

PEOPLE'S COMMISSION OF INQUIRY INTO THE FREE
STATE HEALTHCARE SYSTEM

DATE:

7 & 8 JULY 2015

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Testimony 1

Name: Anele Yawa

From: Treatment Action Campaign

10 My name is Anele Yawa. I'm the general secretary of Treatment
Action Campaign and I don't have a medical aid, I don't use a
private hospital, I'm a public health user. So I'm standing here
as one of those people who are experiencing on daily basis
frustrations of and the failures of the public health care system.
15 Before I can proceed comrades, this morning I received an email
and because of that I will read this email. After reading this
email, I will humbly request all of us to stand up, all the male
comrades to take off their hats and give a moment of silence.
But let me read first. The email which I'm going to read for you
20 is coming from the TAC branch in Thaba Nchu. It's, okay let me
read it this way. "Thabo Modimole is a member of TAC in Thaba
Nchu branch and three weeks ago, he was admitted at Dr
Moroka Community Hospital because he fell sick and was in pain
all over the body. At the hospital they took a chest Xray and it
25 showed that both lungs were swollen. They couldn't test him for

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HIV as there were no test kits in the hospital. He was always in pain and he has not been given anything to ease the pain as there was no medication, even the painkillers, due to stock outs. A nurse who wanted to remain anonymous told TAC branch chairperson that there is no medication in the hospital. Eventually he was tested last week Tuesday on the 30th of June 2015 for HIV and they used an aliva test. Unfortunately he passed away last week Friday, the 3rd of July. We're waiting for post mortem to identify the cause of the death. He passed away while waiting for his HIV test results which they were supposed to be given to him on Tuesday, 7th of July. Only if resources were available in Moroka Community Hospital, his life should have been saved. But he stayed in the hospital for three weeks without being given any medication. They didn't diagnose him because there were no equipment to do so. Even when he was suffering from pain, no pains for, no medication for pain was given to him. His family is still mourning and preparing for his funeral. In honour of Comrade Thabo, I will humbly ask all of us to rise and give a moment of silence. Thank you, you may be seated.

Testimony 2

Name: Veli Rgadebe

From: Harrismith

My name is Veli Rgadebe. I'd like to greet everyone in the place. The reason for coming here is to lay complaints

regarding our hospital, Thebe. I had a pregnant daughter who was about to give birth in the hospital of Thebe. She was admitted into the hospital on the 3rd and had C-section and then she gave birth to a baby girl. And on the 4th, she was transferred
5 to Manako. And on the 6th she was Seshato. What brought me here today is the fact that after she gave birth she had a problem with coughing and she was taken in and out of hospitals. Sometimes I'd get to the hospital and the doctors were available, but were not able to help the patients. We would sit
10 from 8 to around about 1 every day. And then they gave me a book where I could lay my complaint and that's where I jotted down my complaint. We went and I took her to a doctor called Lucky because at the hospital they were not able to explain what the problem was because prior to the C-section she was not
15 sick. It only began after the operation. One day she became sick again and that was on the 23rd of November. I took her again to the doctor. She got to the doctor and he evaluated her and decided that she needed to be transferred to hospital and we called an ambulance for the doctor's practice. The
20 ambulance never arrived. The doctor decided to take the patient to the hospital because he was aware that she might lose her life whilst waiting for the ambulance. We then took her to the hospital. We got to the hospital and there was a nurse standing behind the back. When I got to the hospital the nurse ran inside
25 the hospital. I got inside, greeted everyone and asked for the

supervisor. I requested for a wheelchair so that I can be able to transport my patient from the car into the hospital. The supervising nurse showed me the wheelchair. I told her that I would not be able to carry the patient alone, that I needed
5 assistance. She told me that if I was not about to abide by the rules, I should just leave the hospital. I asked for assistance and she said she was busy and I told her that if she was busy she should give me something that I should give her to help her breathe. She still maintained that the rules she set were the
10 ones that needed to be listened to and if you don't listen, you should leave to the other hospital. I left the wheelchair and exited the hospital. When I got outside, she was still on the floor where I left her and I wasn't able to take her back into the car. Whilst I was still there looking for help, three girls were exiting
15 the hospital, one with a broken leg. I asked them to help me carry my daughter back into the car. They helped me and I was able to leave the hospital and drove back to Dr Lucky. I wasn't able to carry her back into the surgery because she just wasn't able to walk. And there was Mr Mokoena. He came and offered
20 his hand of help. There was no wheelchair at the practice, so we had to take a chair and we carried her in with the chair. He gave her some medication and said that we needed to call an ambulance again, but it never arrived. It was around 11 or 12. Lucky said I should take her back to the hospital. Now with Mr
25 Mokoena I took her back to the hospital. I got to the hospital

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and the supervisor said “where did you think you were going to end up? This is my hospital, you listen to my rules, I’m the one leading here”. And Mr Mokoena said that he will take over and I should leave. He got the wheelchair, and still there was no assistance. We both carried her onto the wheelchair. He pushed her in and luckily a doctor appeared. I don’t know what happened whilst the doctor was trying to assist her. When he got back he said that we should find numbers for the head of the hospital. We got those numbers and called him or her. And the sister had run away. The doctor then came to me and asked who the father of the child was. I said I’m the father. He said that we should talk privately. We got into the room and he told me that my daughter had passed on. That’s how the story ended.

15 **Testimony 3**

Name: Yvonne Fiana Nchamo

From: Harrismith

I would like to greet all of you here. My name is Yvonne Fiana Nchamo from Harrismith. I have come here because of my problem with my feet, the clinics and hospitals. Attention please. I would like to let you know that I have a problem with my feet from 1998. I developed a leg problem and got into hospital. Doctors said it was absess. I spent the entire year of 1999 in hospital, the entire year. I got out of the hospital and was transferred, was working in the clinic for the entire year and

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sometimes when I go to the clinic there was no medication. And then it was discovered that I had diabetes. And then I had high blood pressure. I've been struggling with this leg for seventeen years. And I've been buying my own medication for four years.

5 When I go to the clinic they told me that no medical for me. There's no Painblock for me. There's no sugar tablets for me. There's no high blood tablets for me. Now at this moment I'm struggling. I'm getting disability grant. R1 400. I'm using a lot of money for the whole month to buy for myself medication. On

10 the 6th of April I went to the clinic in town and I was still struggling with my foot. And I had no strength. The nurses told me I should come back on the 8th of April to see the doctor. And I went on the 8th. I had to hire a car and pay an amount of R100 in order to be delivered to the hospital. The doctor checked me

15 and told me that my diabetes has escalated. And I understood. He told me that he was going to transfer me to Manapo and Manapo will transfer me to Bloemfontein to be able to evaluate what was happening with the leg. Till today I'm still waiting. On the 27th of May I sent my child to the local clinic. "Go to the

20 clinic and get me some bandages because I wasn't able to buy it myself. I had no transport money. I can't work". The child was given three bandages and there were no gauzes. I was told to use one bandage as a gauze and go back to the hospital on the 29th by myself. Not on the hospital, on the clinic. To the

25 clinic. I hired a car again and went to the clinic on the 29th

because I was in excruciating pain. I'm forever in pain. When I got to the clinic they said they had no painkillers. I started crying and asked them why they called me there if they knew that they had nothing? My sister required that they take me to
5 the hospital because they were not going to be able to sleep. They wrote me a letter and transferred me to the hospital. I got to Thebe Hospital. And I got admitted. The doctor said that he thought I should be transferred to Manapo Hospital so that my leg could get cut off. And I refused, because it's not time for
10 me. God hasn't agreed yet. And the doctor let me go. I got treatment. Thebe Hospital is not a hospital. It's a clinic. The nurses get to the hospital and they don't operate like the nurses from the hospital, but rather those of the clinic. They only see us at round about 9 once the doctor arrives. All they do when
15 the doctor arrives is unwrap the leg and they leave you unattended for about seven hours. And then start dressing the wound at around 3, 4 or 5. And at that time you can't leave a wound undressed. The wound can't be left undressed. I'm not a nurse, but I'm aware of that. I was admitted for an entire year
20 in Madadeni. So please help us dear people. It's not nice living like this. When you require medication, there's none. We're treated like dogs and they don't give you any attention when you require their help. I was discharged on the 5th of June and the doctor gave me a letter to be transferred to Lesedi Clinic so that
25 they can be able to dress my wound. And the clinic was burnt

down due to a strike. And then I had to go to Intabazwe Clinic. I'm still hiring that car. The clinic wanted me to arrive in the morning at 5am so that my wound can be able to be dressed early, maybe around half past 8. If I were get there at 9, my
5 wound would be dressed at 4. If there's a doctor that will be able to help me with my wound, please help me. I'm in pain each and every day of my life including even now. I even borrowed those crutches because I was told that I needed to buy my own by the hospital. My medication for the entire week cost
10 me R105, R405. Thank you.

