

CASCADING IMPLOSIONS IN THE PROVINCIAL HEALTH SECTOR OF SOUTH AFRICA AND THE COMPLETE EROSION OF PUBLIC MANAGEMENT

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ABSTRACT

The paper attempts to look at government and governance failure within the provincial health sector of South Africa. There have been cascading implosions within almost all nine provinces of the country's health sector. There seems to be a lack of accountability, in spite of the government's reassurance after the May 7th general elections that given the criticisms against its track record in respect of governance, and its failure to deliver services to the people in many instances, that it will remain accountable to the sum total of the South African population and will heighten service delivery. This has not come to fruition and government excesses are increasing and there is a breakdown of governance. This paper therefore intends to provide evidence with particular reference to the massive failure of two provinces in respect to the provincial health sector, and will fleetingly draw attention to another two provinces in this regard. It would also talk to the concept of accountability that has been eroded without any reference to the rule of law and would show why governments fail in the execution of their duties. The paper is not all encompassing but is an attempt to bring these abuses to the fore.

Key Words: Corruption; Government; Governance; Healthcare; Cascading; Implosion

INTRODUCTION

South Africans are woefully aware that, it is not part of the political culture of South Africa to resign when a conflict of interest arises within the body politic of the country. In recent years' corruption, mammoth scandals, overt cronyism, political patronage, nepotism, cadre deployment, manipulation of tenders, appointments to senior positions of people who do not qualify to hold such positions and government ineptitude, inefficiency and poor governance coupled with policy failures have become endemic and, the order of the day in South Africa. There is no accountability. There is no rule of law. Constitutional democracy in reality has broken down and has been eroded. This is because the government and governance system has become "rotten" from the very top and includes a host of politicians that are involved in contributing to this state of affairs. The paper will primarily look at four provinces in respect of corruption and maladministration. It therefore asserts that the situation will be no different in the remaining five

provinces of the Republic of South Africa. This therefore, points to a collapse of the public health sector of South Africa at the national level and across the nine provinces. Conflicts of interest subvert the promise of democracy and undermine the legitimate expectations of the poor. It has been stated that every citizen and comrade according to the Ifaisa Directors (2014: 34) “should be alert to recognize and expose the insidious culture of impunity which they fester.”

THE SICKENING ABUSE OF POWER IN THE FREE STATE PROVINCE AND THE COLLAPSE OF THE HEALTH DEPARTMENT

A woman has to push her disabled son on a wheelchair, on a journey of about an hour and a half, to get to the clinic where she and the boy are supposed to get their Aids medication, except that it's not always available. According to the Editorial of the Mail and Guardian (2014: 34) “the woman then says “when she gets to the clinic she is victimized by a nasty nurse.” This is the state of affairs within the public healthcare sector of South Africa, after 20 years of freedom and democracy. The Mail and Guardian (2014) further reports that “A man who is HIV positive and suffering from a psychiatric condition has to wait six hours for the doctor, only to discover that, without explanation, the doctor won't be in that day. The man has lost his disability grant, his only source of income, because of the absence of a doctor to endorse his claim. A woman who gave birth was unable to wash herself afterwards because the hospital had no water, and her blood – drenched bed and clothes were not replaced by hospital staff for the week she was there.”

These appalling stories, all happened in the Free State province, where state – run health services are falling apart. This is the province in which about a quarter of all adults under 50 are HIV positive, yet more than half of its medical facilities, according to one survey, suffer medication shortages. At the same time, the precious few available resources are seized to benefit the politically connected, at the expense of ordinary patients. The other Free State province's healthcare story that the Mail and Guardian and other South African national newspapers and media reported in July 2014 is about the province's health Member of the Executive Council (Minister – MEC) “personally intervened” to get a bed in an intensive care unit (ICU) for a patient who would not get a bed in the ICU, for a patient, who would not ordinarily get a bed because his chances of survival were so low.” But, on orders from the above, an ICU bed was “created” for him, and this after the relevant hospital had cut its allocation of five ICU beds to three because of cash problems. Meanwhile patient's who really should get such ICU beds, for medical, rather than political reasons, are dying in the same hospital.

