of Marikana. It makes billions in profits and contributes significantly to the economy of the country. However, it was paying its workers a poverty wage of R4500 a month (\$354).

The Farlam Commission report revealed that while Lonmin had resources at its disposal to provide its own security to manage the protest and protect its own property, the government saw it necessary to provide subsidy to the Lonmin company in the form of availing its police to barricade the protest and to kill the workers in protection of the private property and profits of Lonmin (Farlam 2015). This was another instance of the active role of the state in the conflict between private capital and poor people. The state operated as an agent of the ruling class to protect the interests of the propertied bourgeoisie who owns Lonmin.

Marxist analysis of the government's role in the Life Esidimeni tragedy

The overarching theme of Judge Moseneke's report on the Life Esidimeni tragedy was the violation of human dignity by the government (Moseneke 2018, 62-4). It is important to note that the violated people consist of human bodies who are at the bottom of the hierarchy of human life in the South African context. The face of a dignified and rewarding life in South Africa is a white male. In contrast, the face of dehumanisation, humiliation, poverty and disease is a black, poor, rural, uneducated, unemployed, disabled and female person (Gqola 2015, 37; Crenshaw 1989). The intersection of all these categories of disadvantage gives the bourgeois government the go-ahead to violate the dignity of the mentally ill, black and poor patients. The government operated under the assumption that there would be no consequences for violating such cheap lives. Moseneke (2018, 76) emphasises that the mentally ill deceased patients were humiliated both "in life and in death [and] their families were also treated as sub-human and devoid of any worth".

Comments from the public commentators towards the responsible government officials were also as unforgiving. Hardly anybody had sympathy for the national Minister of Health, Dr Motsoaledi, when he cried during his testimony in the commission chaired by Judge Moseneke.

Mr Julius Malema, the leader of the opposition party in South Africa, the Economic Freedom Fighters, rejected Motsoaledi's emotional testimony and referred to his stunt as "crocodile tears" (Independent Online 2018). Civil rights organisations, such as the Treatment Action Campaign, have called for the criminal prosecution of the former provincial Health Minister of Gauteng, Qedani Mahlangu (eNCA 2018).

The testimony by health and finance officials in the commission was based on the theme that the government had to move patients out of the private health care unit of Life Esidimeni due to budgetary constraints. Private health care for mentally ill patients proved to be too expensive for the government to afford. Moseneke (2018, 22) acknowledges such an observation by the government officials by stating, "I readily accept that on all accounts, the Department, like the rest of the State, [is] faced [with] financial constraints". Nevertheless, how, and when the mentally ill patients were discharged by the government from the Life Esidimeni facility, is the action that Judge Moseneke describes as being unlawful. "Their irrational and thus unconstitutional decision was the reason for the death and torture [of the mentally ill patients] that ensued [in the NGOs after they were discharged]" (Moseneke 2018, 75).

The above-selected content of Judge Moseneke's report validates the collusion of the state and private capital in the violation of poor citizens. First, the state, operating in a capitalist market economy, failed to regulate the exorbitant cost of private health care and also failed to halt subsidising such an anti-poor and exclusive sector. Second, the prices of private health care continued to rise in the laissez-faire economic system of South Africa up to a point where "the mental health budget [began], at the relevant time, decreasing" (Moseneke 2018, 22). Last, the government behaved similarly to how a factory business owner would when faced with rising costs in a capitalist economy. When faced with high input costs, the factory business owner would retrench workers (Marx *et al.* 1988, 19). In this case, when the government was faced with high health care costs at Life Esidimeni, it retrenched the lives of innocent people to eternal rest.

Conclusion

The death of 143 people is a catastrophe no matter how one looks at it. It fittingly shocked the whole nation and the world. The hegemonic examination of the tragedy though was focused on the political and administrative failures of the government of the ruling party (Al Jazeera

2018). Other groups in society, such as opposition political parties, went to the extent of tabling a motion of no confidence on the Premier of the Gauteng province in the provincial parliament. However, this paper was seeking to draw a different narrative in analysing the tragedy that happened in the Life Esidimeni Health unit in Johannesburg, South Africa, by placing the problem at the commodification of health care.

The Marxist social theory of conflict was used to determine whether the problem in the Life Esidimeni crisis was rather the power and the position of the state in the market economy and how it colluded with private capital to disadvantage its own poor citizens. The bourgeois state that operates in the bourgeois economy for the economic interests of the propertied, private medical-aid-owning class has been uncovered for its violent conduct. The government officials, who were leading the Finance and Health Departments at the time of the tragedy, and the representatives of the deceased appeared in front of Judge Moseneke in a class conflict commission between these parties. The events that led up to the tragedy where the points of convergence and divergence in the model of divulging the pitfalls of a commodified health care system. In preventing poor and mentally ill people from accessing health care in Life Esidimeni, the government operated as an agent of the ruling class to secure the class interests of the rich people who are entitled to commodified health care.

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