Testimony 4

Name: Anna Motaung

From: Monotsa

I thank you. I, Anna Motaung live in Monotsa having problems
15 about a hospital, at Elizabeth Ross Hospital. I took my child to the clinic. I took her on two occasions. They told me to take her to Elizabeth Ross. I took the child to Elizabeth Ross. It was on a Monday when I took her to Elizabeth Ross. On Tuesday when I arrived there I was told that they were going to give her blood.
20 They told me to sign for the donation of blood. And then I did sign. On Wednesday when I arrived I found the child to be very weak. She was not as before when I took her to the hospital. On Thursday when I arrived there I could see that she could not even be able to speak with me because I only knew her to be
25 suffering from headache and she had leg problems as well. And

the test that they took at the clinic, the results weren't back yet so that I could know what was wrong with her. On Thursday when I went back again I found her to be even more weaker. On Friday when I went back, the child was not there. I asked around
5 where my child was. The nurses of Elizabeth Ross Hospital they will make you seem like a fool. They will tell you to go and to look for her. I went to look for her also. I went to the supervisor and I asked her where my child was. She told me to go through all the wards and look around. And when I got to the wards I
10 could see it was only males there. And then I went back. I asked where my child was, I could not find her. They did not give me a clear answer. Another sick mother she told me that your child was taken to step down. I asked her where step down was. She told me she was afraid to tell me. She asked me to
15 go out and ask the security where the step down was. And then I went out. And then I asked one of the security guards, I asked him I was told that my child was at step down. Where was that step down? And that step down was combined with the mortuary and it's very far. And then the security guard showed me and
20 then I went. And then I went to step down. And then I found two people at step down. When I think about her eyes they were staring at me. She could not even speak. She could not even be able to speak. She was only just staring at me. I tried to talk to her, she couldn't speak. I went to her and then I touched
25 her maybe thinking she will be able to speak. When I touched

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her, she was only filled with medication in her hands. They weren't fed at step down. They weren't given any medication. The medication was the one that she was given at the previous hospital because they were inside her mouth. And then I took
5 them out of her mouth, I took them out thinking maybe she could talk, but she didn't. And there was a corpse right there near the door. And then I went back to the hospital. I went to the nurse and then I asked her to discharge my daughter and then she refused. I asked her to discharge my daughter and then she
10 said she wouldn't. I told her I was going to go fetch her because she wasn't receiving any help, any assistance, no medication. She told me if you think you are a doctor and then you will take your child. And then I told her I am going to go fetch my daughter. And then I went back to look for a car. And then I
15 came back. I told her that I am going to go fetch my child, I have found a car. She told me to go fetch my daughter and that she was going to die upon her arrival at home. And I told her she is still going to die even here at the hospital because she wasn't receiving any assistance whatsoever. And then I took
20 my child. I was with her for about a week at home, but she was very weak. On a Sunday the following week and then she passed on. I'm also claiming from the Monotsa Clinic. We have problems, I have high blood and ulcers also, but I only receive medication for high blood only. Well the other things I'm told
25 that they aren't available. Then I told them they knew my

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condition, my bones are very weary. They told me to go buy myself my medication. I've been buying myself my own medication for about two months now. Then where we were kept, we were only kept in the stoep. We were kept there from 5 7 and it's very cold since it's winter. I thank you.

Testimony 5

Name: Sizakele Sibeko

From: Monotsa

I, Sizakele Sibeko, I'm here to complain about TB patients. MDR
10 people are the ones who are suffering from a very severe TB. In our department, TB patients when they were suffering, they were taken to the hospital by an ambulance. But now it's been months since they've been transporting themselves with their own money. They use public transport to the hospital even with
15 the severe condition and other patients they're too ashamed to put on masks. Now we're encountering other problems that others aren't even able to go to the doctor because of financial reasons. For their daily treatment, they come to the clinic every day because if there aren't any HCWs who could go give them
20 their treatment at home. One of them went the entire week without even receiving their medication. Some of them in order to be able to go to the hospital, they have to use public transport. And we live in a rural area. The clinics are very far. We have to take a motor to go to the clinic and you will spend
25 150 to go there. So we have a problem. Our community are

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dying. We're developing too many MDRs because of lack of HCWs because patients aren't, they can't be taken to the hospital. The one that was set up by Mr Malakoane he told us that he was going to find some NGOs and when he came back, he didn't take all of us. I started volunteering in 2001. I have 5 fourteen years of service. When I first started, like I got R500 towards my salary and then we were sharing it with twenty one other people. And then it went on to a point where each person got 500. At that time it was Ms O Matsoko, then came in Mr 10 Ballot and then they increased the money to R1 000. And then it has been like that since, since. After many years, when they gave us our increment, they only increase it by R100. When he returned back to Mr Malakoane he returned saying he only gave us 1.4. And now he's demanding qualifications. He's telling us 15 that some are very old. When I got to the Department I was only 24 in 2001. He retrenched me when I was only 35. He doesn't want me anymore because I don't have matric and my age is against me. We're seeking for help because we weren't able to live with that money. We were able to help our communities. 20 We were able to give chronic patients their files who could not go to the clinic themselves. Now those people are suffering. Some of them have passed on because they couldn't get their treatment. So we're seeking for help because he didn't even give us any reason. When he returns he made us sign forms, 25 giving us forms. After those forms he stopped us telling us there

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were people who were eating our money or he's on a mission to stop that, meanwhile he was busy on a mission to fire them. We're seeking for help. When we ask him to give us, we asked him to write us letters. He's telling us that he did not dismiss us, but we didn't worry. It's been for about a year. It's been for about a year now since he's done nothing since he's dismissed us and when we ask him or he kept on saying that he did not dismiss us. I thank you.

Testimony 6

10 **Name: Saupe Masiwu**

From: Monotsa

I thank you. I'd like to greet all in here. I'm from Magalaleng Clinic, but we fall under Monotsa District. I would like to talk about a request for us to be built a clinic. In 2005 we wrote (indistinct) a letter to build us a clinic and then he told us speak with the Free State urgently. We did speak with them, but they never got back to us. In 2010 we spoke to him and (indistinct) and she also saw it. After seeing that it was no longer a clinic, we were at the NCOP in Qwaqwa. She even presented it to the presenter. He was not at the clinic anymore at the NCOP. Then she told I should come back (indistinct). Till today she hasn't. We wrote to the new head of department. He's only just like them. He only gave us promises. Some of our clinic doors aren't even (indistinct). They're stumbling down. When you get into the dispensary all the medication sort of pain containers.

In other words we have no clinic at all. We are at the danger (indistinct) will come tumbling down on people. In 2013 they posted a new contract that was going to build a new clinic in Magalaneng. (indistinct). For four months we were cleaning the
5 area where the clinic was going to be built and then (indistinct) right there and then. In the end we did not know what happened. I received a fax that was made for our district manager telling us that we will not be able to receive the thing until the Department has resolved its problems. Somebody (indistinct)
10 laid a complaint that they're closing this road so he was not able to use his road now. The department doesn't know what to do. What's more dangerous about our clinic is piling up of medicine. Our people go to the clinic in the early hours, around half past 3 and then they'll come back around 4 when the nurses knock
15 out. And many times we'll only have like two or three nurses in the clinic. So those are the kind of problems that we find ourselves facing. In 2012 our Premier announced the Magaleneng Clinic to be finished. But now we are looking who was robbed. We still haven't found anyone. We're still looking
20 for the clinic even now, we still can't find it. We even went on to the internet. In other words we're given a sense of false security. We're in pain and we laugh about it at the same time. People are dying in the clinic. But there are people who are not even able to realise that. In our community, I work as a
25 community service in the ward committee. We are very

ashamed. If you could please help us so that we'd also have a clinic. Because you can put your fingers through the walls. If there was anyone who could be sent maybe to take pictures. And I won't even be ashamed in any way to talk about the clinic
5 because people will die. They're our own people. And I (indistinct) all the time. I'm not really happy about people who die. Thank you.