What this reveals is not just the heartbreaking suffering caused by the province's inability to run its medical services properly. It reveals a sickening abuse of power on the part of provincial office bearers, plus sheer disregard for our fundamental constitutional principles of equality and a state based on the rule of law. The tragic irony is that most of the political ruling class whose incompetence and lack of leadership have led to the dire state of public primary healthcare, shun public hospitals, but then they can afford private healthcare. When they can't, or when they want to do favours for those who can't afford private care, they use their political power to provide state healthcare for those who they choose to help and that too for political reasons. The Mail and Guardian Editorial (2014: 34) reports that the health MEC of Free State province Benny Malakoane, who ordered the hospital to prepare an ICU bed for his favoured patient, was reappointed to that position by the premier of the province Ace Magashule despite the fact that he, with five others, face charges of corruption, due to be heard in court next month. It is not being suggested that the politically connected patient did not deserve decent medical care. But the provision of such care should not have been at the expense of other patients, or at the behest

of politicians. It should have been a clinical call made by qualified medical practitioners. That clinical call, however, was dismissed by the politicians. They, it seems, are the ones get to decide who lives and who dies.”

This chain of events shows the ugly consequences of the behaviour of uncaring political elite that equates political office with absolute power and the capacity to act with impunity. Ironically, in February Malakoane made site visits to hospitals in the Free State and promised to deal with the poor quality of services. “Are these just more empty promises? Is there any comeback, if he does not fulfil them? Looking at the bigger picture we have to ask: Has dependence on political connections led to ordinary South Africans lives being sacrificed to ensure comfort and care for the connected? What of the governing party’s repeatedly stated commitment to improve the lives of the poorest and most vulnerable in our society asks the Mail and Guardian’s Editorial” (2014: 34). All of this goes beyond nepotism because it is simply the crudest and cruelest form of political arrogance and corruption. In this case unlike many others, the consequences are immediately apparent, the suffering and death of ordinary people. The MEC has violated the oath of political office and he should pay for abusing his power. It is hoped that the public protector and other constitutional watchdog bodies will investigate this matter because all South Africans are very angry. A surgical patient died in an ordinary ward in a district hospital in the Free State because an ICU bed was not available and cronyism is the order of the day as expounded by the MEC of health and the Mail and Guardian points out that “the department is run by black capitalists who care little about the rights of the patients. They are only about the minority that is attached to them, whether by friendship or by blood and unfortunately those who do not have connections die.

The reality of the situation is reflected as follows in our corrupt democracy in South Africa “If they find out I am speaking to you, I’ll lose my job says a paramedic at a hospital in Bethlehem in the Free State. They will fire and threaten me. The healthcare system is in a crisis. Doctors have to buy their own stethoscopes, blood pressure monitors and blood glucose monitors and the hospital does not have oxygen. Food is bought for patients by doctors and benefactors. Doctors are not paid overtime. We are very disappointed with government. They just don’t care. This is the sorry state of affairs”

FREE STATE HEALTH TAKEN OVER BY THE TREASURY

The Mail and Guardian (2014: 8) states that “the monitoring forum says that that the department is on the verge of collapse and is R700 million in debts and has been taken over by the treasury. It is no longer considered fit to manage its budget. Financial management authority has been transferred to the provincial treasury. The takeover has to deal with the nonpayment of critical medicines and medical suppliers and poor procurement of goods and services in order to cut out waste and inefficiency. According to Edgar Sishi, the Chief Director of the provincial budget in the national treasury (In Malan and Green, 2014: 8) “:the main problem is that there appears to have been very poor management of the medical supplies in the past and things like invoices were not being properly managed. Once we are out of the woods, there will be investigations or assessments to uncover what happened, who was responsible.” It has to be noted that this is just rhetoric. South Africa is known for investigations and the results are never auctioned to dismiss those responsible for these types of fiascos. The government usually blames a few lower and insignificant staff, whilst politicians and senior bureaucrats are protected and in many cases are moved to other positions and left of the hook. Malan and Green (2014: 8) report that “the national minister of health intervened by sending in a national health department team to assist

and to ensure payments to drug companies and fix and maintain equipment. He further indicated that the provincial health depots had dangerously low levels of stock.”

In June an investigation by social justice organization Section 27 and the Treatment Action Campaign (TAC) found that the Free State Health System was collapsing with stock - outs of more than 200 essential drugs and supplies at the provincial depot, desperate health workers begging for help and stock – outs of supplies needed for critical medical investigations such as electrocardiography’s (ECG’s to monitor heart activity)” (Malan and Green, 2014: 8). The auditor General has been most critical about supply chain controls over procurement of goods and services. The Mail and Guardian has previously reported that patients in the Free State using free public healthcare were being deprived of access to HIV medication, doctors and basic services such as water to wash after giving birth. The department of health is denying that the health system has collapsed. So much for the Free State Health Department and the less said the better and, the situation is no different in other provinces. The paper now looks at certain issues within the Mpumalanga province and discusses a hospital’s medical – waste shame.

MPUMALANGA PROVINCE’S MEDICAL – WASTE SHAME

At a time when South Africa is grappling to introduce the national health insurance system (NHI) in order to redress the imbalances brought about by apartheid healthcare policies, twenty years down the road of democracy, this seems to be a dream and mirage, because of the dysfunctionality of most provincial health departments, exacerbated by poor policies, poor public health services generally, graft, poor political leadership, nepotism, mismanagement and corruption. This is exemplified by the case discussed hereunder and other cases that will be elaborated upon in this article.

Prega Govender (2014: 12) reports that “medical waste dumped in a room near the children’s wards and a “sinking” mortuary is among the flaws at hospitals in rural Mpumalanga. Another hospital in the province was built with asbestos, its roof now rusty and leaking. The waste at the Tintswalo Hospital in Acornhoek includes expired medicines, discarded syringes, needles, bandages and intravenous drip bags. The “sinking” mortuary was referred to in a report on the state of hospitals in the province. The report states (In Govender, 2014) that “storage room near the pediatric section was unlocked and the door wide open during the Sunday Times’ visit. The report further states that in a room that houses the hospital’s boiler and incinerator there were used syringes, face masks and medical pads strewn across surfaces. Medical waste in red bags as well as needles, syringes and vials lay in yellow buckets, many of them not sealed. Old refrigerator trays, once used to store bodies in the mortuary, lay close to the building. An artisan working at Tintswalo Hospital said “if something is vandalized or broken it takes forever to be replaced. Some hospitals do not have maternity wards and women have to sit on hard benches for hour’s even days while waiting to go into labour. Infrastructure is dilapidated and wards are overcrowded. The infrastructure in some hospitals is in a complete state of collapse.” The Sunday Times (2014: 12) found that the mortuary was “sinking” and there were huge cracks visible on the walls. It has been reported by Prega Govender (2014) that the report was submitted to the South African Human Rights Commission in respect to healthcare in the province.”

The commission based its report on visits to three other hospitals where maternity patients were found lying on the floor in a passage. The provincial health department said (In Govender, 2014) that “the Tintswalo and Mapulaneng were among five hospitals that would be demolished and rebuilt at a cost of more than R2.5 billion. However, it has been established that there is no budget for these projects between now and March 2017. This is the state of play across nearly all hospitals across the Mpumalanga province. Provincial health departments in the provinces of

South Africa need tens of billions of rands to construct new hospitals and clinics and to refurbish existing ones.