Testimony 7

Name: Emily Masedikane

10 **From: Tseki, Qwaqwa**

Let me first greet the people in here. I'm Emily Masedikane from Qwaqwa. I came here to TAC to just lay my complaint because I've been a patient since 1992, but on the 7th of April there was a problem with my spine. It caused me to go to the clinic,
15 because I was still having problems with my bones. My brother called an ambulance to take me to the clinic. But the ambulance never pitched up. And she called her husband to transport me to the clinic, to the Nthabiseng Clinic. And when I got to the clinic, I got there early in the morning around 7 o'clock. They
20 took a wheelchair for me. The wheelchair didn't even have proper wheels. And then I went inside with the wheelchair. I was in terrible pain. And then they just checked my high blood and I was parked. When I just approached the nurses to check me, all the nurses went outside and said they're going to a
25 meeting at Riverside. I was still sitting in very much pain and

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no nurse attended to me. They came round about past 11, around 12 as well and when they got there, they took me inside. With that lady now quarrelling because she knew all the nurses there, she was complaining about why they left her there not helping her. They gave me pink pills called Petagenes. That only happened after the lady she was with complained to the nurses. And they told me to go sleep. The lady she was with told the nurses that she can't go home and sleep in her condition. Why don't the nurses take her to the hospital? And then they told the lady that she was with that she has no experience so she must go home and sleep. And she asked what if she gets sick around night? And they gave her, they tell her she should call an ambulance. Luckily enough she got some sleep at night because her daughter had bought her pills for her bones. She drank them and she slept. And in the morning, the pains came back and she called them and told them. They said that she should never open the (indistinct). And her husband called her to tell her that she should transport the mother to Elizabeth Ross Hospital. And when she got to the hospital, they told her that they can't recognise what's written in the letter. She has to go back again to the clinic to get another letter. When she got to the clinic, they wrote another letter which she had to go back to the hospital. When she got to the hospital they told her that Xrays don't work. After that, they had to transfer her to Manapo Hospital. The ambulance took her to

Manapo Hospital. At the Elizabeth Ross Hospital, she was there from 7 o'clock in the morning up until 1 o'clock. She was in pain and in cold as well. She was transferred to Manapo Hospital and at Manapo Hospital they told her that she has to go back again to the Elizabeth Ross Hospital because the doctors can't recognise letters that are written by the clinic nurses. Even the doctors weren't even there, they were in a meeting. And then the lady she was with enquired as to what if she dies, who will be responsible for the passing or her death. And the nurse told her that she must go back to Elizabeth Ross Hospital because she doesn't understand what she's saying. She slept on a stretcher and went back to the hospital. And when she got to Elizabeth Ross Hospital they told her to go home. That Monday she must go back to the clinic they will fix the letter and she should back to the hospital. She stayed up from Tuesday up until Monday, that's then she went to the clinic. When she went to the clinic on Monday, they did the same thing, wrote her a letter and said go back to Elizabeth Ross Hospital. Same thing happened, when she got to the Elizabeth Ross Hospital they told her that our Xrays don't work so you need to go to Manapo Hospital. And when she went to Manapo, they eventually put her through to the Xray. And when she got that, they took her back to the hospital in Elizabeth Ross. There was only one doctor examining us. He checked us, the Xray patients and there were so many patients, but it was only one doctor. And

after he had examined me through the Xray, she took me home. And they told the lady I was with to go take my medication. And when she got to the pharmacy in the hospital they told her that there's a stock out on pills. And they told her to buy Panados
5 just so that she gets better. At times she doesn't even have any income, she's unemployed and she doesn't even get pension. Then she went home. The child brought the pills for her even up until now she has never even went to the clinic. She's drinking the pharmacy pills. Thank you.

10 **Testimony 8**

Name: Lydia Mofokeng

From: Tseki, Qwaqwa

I would just like to start by greeting all the people in the name of the Lord Jesus Christ, specifically greeting our panelists and
15 the house at large. My name is Lydia Tseki [Mofokeng] from Qwaqwa in Tseki. I've worked greatly with the mission, that's why I love the mission, because I was chosen by the mission as a ward committee member. I've been a ward committee member, this is her second term and she's been chosen by the
20 people. We have great problems. Moreover us, because now the community is looking upon us for assistance and help. Where I live, my neighbour lives with her grandchild. She's (indistinct) to the grandchild. Whenever (interruption). On the 29th of March this year my neighbour is a very old woman who
25 lives with her grandchildren. The grandchildren are orphans.

The grandchild's name is Sebe. He wasn't very sick and on one occasion he went to play soccer. When he was about to have his meal, he felt that he needed to vomit. And the grandmother called her as usually she does and the grandson was lying on the bed, but he fell. So when she got there, she got the boy he had fallen down from the bed. And then they lifted him up and put him on the bed. He couldn't speak, but all he was trying to communicate is there's something wrong with his chest and he needs to vomit it out. It looked like if he could be attended to, he would have been well. And then she called an ambulance. And then the Bloemfontein people said they called Qwaqwa people. And then she kept calling several times, they told her to wait. And then the situation was worsened up. And then she went to a neighbour. She went to the neighbours to try and tell the neighbours to be with the grandmother then she goes and calls the social worker that (indistinct) she might assist. But they were kept on hold from four to five hours just on hold until she went out at night, went out to seek a person who has a car. But the gentleman was not there, but fortunate enough his daughter can drive. She went to discuss prices first, but then she told the lady that we can discuss prices after. And then she was dressing up. She went back to the social worker to get her (indistinct). The ambulance kept on saying just hold, just hold. Eventually she got a car at the social worker to that place. The car, when they arrived at the place, the car was there, but she

thought the car that took the sick person, but it went to the police station. And when they took the person who was sick in the car, he burped. And then we discussed it among ourselves that nobody should know about this. What happened is the lady with
5 the car realised that the child had passed on, but she didn't want to break it to the grandmother. So what she did is she turned back the child and told the grandmother that if I have to take this person who's in this condition, I first have to call the police. So she took the child back. Because they were not aware that
10 the child had passed on, they were trying to just wake him up. And eventually the car came with the police. And they wanted to know who was calling an ambulance. Both her and the social worker did make the calls and they told the police to call just as they did. And the police were told we'll get back to you or ten
15 minutes. That happened after the five hours that they were put on hold. They weren't aware that the child had passed on. And the police, because they got no response, they left. They came with the first aid people, or the police fetched the first aid people. When they got there they asked how long had they been
20 waiting for an ambulance. And she explained to them. But it was of no use because the child had already passed on. Now it came to the attention that the ambulance crisis is very, it's happening very often. The child was buried. And then a month or two later another neighbour got sick. It was Sunday just after
25 church service, around half past 2. And then when she got home

from church, her children told her that she's been sending people here for you. And when she went to her place, she got there and she found the neighbour vomiting. She was very weak, she couldn't stand up or do anything. She called an ambulance again. (indistinct) for a very long time just being put on hold. She got another person to call with a different phone from what she had. They stood for like six hours until she called another church member who has a vehicle. She explained the previous situation to this church member that we are afraid what happened last month might happen again, so please, please come and take this person to the hospital. The church came and took the mother to the hospital. She was with her and the wife. And when they got to the hospital, she was checked and they told her she's pregnant. What happened with the sick lady is while she was still feeling dizzy and vomiting, the previous experience came to her mind. And then after the church member had taken her to the hospital, she was (indistinct) and assisted. Some of the pregnant women there in the community that I live in, they give birth inside people's cars because sometimes ambulances are called and it doesn't pitch up. Thank you.