DISMAL BACKLOGS IN HOSPITAL INFRASTRUCTURE ACROSS THE PROVINCES

In KwaZulu Natal Province, budgetary constraints have delayed the construction of Edendale Regional Hospital in Pietermaritzburg and the Madadeni Psychiatric Hospital in Newcastle. The two are expected to cost R3.6 billion in total. A further R1 billion is needed to replace three other hospitals. The province's health department said it needed another R12 billion just to upgrade existing hospitals, but had been allocated only R1.9 billion between now and March 2017. In Gauteng Province, almost R1 billion is needed for hospital upgrades, but the health department has only been allocated about R174 million over the next three financial years, including this year. At least five new hospitals are on the cards in Gauteng but the department of health has said that there is no money and therefore, funding has to come from the national department of health. The Western Cape's health department confirmed that a decision had been taken to demolish the GF Jooste Hospital on the Cape Flats and to rebuild it, because the current buildings are not suitable for hospital purposes. This would cost R6 billion. The situation remains the same in the North West Province, Limpopo Province and the Northern Cape Province (Sunday Times, 2014: 12).

THE DEMOCRATIC ALLIANCE THE LARGEST OPPOSITION PARTY CALLS FOR KWAZULU NATAL PROVINCES HEALTH BOSS'S HEAD

The democratic Alliance is demanding that action be taken against KwaZulu Natal health head Dr. Zungu, following claims that her cell phone bill amounted to R310 000 for cell phone calls and data usage in April this year, reports the Weekly Gazette (2014: 6). DA Member of the Provincial Legislature, Imran Kaka said "the KwaZulu Natal Health Department is facing a crisis of management. This crisis of management is translating into serious service delivery problems in this crucial portfolio. All indications are that this is a department in disarray; from the shortage of ambulances, tender fraud, corruption, mismanagement of vaccines, nepotism, break down of cancer machines and the shortage of CT scanners, to the latest revelations and that Zungu, was let of the hook for the use of R310 000 on cell phone usage " (Keeka in The Weekly Gazette. 2014: 6). There is a clear indication that the KwaZulu Natal health department is in disarray and is failing the local population.

PROBLEMS WITHIN THE NORTH WEST PROVINCE'S HEALTH DEPARTMENT

The media has reported extensively in South Africa about the huge problems within the North West Province's health department. Reports have implicated the department for ordering R7 million of baby powder and not distributing to mothers to feed their children. This is a province that is rural and many people live in poverty. The milk powder expired and instructions from the top were given that, the milk powder must be incinerated at a cost of R1 million rand. This shows the gross negligence of the bureaucracy and to add salt into the wound, the Member of the Executive Council (MEC – Provincial Health Minister) indicated that he did not know who ordered the milk powder and as to why it was incinerated. This is a case when the MEC should have done the right and honourable thing and resigned. He is still in office and the government has done nothing tangible to bring him to book. It is a case of total lack of accountability as corruption reigns supreme in a poor province. A province that can ill afford such wastage and poor leadership amidst a sea of poverty. The same MEC, at a time of austerity issued by the National Finance Minister, went beyond the rules and purchased a vehicle for just over a million rands and had it fitted with a mini step ladder at a cost of over R 300 000 to make

his life more comfortable when stepping into the vehicle. The department of health is also in disarray and much is not working optimally. This is another province that requires national government intervention and is in a state of dysfunctionality. This is only the tip of the iceberg in terms of the lack of accountability, corruption and nepotism.

TOP AFRICAN NATIONAL CONGRESS MAN FLEECE GAUTENG PROVINCE AND ITS HEALTH DEPARTMENT

If the allegations in court papers that implicate an African National Congress (ANC) chief whip in corrupt dealings worth millions since 2006 are proven, the implications will be staggering: a provincial health department purposely re-engineered to act as an ATM for the corrupt, with at least a taste of the money flowing to the ANC to help to fund a winning election campaign in May 2014. Phillip de Wet (2014: 3) reports that “the numbers are dumbfounding: multiple deals worth billions of rands, possibly several hundred million rand stolen, millions in cash bribes, years of lies, fraud and theft, a bewildering web of front companies. The evidence is prodigious; thousands of pages of documents and affidavits, with the promise of more to come as investigations continue.” Yet the details of what transpired at the Gauteng department of health between 2006 and 2009, details that imply the ANC was a beneficiary of dirty money and that a man currently serving as the ANC chief whip for Gauteng received and acted as a conduit for bribes, slipped into the public domain nearly unnoticed.

Much of what is recorded as reported by Phillip de Wet (2014: 3) is a “humdrum of corruption, details of foreign holidays, cash sums and other gifts lavished on officials, as well as an array of schemes. But there are also eye-popping allegations with political ramifications well beyond the province. These include:

- R300 000 was diverted from Gauteng health funds to the ANC’s 2009 election campaign in the province;
- A key figure implied that money was being siphoned off to fund the political ambitions of specific figures within the ANC, with an eye on the presidency;
- Suppliers to the Gauteng department of health, with contracts worth billions of rands cumulatively, knew they were expected to pass one percent of the value of every contract back in bribes;
- That the Gauteng government paid to conduct a 15 year review of health services in the province with the sole purpose of measuring the performance of the ANC against its manifesto promises;
- That the virtual collapse of the Gauteng department of health over a period of half a decade, leading to key suppliers threatening to withhold life-saving equipment and services because they had not been paid, was linked to deals seemingly designed to create opportunities for corruption.”

The then MEC for health in Gauteng and his friend, fleeced the province over a number of years through a number of mechanisms, by way of a “generally corrupt relationship” De Wet (2014) states “that a much as R3.5 million in cash, another R1.6 million to buy a house, and lavished holidays, meals and various other benefits on the former MEC. In return the former MEC abused his position, violated his legal duties, and exercised his powers in an illegal, dishonest, unauthorized, incomplete and biased fashion.” Although many other companies and individuals were involved beyond Payne and his company 3P, a major contractor to the Gauteng Health Department, prosecutors believe he was the major beneficiary of profits made through corruption. It has been reported in the South African media that between 2006 and 2009 3P, a project management consultancy, held contracts, ultimately worth hundreds of millions of rands

in themselves that put it in charge of a large chunk of the Gauteng health department's budget. The company seconded an employee to act as the chief financial officer for the department, investigators say, and took a commission of 5 percent of all the public money it spent, including the salary of the acting chief financial officer. It directed contracts to family and friends, overbilled, bought non – medical equipment that was not needed and services that were never delivered. It has also been established by de Wet (2014: 4) that “An account controlled by a senior provincial health department official reflects payments that were clearly made for election – related – shirts, flyers, photographers, a marquee and caterers.”

On January 27 2009, three months before national and provincial elections, a company called Amethst paid R100 000 into a FNB business bank account controlled by a senior official of the department of health in Gauteng, an account apparently intended for fundraising, judging by the name. Amethst noted the payment as ‘election education’ De Wet (2014) states that “the payment alone breaks all kinds of rules because Amethst was part of a consortium that hoped to do more than R1 billion in business with the provincial health department, a consortium that investigators believe received outrageously preferential treatment. The donation was never declared by either party. The fund raising account had been almost empty before the Amethst payment. The day after it, the account reflected a payment of R5 500, described as ANC elections. It is clear from the thousands of pages of evidence that the ANC received dirty money to fund its election campaign in Gauteng and that too, at the expense of the provincial health department.

De Wet (2014 further reports that Brian Hlongwa the former Health MEC of the Gauteng Department of Health received millions from associates who were in business with his health department. The purchase of his R7.2 million house was funded by shady contractors doing business with the health department. He was known for flaunting his vulgar wealth obtained from sleaze and corruption. The deposit of R700 000 was paid by a Niven Pillay, executive director of financial consultancy Regiments Capital, who later made a R1 million payment to prevent the sale from falling through. Hlongwa was responsible for Regiments Capital obtaining a highly inflated contract with the Gauteng Health Department. Also implicated in transactions is Heinz Smidek, an Austrian citizen involved in contracts with a theoretical value of more than R1 billion with the Gauteng health Department. Smidek also paid Hlongwa R1.6 million for furniture, which he took with him when he moved out of the house and did not settle an amount of R40 000 owed for rent.” This is the situation in South Africa where many politicians live a decadent lifestyle at the expense of the poor and the ruling ANC government is helpless to do anything about it because, it shares from mammoth ill gotten gains of corruption. Shame on the government and cry the beloved country because the poor are getting poorer, service delivery is compromised and unemployment, inflation, inequality, poverty, increasing state debt and strikes and service delivery protests have become the order of the day.