Testimony 9

Name: Betty Mabuza

From: Welkom

My name is Betty Mabuza from Welkom. I have a problem with Tsepong Clinic. I was pregnant last year. I had done my whole

nine months. When I went to the clinic, she last went to the clinic on February this year. On the 6th of February it was her last day at the clinic. She was given a date with which she should come to the clinic. She normally went to the clinic on
5 Wednesday. And then she was given an appointment to come on Wednesday that she might be sent off to Bongani Hospital. When she got to the clinic, the sister told her that she can't send her to the clinic. She can only give her medication because if she transferred her to the hospital, okay, the lady, the sister at
10 the clinic told her that she can't send her to the hospital because if she sends her to the hospital, the doctor is going to require her to come back because her stomach was inconsistent, it was sometimes big sometimes small. And then the lady gave her the pills and then she went back home. On the 6th of February, she
15 realised that there are signs that she couldn't understand. She went to Kgotsong Clinic. She was walking. And when she got to Kgotsong Clinic, she saw some females who were there as well. She gave them their files. And then the ladies were given their files back and she only got her file later on. She was cold.
20 They asked what are you here for? She told them I have a problem. They asked what problem do you have because your file has no date which referred you to this clinic specifically? They told her go to the hospital. From Kgotsong to where she is, it's very far. She went from the clinic walking and while she
25 was still walking, while she was still on her way, she made a call

back. She made a call back to her mother informing her that she's walking from Kgotsong Clinic. She asked where she is, her mother asked where she is. She told her mother that "I think I'm about to give birth, but I'm still on the streets walking". She
5 begged to God and prayed and eventually she got home. When she got home, she took her stuff and went to the hospital. When she got to the hospital she gave the nurses her file and she explained the problem to her. They told her to sit somewhere in the hospital and she sat there for hours. After a while, she
10 called her sibling and informed the sibling that she's been there and she's not getting any assistance. She was only attended to at 3 o'clock. And then she was taken into sit in bed. She was told to sleep upright facing upright. She was checked by more than ten nurses telling her that they're feeling nothing, they see
15 no problem with her. Please wait for the doctor. She waited for the doctor. The doctor eventually arrived. And when the doctor arrived, he told her just rest there and sleep on the bed. After the doctor had checked her, he looked her in the eyes and the doctor asked "what does it mean if the child's heart isn't
20 beating?" She kept quiet. And then the doctor angrily said to her "what's going on if the child's heart is not beating?" She never replied. The doctor told her "I'm going to leave you here". The doctor told her that she get a room and she went into the room. When she was in the room, before she went to the ward,
25 the doctor said to her, "this child that you're carrying died in

January". When the doctor just told her that, she was given a room. She was alone in the room. And then she sat on a chair. While she was still sitting, she felt a terrible pain in her womb and then she kept walking in the room until rang a bell. And then the sister finally came. The sister asked "are you able to give birth on your own, can you do that?" She replied and said, "I can't give birth on my own, but the baby is finally here". And then she told her she must go lie in the bed and she must check her. And then when the sister checked her she saw that the head of the child is already out. That's then they only attended to her to help her give birth. She eventually gave birth. She pushed to a point where she felt she's about to die. And then after birth she was shown the baby. She couldn't see the baby. The baby was terrible. The baby looked rotten. But she accepted. After they helped hr give birth, she was left in the corridors of the hospital. She was left there. Not even did she bath, she was still (indistinct). The nurses who were coming in after the shift attended to her. Thank you.

Testimony 10

Name: Lehlohonolo Phadi (talks over the interpreter before he finishes sentences)

From: Qwaqwa

My name is Lehlohonolo Phali from Qwaqwa. I utilise two clinics, Namahadi Clinic and Sekabetho(?) Clinic. On the 28th of April 2015 I went to Mamadi Clinic. After (indistinct) off

to the pharmacy. After I procured my medication it came to my attention that my pills are not, all of them are not there. The pills that I did not procure (indistinct). I asked the pharmacist why my pills were not all here. No response from him. And then
5 he decided to call (indistinct), he got a reference number. After two days, he got a call from the area district manager. Her name is (indistinct). The lady told him the Department has been encountering problems from December, but she promised that he will receive his full treatment. The lady, the area district
10 manager requested that he goes to Elizabeth Ross Hospital so that he can get his treatment from there. They (indistinct) to get the medication. The next month when he went to get his treatment, still the same problem. He tried to ask what's the problem, why am I not getting my full medication? To no
15 response. He left home. When he came the following day, he went to the pharmacy. He tried looking at other patients' files to see what's really going on. They come from a very rural area. Most of the people that use the medical services, most of them are illiterate people. Their files were written "O/S". When the
20 patients go to the clinic and the nurses see the "O/S" it means that the pills are outstanding, they're not out. The pharmacist doesn't tell the people that the pills are out. They always drink half their medicine. They don't get full medication. On the 22nd of April 2015, we went to Manapo Hospital. We reported to
25 the receptionist. It took him three hours just waiting for his file.

No one came to help her. No one came to tell her what was really going on. There were little children there that he could see from where he was standing. From the time that he was sitting, they would literally be on the computer, all five of them.

5 He complained to Miss Sikhosana. When his file came to him is that chronic, severe peripheral neuropathy. He was very shocked that in his file, that only what was recorded in his file, is his condition is just a broken arm. His medical history was not written down. He took the file with a broken arm, he went

10 to the orthopaedics. He was sitting in there for six hours. He was there with people who also came for problems with their arms or something else. Some of them, it was their arms and legs. So the doctor came at past 4. He looked like a person who's just gone out of theatre. He was dressed in such a

15 manner and he asked where does the queue start from. I've never been so hurt in my life to see people as old as my mother that they had to lift up their dresses to show him their problem. He checked each and everyone of them in the corridors of the hospital. On the 7th of April this year, we were booked an

20 ambulance that was supposed to transport us from Mamapo to Bethlehem. When we got to Bethlehem it was 7 o'clock in accordance with our appointment. It hit 8 right across until 11. Nobody attended to us and told us what's really going on. The ambulance driver told us to get in. He never told us what

25 delayed him. And while we were still conversating in the

ambulance, the ambulance just came from (indistinct) Harrismith and he had to take us to Qwaqwa. And we didn't go to our destination. We still had to go to Castor. When we arrived at Castor, upon our arrival at Bethlehem, I switched words with the
5 doctor that was supposed to see me and then (indistinct). Last month I was booked an ambulance the one that transports patients from Qwaqwa to Bloemfontein. The problem that he has just stated is very sensitive to (indistinct). They sleep on the chairs all night and when they sleep there, they leave only
10 in the morning. They had various problems. So whilst they were sitting there, two security guards came. They had a heater and an extension cord. And he thought these security guards have a heater for us. They joined them, they took off their shoes and they were sitting on the heater. We sat there out in the cold all
15 night. At past 2 midnight, they woke up, they took the occurrence book then they wrote. And then they sat comfortably and slept. From where they slept, because he managed to open the occurrence book and it was written "all in good condition". On the 3rd of July this year, we went to Bethlehem Provincial
20 Hospital. They were travelling with patients in a car. It was very cold. And then he asked the other patients why did they bring the car? And other patients told him that (indistinct). When it goes to Bethlehem, we asked the driver (indistinct - intervention) the driver tells me to take this car in for service in
25 Bloemfontein. When it takes people to go to Bloemfontein, when