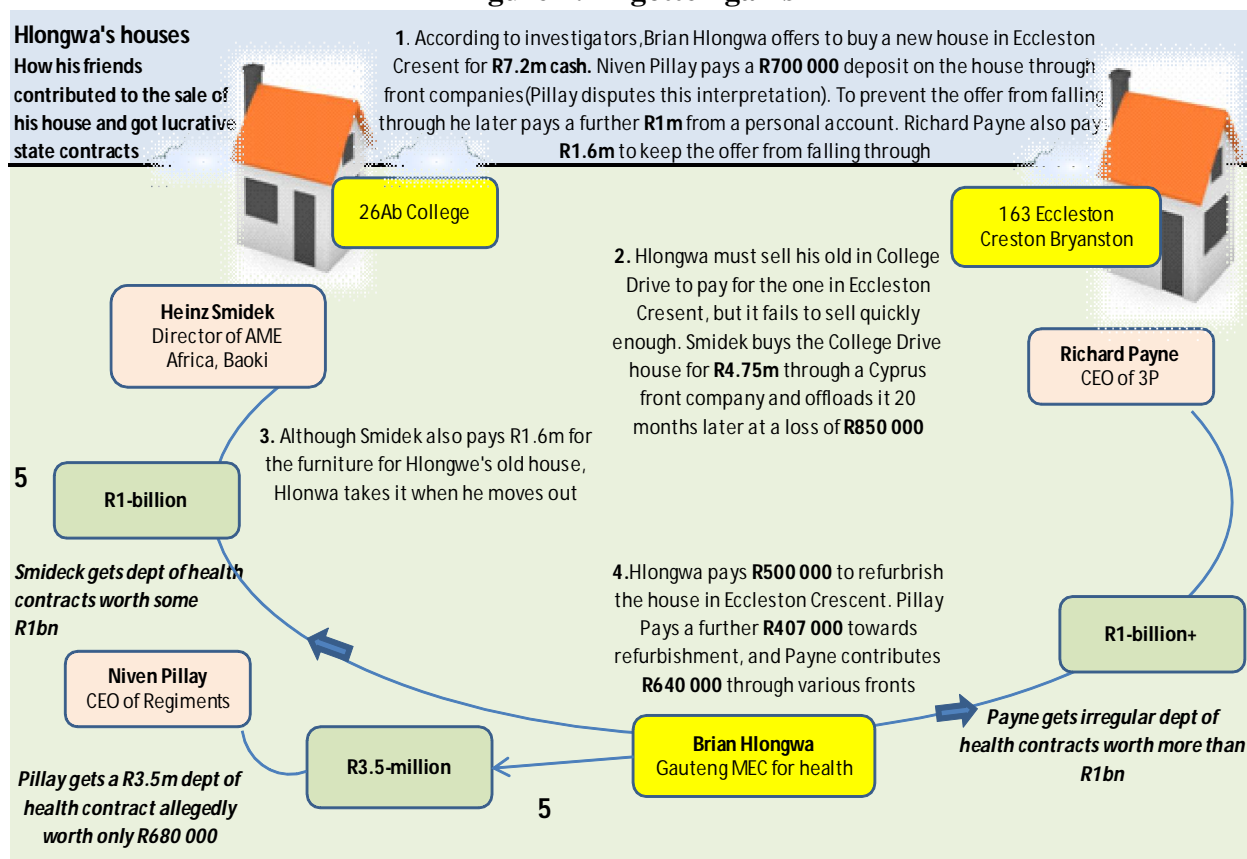
Sipho Kings (2014: 6) reports that “Gauteng splurged on an IT system under former health MEC Hlongwa's watch. This technology is sitting idle in the Gauteng Province. This was due to the alleged manipulation of tender processes in 2007 and 2008. A ninety page affidavit shows that in 2007, Gauteng health department officials were guilty of sustained bias and dishonest, illegal and unauthorized conduct, when awarding tenders. The department ignored advice not to procure the IT systems. Rather than creating a new system that allowed doctors to look at patient records, across the province, R1.2 billion was contracted for products that are not being used. The previous systems are still being used by the health department.”