they asked why isn't the heater fixed, they're telling him we have to take the car in for a service. Whilst we were still being transported with a car that was not in a good condition, I was with some lady in that car. And then we requested him to please
5 stop, we need to pee and buy food as well. The driver was a lady. We were stuck in that car, the door couldn't be opened. I was so surprised to call a stranger that was passing there, please (indistinct – intervention). And he wondered if the key was given to the wrong person. This means that this person
10 was to travel with us and take us where we don't know. But then it got to our attention that this guy was in the control (indistinct). There's another clinic that he attends, it's called Sikabatho(?) Clinic. That clinic is deep within the rural areas. They have a problem getting there. There's a box written "complaints" you
15 write in the box until (indistinct). You never know when it's opened, when their case is being heard. The sad thing about this thing is on a Friday at 12 o'clock it closes. It doesn't register people. They have a training. We don't know what's going on with this training. This clinic is just like any other
20 clinic. There's an admin office where our files as patients are in there. They're being handled at the security office. Volunteers in the admin office also register us. And then sometimes even the patients are being asked to help at the admin office. And then just as I'm about to conclude,
25 Sikabatho(?) Clinic, if they have booked two patients who are

sick, if it's a mother and child on a Friday, they look at the mother, the child will come on a Monday. You will hear from the clinic. The nurses there at Sikabatho(?) Clinic they've never seen any nurse with a name badge or name tag. They call them
5 by their nicknames. They call them sister Mabatho or Bokkie. They don't really know their names. Yesterday as he was about to come to Bloemfontein, because he has a chronic illness, he went to the clinic to just ask for a number that he can call when he's in Bloemfontein. Just to ask for a telephone number, he
10 must go and speak to the clinic manager, why do you need the clinic number. I went there and then he gave it to me. I wondered if they failed to just give me a telephone number, if you are a lady discussing your clinical records with them, would they permit that? Sikabatho(?) Clinic was a clinic that he started
15 off. The CD4 count was on 49. His parents transported him. There was a community healthcare worker at that time who was called Ms Sekonyela. She cared for him from that time up until now. When the clinic manager gave him Ms Sekonyela's number, the clinic manager told him this is the right person to
20 take care of you. She will bathe you and do everything for you. He's wondering if (intervention) or you know, they terminated her contract. He's just wondering what's the position. She's still caring for him without receiving any remuneration. She has a better relationship (intervention). He feels comfortable with
25 the community healthcare worker than with the doctor and he

feels free, he's very comfortable with the lady. Even up until this day, no one can give him a valid reason as to why that lady is no longer there working. The team in that clinic has tremendous problems. It's within the society of people who are suffering. After the establishment of such organisations like TAC, they stopped abusing people. They oppress people within the boundaries. We always ask these people to record them with the cellphone. But in the area we live in, many households don't have a cellphone. They also intimidate them. As I'm speaking now, whatever we're saying now is there with the (indistinct) who doesn't know what (intervention). Whatever that he's saying is there, but he's not surprised because after the occasion that just occurred now, he saw his neighbour send a message saying Hebrew, somebody's telling that person that (intervention) and after he walked out, then the board occurred. We'll fight for the community no matter what. Nothing will shut our mouths. Thank you.

Testimony 11

Name: Mrs Mekokeng (talks over the interpreter before he finishes sentences)

From: Tseseng

Greetings everyone. I'd like to greet everyone. My name is Lehlohonolo(?). During the days of (indistinct) she was one of, I was one of her patients and she checked me regularly and I had TB for eight months. I wasn't coughing very much and it

was discovered in an Xray. And they discovered that my lungs were filled with water. The water was drawn out and (indistinct) and that was when my TB was discovered. And I had to let off medication. I took my meds for eight months and I recovered.

5 That's when I realised that you can actually recover from TB. After I recovered, I decided to go and volunteer so that I can help people in the community. I was able to tell them that they need to eat vegetables and not eat too much meat and drink milk and porridge in the morning. But our patients were able to heal.

10 The pain we experience as HCWs, we got a letter saying that we had to stay at home for a while up until a certain time, but we never until now. What hurt me most is that during that time our patients couldn't open up their mouth and take their medication. We had to force the pills down their throats, clean

15 their mouths and then break down the pills so that they could be able to survive and they were able to take their medication. Some of them (indistinct) because we are not used to the fact that he had to (indistinct). I saw (indistinct) when the sister said (indistinct). One of our patients got worms out of the buttocks.

20 The worms fell off while we were bathing him. And we asked the sister what to do and she said we had to bring the worms. They couldn't bear the thought of looking at the worms. The worms continued to flow out until the patient lost their lives. Our lives as home based care workers were at risk. We had

25 problems because we work in dangerous areas. We walk

through trees and I got to my patient. When I got to the (indistinct) and they had (indistinct). Those are the problems we're facing. I complained with my nurses and said that she'll give me another (indistinct) and then I was assigned to Mrs
5 Sekonyela. When we got there I knocked at the door and the door was opened. The patient was (indistinct) and put the scissor on the bed. Mrs Sekonyela (indistinct) and found. We got into the house with Mrs Sekonyela (indistinct) occur to one of us. When Mrs Sekonyela entered, she saw him behind the
10 door. She asked him why he was hiding. And he said he didn't know we were knocking. She asked about the scissor and he said it was just lying there. They required him to take his medication and (indistinct) and they left. They told the sisters at the clinic how his condition was. And they told the sister their
15 lives were in danger so they will not go back. And the sister said they should not go back there. They were hurt because they are used to bathing patients who can't walk. They feed them and do everything for them, but they get nothing. We were hurt and we were told we were told we were going to be fired
20 from the committee. After they filled forms to get their salaries, they were told that the applications had failed and said they're never going to be placed. They have to sit at home. Us being retrenched had a negative impact on our patients and (indistinct) why are you guys going home? And we gave them
25 hope that we are going to come back, but we don't know when.

In June we got retrenched. On the 16th we were supposed to be registered, it was three months not getting paid. That's when our money was eaten. And we only got the same amount and never got the rest until today. Thank you.

5 (She claims that the area where she works is not ideal. They have to walk long distances in the bushes and it's very dangerous for them. It even got to a point where the patients themselves were a bit dangerous. They required sexual intercourse before they actually let them give them their meds)

10 **Testimony 12**

Name: Malebabo Boo

From: Branfort

My name is Malebboa Boo, I'm from Frankfort. I fell ill in the year of 2008. They discovered that I had TB and was diagnosed
15 with HIV. I took my meds from Marata Clinic in Frankfort and got my ARVs from Batho Clinic in Bloemfontein. I was transported by an ambulance at 6 o'clock on the 25th of September 2009 at 6am in the morning. Jackie from Welkom arrived with an ambulance. We normally take the
20 ambulance (indistinct), but most of the time it came from Welkom. Jackie took me to (indistinct) to meet half way so that they can exchange the patients. On the way an ambulance drove into a pothole and something had broken down. I found myself moving from, jumping from the back to the front. I don't
25 know how that happened, but I thought it was a minor mistake.

After the change of ambulances on the way in Alma, someone told me that my left arm was starting to swell. Whilst the car was moving and bumping I felt a pain from my spine. And I told the driver, he told me to lie down in the passenger ambulance.

5 When we got to Bloemfontein, he dropped off people at Pelonomi and then he took us to Batho Clinic. On his way, stopped at a shop and brought me some Disprin. I told him that the pain was worsening. I did not get my treatment for authorisation and he took me back to Pelonomi. We got to

10 Pelonomi and police were around the reception and I was admitted. My spine cracked and so did my left arm. I explained to the Department of Health and they did nothing about it. They just told me to go to the Road Accident Fund. I was pregnant last year and I went to and from the national hospital at high

15 risk clinic at the National Hospital. And the doctor told me because I was a high risk I need to call an ambulance whenever I experience pain because the child was growing out the placenta. He was growing outside the placenta. I called an ambulance while I was in pain around 2am. It was called and it

20 never arrived. The baby was delivered by my neighbours and they called the police claiming that they need to cover themselves. The police went to the clinic to check the ambulance and they were sleeping. I gave birth at 6am and my placenta was in pieces, to an extent that some pieces were left

25 inside. They'd been called and a member who works with the

ambulances who lives in the neighbourhood she came and tried to assist, but failed. Those who were working the morning shift from 7 got in and started working. One of the (indistinct) and it was going to be his problem since the ambulance was called at 5 2am. I went to the hospital with my placenta in that condition. I was cold. When I got to the hospital part of my placenta had been removed from my body. They called my doctor and he helped me. He had to cut me open and put the scissors in order to remove the placenta. But small pieces were still remaining. 10 I went to the clinic and told them that I had pains (indistinct) and the clinic referred me back to the hospital. When I got to the hospital, they found that I was pregnant again and the child was two weeks pregnant. My problem now is that I'm infertile. The problem is that the ambulance failed to get there in time so that 15 they were going to discover there was another baby. Thank you.