There are tremendous issues of corruption charges against the former Health MEC of the Gauteng Department of Health and he is now in a position of a leadership struggle to survive. It is unlikely that he will be nominated for the position of the Provincial General Secretary of the ANC. If he is nominated, it will show that the ANC is not serious to fight graft and overt corruption. In actual fact he has brought the ANC into disrepute and this is most serious. The ANC has to come up with strong leadership to rescue the party from further decline. It has to be acknowledged by the ANC that hundreds of millions of taxpayers' money has been stolen by politicians and business people doing work with government departments and particularly the Gauteng Health Department. In this regard the ANC is complicit and also culpable because it shared in these corrupt practices and has negated the rule of law and eroded governance. "Off shore accounts have been created for corrupt politicians. Graft is disruptive and detrimental and public health services are severely prejudiced and in 2008 the Gauteng Department of Health froze all of its 22 000 vacant posts because, it had run out of money. At the time, Gauteng hospitals needed 8974 nurses and 1417 clinical professionals", according to Zwane and Pauw, (2014: 6).

Health workers union NEHAWU has called on the ruling party in Gauteng to fire its chief whip Brian Hlongwa, following accusations of fraud and corruption. It has become one of the first within the ANC alliance to break ranks and demand the removal of Hlongwa from the Gauteng legislature. They further added according to Baldwin Ndaba that "we are disturbed by some of the revelations because they show the level of rot and the source of the crisis that has engulfed the provincial health department for years. This has not only wasted scarce resources and derailed service delivery, but has cost people their lives. The department states that it cannot pay service providers, performance bonuses and fill vacant posts. The crimes of politicians living on ill – gotten gains must not be allowed to continue and Hlongwa needs to be charged and dismissed. The ball is in the court of the ruling ANC."

The graphic below shows the corruption channels used by the former MEC Brian Hlongwa to amass his ill gotten gains and compromise the nation:

Figure 1: Ill gotten gains



CONCLUSION

The paper clearly depicts the health sector of South Africa is in a complete state of distress and decay. By the same token it has to be acknowledged that politicians and the ruling party and the government are party to this state of affairs. That as long as this behaviour on the part of South African politicians continues, the rule of law, governance, public administration and management has no chance to survive in an excessively corrupt nation that allows people to suffer. The ANC stands to lose its status as the bastion of the revolutionary struggle and does not have the right to govern. It might have to step aside, in spite of winning the May 7th national elections. This state of affairs drives home the point that the implementation of the much awaited National Health Insurance Scheme (NHI) will be a distant cry and will compromise the poor even further. Many of the health departments are no longer fit to manage and deliver sustainable health. Who appointed these people and why are they still being paid? The tax payer pays them, they mess up, and then the tax payer bails them out and continues paying their exorbitant salaries and perks? People who they are supposed to serve suffer. These are the Mafiosi of the worst kind. The time has come within the body politic of South Africa to take action and imprison politicians that transgress the law. There has to be radical transformation and we must all question the notion that excessive wealth is unacceptable at all levels and particularly within the ambit of politics because politicians are public servants who must serve the nation without let or hindrance. South Africa after 20 years of democracy has had enough of the failure to manage the manifold transgressions of conflict of interest. These people have to now step aside. All South Africans are called upon to wrestle the demon of money in politics before power is wrested away from them. Cry the beloved country.

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