Testimony 13

Name: Nomthandazo Yvonne Lekeyi

From: Brandfort

My name is Nomthandazo Yvonne (indistinct). I live in 20 Phathakahle. Last year on 17 October my HIV positive sibling went, my HIV positive younger brother went to the clinic was found HIV positive and started taking their treatment and he was told to come on 17 October. When he went on the 17th, they gave him three boxes of ARVs. In the first box they ruled that 25 he had to take it at night. And the other two, they were not

stated. When he got home, because he didn't have any explanation, in the three boxes he took one from one box, another one from another box and took one from the third box and took them. So he continued. Three days later in the morning my mother called me and told me to come look at my little brother. And she said she should show me the pills he takes. (indistinct). I asked him what instructions he got wrong. And he said that (indistinct). His face was swollen and he was vomiting blood. I went to the clinic and when I got there I asked the person who gives medication, I asked them how they give out medication (indistinct) what she was expecting him to do. When he answered me, he shouted at me. I told him not to do so because my little brother is ill. As I was in the clinic, I got an sms from my younger brother telling me to call an ambulance. I went home. I got home and he was lying on the floor. I took him to my place where I live. That would be thirty minutes. We got there and he asked me to call an ambulance, which I did in the morning. They kept saying I should hold on, we'll look for someone else. We sat there (indistinct) and the ambulance was still delaying. When it came, when the ambulance people came, he was lying on the floor in the lounge. They asked what the problem was and I explained. She was dragging her feet and singing. I asked her to assist him urgently because he wouldn't speak anymore and she asked (indistinct) and I told her I didn't know. They took a long time to come back. I had given up and

thought (indistinct). Thank you.

Testimony 14

Name: Nobekazi Boo

From: Brandfort

5 My name is Nobekazi Boo. I also live in Brandfort. I got ill in
2010 and took ARVs. I got them from Marantha clinic until 2012.
In 2012 on the 19th of January, I was scheduled to go to the
clinic. I sat at the clinic and the sister kept delaying us. I went
to the clinic on Monday till Friday. On Friday we were chased
10 away by the sister. She told us that she was going to see the
doctor. I asked her whether we should wait for her and she
never gave me a right answer. And she told me that we could
wait if we wanted to or leave if we wanted to, and said she had
no time for HIV positive people. I asked her whyshe was
15 addressing us like that. And she never replied, she just upped
and left. I also got tired and told myself I was never going to go
back to the clinic. I sat at home and my pills were to last me for
three months. I took them till the three months lapsed. I never
went back to the clinic even after the three months. I took the
20 meds during the year of 2012 and resumed my treatment in
2013. I had a viral load problem which is uncontrollable. And
they changed my medication. When they changed my
medication, it was still uncontrollable and they decided to refer
me to Pelonomi Hospital. On the first day when I arrived at
25 Pelonomi Hospital, we waited for an ambulance. We waited from

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6am until 11am. When we asked people at the clinic where the ambulance was, Mr Bosman said he had no idea. We asked him to call and ask where the ambulance was and when he called they said the ambulance was still in Bloemfontein. And he said
5 to us we should call our doctors and make our own appointment. I asked which doctor I was supposed to call because it was my first time and he said they had nothing to do with him. We called someone at the community clinic and she called Mr Sebatliso and he came to fetch us. As we got to Pelonomi Hospital, I met
10 the doctor on his way out, but he came back in and wasn't able to help. Thank you.

Testimony 15

Name: Sebiti Helwane

From: Odendaalsrus

15 I, Sebiti thank you for the opportunity that I've been given. And I'd like to greet everyone who is here and those that we came with. I am also here because of one of my friends who was pregnant and could not receive any help from the ambulance that never arrived. So I'm here to stand on behalf of her
20 because when we were called to take our statements, she was not available. On the 5th of April this year she went to give birth as well. Around 3 in the morning they called for an ambulance which never arrived. This was around the morning around 7 o'clock and then they had to go for another car. As they were
25 waiting for the transport, she was already bleeding. She was

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supposed to have given birth already, but there was no way she could receive any assistance. They took her with their car to the hospital. When they arrived at the hospital, they found nurses with no titles. When they arrived she was told to sleep
 5 on the chairs. She received no help. Around 9 only then they took her to the room to help her. The baby had already died. And then the baby was also taken to the mortuary, she also lost a lot of blood. Thank you.

Testimony 16

10 **Name: Poloko Motsumi**

From: Odendaalsrus

My name is Poloko Clermant Motloun. I'm here to talk about Block 4 Clinic and Boithusong Clinic also. I like to work with my community. I'm the chairman of People of Order. When I was
 15 at the clinic, my brother stands in the queue at the clinic for me. He goes there around 4, 4 to 5 am and the clinic only opens around 7. While we're sitting at the clinic they only start around past 9 to 10. My problem is I'm an epileptic person. I receive epilepsy treatment. When I got there and I don't find my
 20 treatment, when I ask them why am I not getting my medication, they tell him that he owns a tavern, he has a tavern at his house so he has to buy his own medication. I asked him if he tells me that we have a tavern my house, why am I at this clinic, why don't I go to the private doctors? Thank you.

25 **Testimony 17**

Name: Martha Khoza

From: Odendaalsrus

I greet you all. I am Martha Khoza. So I'm a diabetic person and I have nurses who brought me treatment at my house. Now
5 they no longer come. I don't know what happened to them because I was never given any explanation. That's all I can say. Thank you. My problem is that I'm a diabetic person and when it's very high, I collapse. Even this morning I did collapse. I struggle to find my medication. Even now I don't have any
10 medication. I even had to buy them myself. I cough up R25, and they were only twenty pills. And I only take half a pill so I can save them. That's all I can say. Thank you.

Testimony 18

Name: Koloti Lingoane

15 **From: Odendaalsrus**

My name is Koloti Dingwane. I live in Kutlwanong at the said address. I have many illnesses. Sugar diabetes, high blood and heart attack. For all the others I receive my treatment, but it's been four months since I haven't been receiving my sugar
20 diabetes treatment because I use insulin in my syringes. I have them with me here. I have 127 just with me now that I bought on my own. It's been four months without insulin. It's going to affect my eyes now. I did get my insulin, but I haven't been receiving my syringes for four months now. I even amputated
25 because of the diabetes. Since now it's been four months

without any treatment, will you please tell me how will I be able to live now if my second hand gets amputated also? Sometimes I asks myself whether God hates me or not. Because I have to use both of them and I have to have both hands in order to administer insulin because insulin works hand in hand with syringes. Thank you.

Testimony 19

Name: Nomvuyiselo Ellen Makauza (Nombuyiselo Maqausha?)

10 From: Odendaalsrus

My name is Nomvuyiselo Ellen Makauza. I live in Kutlwanong. The clinic I use is Thusong Clinic. I suffer from epileptic fits. I also have asthma. I have high blood. My sugar diabetes I'm told is in my blood. It was discovered by doctors here in Bloemfontein. I go to Pelonomi for a spinal. I also use tubestors for my head, for the neurologist. When we come to Bloemfontein, I have a problem with ambulances. In the morning they'll take us and there'll be no instances. When we come back there will be a problem. You are in pain, you've just been under a special machine, they just leave you in the police station. They say "we picked you up at the police station. We will not take you to your home." My second problem I was looking after my sick child. My child was HIV positive or is HIV positive. My child could no longer walk. I used crutches. The nurse at the clinic said I should find someone who has a wheelbarrow to

transport my child if I don't have money for an ambulance. When I go around to ask for people, they ask for money. Even the person who has a wheelbarrow wants R20 to take my child to the clinic. In other days I go to the clinic, I'm in pain because I don't have sufficient medication for epilepsy and for the high blood. I say sister, I have a headache. I can't even see properly. And the nurse says you don't have control because your children are also sick. They give you problems. And I say if it was you nurse, your child was sick and you were sick, I'm a disaster because I can't do many things for myself. My bones are in pain. My child is sick as well. I'm told to take the wheelbarrow. I have a crutch on one hand. How will I push a wheelbarrow? My child died in my hands. The sisters said they are going to a meeting. She should take the child. So the child was sick, went to the clinic and the sister said we are having a meeting. Take your child back. When we went back home, that's when the child passed away. It was in the morning. When the person arrived with the wheelbarrow, this person looks at me and says "I'm coming back". And the person who is supposed to carry the child leaves. I call my neighbour and I say please come help me to take the child inside the house. My child looks at me and says "mom, I'm done, I'm finished". I say "what should I do?" My child says "don't call an ambulance. I'm finished". I ask myself at the clinic why do we go to the clinic because there is no help? I have a pipe. They say I must buy

them. I buy them myself. I buy even pills for arthritis, I buy them myself. The doctors in Bloem, they write on a medical book for the treatment. So the doctors write a note for her so that she can be able to access the medication where she stays.

5 When she gets to the clinic where she stays, with the book written by the doctor from Bloemfontein. I have a problem with the sisters. They say doctors in Bloem prescribe expensive treatment. Where should they get the treatment? What should I do? I'm only left with two of my children. Both of them are

10 sick. I'm also sick. We all live together. One also has asthma like I do. This is my granddaughter. Her granddaughter's mother has epilepsy just like I do. The grandchild has asthma. All three of us are sick. I'm the one who's looking after them. I have daughters who are much older. They live far from me.

15 When the eldest is sick, I have to call an ambulance. When I call an ambulance, the ambulance is quick to arrive. When they get to the house, they say Ellen you are sick. Why are you looking after your children? I say to them where should I take them because these are my children? They say we will no longer

20 come to your house because all of you will have the same sickness. After I receive my social grant, I have to buy the pipe, the pills for the arthritis. She also receives a social grant for her grandchild. I also have to buy the child. It's better when I come to Bloem because they give me six months. I have to

25 come to Bloem every six months. Next week I'm coming with

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the younger ones. When I go to the clinic, in the ambulance they only say they can take two people. Now there's three of us. Where should I take the third one? We want to be helped with the clinic and the ambulances. There are no medications for arthritis, there are no painkillers. I have high blood. They say I have to take (indistinct). If I don't have money, where should I get those pills? Last week on Sunday, the highest level of the high blood. When she arrived in hospital, that's what was discovered. Why should we go to the clinic when they don't help us with anything? If you get there there is no medication. With epilepsy if I report it they say no (indistinct). I have these two pipes. This is the last one I have. Neural has run out. It ran out this morning. That's all I have to say.

Testimony 20

15 **Name: Martha Mile**

From: Thaba Nchu

Thank you. I'm Martha Mile. I come from Thaba Nchu. My problem is my neighbour who was taking treatment for HIV. She was drinking her HIV treatment and she was told that by April she has to have an ID. I think she's not from around. When she went to the clinic they refused to give her treatment. The painful thing about this person is she can't get an ID. When I sit down with her and question her as to what happened, she says she came to the Free State while she was still young seeking for her mother. And she couldn't find her mother because this place is

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too big. And then she would sit with various people, live with various people. When HIV started she was cared for by (indistinct) there. Even to her classes at the clinic, she used to attend them there. It's very saddening that she can't get
 5 treatment. I'm wondering what will happen if she dies. Another problem that I have is with Moroka Community Clinic. On the 6th of January, he called an ambulance from a neighbour. It was around past 8. And then it took that person to the hospital. She was complaining about a headache, that she has a headache.
 10 Whilst at the hospital, she said she couldn't get any help from the doctors until the next day of the 7th. At 6 o'clock, that person eventually died. She was the breadwinner at her house. It was so painful to us. Thank you.

Testimony 21

15 **Name: Queen Ntsieng**

From: Thaba Nchu

Greetings everyone. My name is Queen Ntsieng. I have a problem with our clinic in Thaba Nchu. I also have a problem with Moroka Community Hospital. I have a problem with
 20 ambulances. I have a problem with (indistinct) Hospital. On the 20th of March my brother was involved in an accident on his way to work. After that accident, I got a call from Pelonomi Hospital. And then when Pelonomi Hospital called her, they asked regarding the relationship with the person who was involved in
 25 the accident, she then explained to them what are her relations

with that person and they said they must come only as family to the hospital. After that call, she came to the hospital with the brother's child. When they got there, the brother was in ICU. And then they were taken out of ICU to be examined. There
5 were actually six people involved in the accident. So four people passed on and then those who survived is the driver and her brother. The nurse explained to her that there are no beds at the hospital and what she should do is take the brother home and come back the following day. That time he was in pain
10 because he had injuries on his head and on his neck. They took a taxi to the bus station and then from the bus station to Thaba Nchu. It was on Sunday night. Monday night they told her to come back for the doctors to check her brother. When we got to Moroka Community Hospital, we were told that the ambulance
15 cannot transport them from Thaba Nchu to Bloemfontein without them having a transport letter. So she explained to the driver that we couldn't get a letter because we came back from the hospital late at night and the clinic was already closed. And what the driver told her is it's not his problem, he cannot allow
20 her to be in the ambulance. Because he was in pain, they asked her to take a room that he can sleep in. And then upon the arrival at home, she left him there and then went to (indistinct) Clinic to get the letter. And then when she got to (indistinct) Clinic, the receptionist yelled at her telling her that it's not
25 possible that a person who was involved in an accident can be

discharged the same day the accident happened. And then she went back home. Then they came on Tuesday to Bloemfontein at Pelonomi Hospital. She then had to explain that they couldn't get transport because of the letter and they couldn't come

5 because the doctors were nagging and saying why didn't they come on Monday. He was then referred to the local hospital, but what they told her at the local hospital in Thaba Nchu is he should be treated at Benoni, he can't come. So he has to be treated there until he recovers. Then we sat at home until now.

10 So now the current situation is he complains a lot about his head and where he was stitched and his neck. Another problem that she has is the nurses at the (indistinct) clinic are very rude to them when they bring their children there. The nurses often told them that they can't help them after 4. Another problem that

15 she has is with ambulances. Last year in April the mother was sick. She frequented at the hospital. And then around June the mother got sick again. When she wanted to take her to the hospital, the mother refused saying "the nurses there are very rude, don't take me there". And then she asked if she can just

20 take care of her until, and then July her situation worsened. And on the 20th of July, she was very sick so she called an ambulance at 4 o'clock. She called from ten past 4 up until 9 o'clock at night. All they told her was please hold the phone like that. At 5 to 11 they said there are no ambulances for Thaba

25 Nchu and Bloemfontein. They told her to be, they put her on

hold saying they will call the ambulance from another place. Because she saw that her mother couldn't breathe now, she went and sought for help next door. And then she knocked at the door. The lady next door woke up and came. After that the
5 lady next door told her that she can't transport her mother to the hospital because she fears that she might die in her car. She told her "please just wait for the ambulance to come in the morning". And then at 10 to 2 midnight, my mother died in my hands.

10 **Testimony 22**

Name: Tsolofelo Matseleng

From: Thaba Nchu

My name is Tsolofelo Matseleng, the chairperson for the Teheletso branch in Thaba Nchu. I'm speaking on behalf of one
15 of our late member who was responsible for the portfolio of main sector, Thabo Modemole. On the 22nd of June, he was admitted at Moroka Community Hospital. Days after that, he complained that there are no painkillers. And there was either no equipment to test if he had TB or HIV. He slept (indistinct). Then he tells
20 (indistinct) in the ward. I immediately phoned our branch organiser. The following day they went to the hospital to meet the person who is responsible for that and they were told that person was in a meeting. Fortunately enough the person who was dealing with complaints was there. Her name is Ms Venter.
25 They told her what brings them there and she promised to look

into the matter as to why there are stock outs there and promised that before the end of the day, she would call them. It was around 11 o'clock. And then around 1 o'clock when they visited the patient, they found him being tested. Around 4
5 o'clock, Ms Venter called trying to make them aware of what has happened and he told Ms Venter that they got there around 1 o'clock and he was being tested. And he confessed that yes, there were no Panados only. Even the blankets, they gave him a second blanket. The equipment for testing was not there, but
10 he was not aware that at that time it was there. So they left. And then the following day, the patient called them telling them that people had died in this ward whilst he was watching, requesting that may he please be fetched from the hospital. They then tried to talk to him telling him please stay and you
15 will be okay. Because he is a TAC member, he knows his health rights. So he would call me every day and tell me what happened during the day. The nurses would call him 'wise man'. It looked like he had some things in his mouth that were caused by the oxygen machine. Around 12 midnight, the nurse took his
20 phone and called the hospital and he requested to speak to the person who is in charge. They gave him the sister who was in charge and laid a complaint and then she gave him the matron. The matron promised that she would investigate and see what's happening in that ward and he will call her back. After fifteen
25 minutes, the matron called him back and said to him that the

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patient had anxiety. And they talked to him that he should stop calling. A few later, I got a phone call that he died. According to (indistinct) that the painkillers were there, Mr Thabo would still be alive. There's a desire that the Department of Health be
5 sued so other people can be assisted. Thaba Nchu and Moroka Community Hospital, the local people call it the mortuary. He's very, very lucky to go back home alive. Even the nurses confess that (indistinct) because they do not give them equipment to work with. I'm saying that under the leadership of TAC I would
10 like to make a request that health can simply be seen (indistinct) branch that I'm under and give them, we'll go there every day to check how the lives of the people are going. Thank you.

Testimony 23

Name: *Dimakatso* (name changed to protect the identity
15 and HIV status of the grandson)*

From: **Thaba Nchu**

I greet everyone here. My name is Dimakatso*. I'm here to talk about Tseki Clinic. I have a grandchild who's 7 years old. He was given wrong medication at the clinic because he goes there
20 for his HIV treatment. I was called by the teachers of the grandchild at school and they told the mother that the child is suffering at school, he can't even eat even (indistinct) can't walk or function properly. He couldn't hold food with his hand, he was assisted by the teachers at school. His skin peeled off. He
25 could even see his skin falling down. We took him to a doctor

and the doctor told us that he was given adult pills. I'm very disappointed in the clinic. I beg that you be of help because even my grandchild couldn't even speak nor respond when we talked to him. (indistinct) my brother was a doctor and told him
5 about the situation with being given the wrong pills. And then he told me that I have to take the pills to the doctor so that he can weigh them. And when I took the pills to the clinic, because I was even (indistinct) when it comes to caring for the child, they asked for forgiveness from her. And she asked if they are
10 training people here, how come it happens that a person gives a 7 year old adult pills? Please help us.

Testimony 24

Name: John Ntswanga

From: Thaba Nchu

15 Thank you. I'm happy to be offered a chance to speak. My name is John Ntswanga from Tseki in Qwaqwa. I remember TAC was in Tseki and we held a meeting in the field and I tried to explain the situation at Tseki Clinic. Tseki Clinic is very corrupt. It's not well managed. I take treatment for high blood pressure.
20 It never happens that I get my treatment on a particular set date. I always get my treatment the following day and not on the day I was supposed to get it. I was very surprised on the 18th of June, a child died in my presence in the clinic. She was a school child, I was looking at the child. The nurses were going
25 up and down around the clinic while the child was running out

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of breath. The child died. One thing that I always complain about, if an ambulance is delaying to fetch your person who's ill and you take a private car and go to Elizabeth Ross Hospital, they call you and say now you have your own ambulance, you
5 bring the person here. They will make the person wait there saying there's no doctor. That time the person is in a very critical condition. I have forty two years living in Qwaqwa and I know that at Elizabeth Ross Hospital, it's very rare where people go there and come back alive. They'll say you brought the
10 person, leave and then you let the person just sit there. The following day when you come to see your patient, you're told that he or she has died. Even people when they are in critical condition, they don't allow to be taken to the hospital because they know they're going to die there. South African government
15 be straight with the citizens and make a plan. We chose the government, but now why do people have to die like dogs? The government is very selfish and self centred. It's not saying anything about the citizens. Elizabeth Ross Hospital (indistinct). (indistinct) Hospital and other hospitals are very
20 (indistinct). Elizabeth Ross is very dangerous. (indistinct).

Testimony 25

Name: Paul Verryn

From: Commissioner

It has been a real honour for us to be with you this day. Some
25 of the testimonies that we've heard come from people who have

taken responsibility for other people. It's not my story that you've told. I do work with the community in Gauteng and for some time we had a lot of difficulty in that community with service delivery problems until that community decided what the municipality can deliver, they can deliver, but we are not just going to leave it in their hands any longer. And so I want to ask a difficult question: what must we do to mobilise ourselves to ensure that people are treated with dignity and that we make sure whether we're government or not, that we begin to start mobilising our forces and our communities to improve health services. I do not think, with due respect, that the Department of Health in the Free State is going to be able to do this quickly. But if we begin to start mobilising our connections, in our faith-based organisations, in the big businesses, in the connections we have like that community in Gauteng, maybe we can spend a bit of time at the end of tomorrow asking how we mobilise our own movement for health in this province because we can't afford to have people dying and suffering unnecessarily. So I would like to challenge you and we will also talk and see how we can begin to start mobilising a different theme for the Free State. Thank you.

Testimony 26

Name: Dr Printihia Pillay

From: Rural Health Advocacy Project

25 Thank you. My name is Dr Pillay. I'm from the Rural Health

Advocacy Project. Our organisation is a non-profit organisation that's concerned particularly with rural communities' access to healthcare. And our work is informed by patients, communities and healthcare workers as well. So today we're here just to give
5 testimony about some of our concerns about the Free State and particularly about the impact of those who live in rural areas. So the first thing is we're concerned which is the impact on patients. The shortage of medicines, no equipment, long waiting time, ambulances which fail to arrive, particularly in areas that
10 are very far away and the impact that we see particularly in the Free State is that of the healthcare system. Why? Because we lose confidence in the healthcare system and it's meant to be a symbol of pride first because we all use it. The second point we want to make is about financial resources. Now firstly we need
15 to make sure that there's enough money in healthcare system, in the healthcare system. And we heard what happens is that you end up paying for healthcare when you shouldn't. And I don't have to tell most people that if you live in a rural area or if you are just poor, it's much harder for you to take money from
20 your pocket, and if you do, it can be deadly. So what we find when we look at the budget for the Free State is that there is underspending, the Department of Health is getting less money from National and then when they get the money and they have to allocate it, what is know is the allocation for health is
25 decreasing over the next few years. But things are getting more

expensive. There's less money being spent for laboratory tests to be able to do your viral loads or be able to diagnose drug resistant TB. And what's important is that the amount of health or budget for health is going down, but we need, the demand is going up and we can see that there's a disconnection in the problem. So it's a little bit what I personally call, it almost seems like a medical apartheid of sorts and if you remember, if you were black, you lived in an area whereas if you were rich and white, you were able to access healthcare. And today we start to see a little bit the same in terms of health. So ultimately if you're poor (indistinct). I just want to give you some quotes that we got from healthcare workers on the ground. So someone said "stock outs are a major problem. I usually prescribe medication from the private pharmacy, but some of my patients cannot afford it." This is an example of how healthcare workers themselves are also having to, aren't able to respond, you know, unable to care for patients because of, for example, when there's a stock out. So that leads to my second last point which is the human resources and that the crisis we see that there's just not enough stock in your clinics and hospitals. Sorry, so this is not (indistinct) and in the rural areas it's very difficult to get nurses and doctors there. There's not enough accommodation, there's no schools for patients, there's no roads and because there's no posts that are funded by the government for you to work with. Now I heard a lot yesterday

about some of your problems with some staff attitudes. I think it's important to know that not everybody who works in the health system is bad. There's some really, really good nurses and doctors, but they don't have what they need to do their job. So

5 to just you some examples from doctors and nurses that we heard from. "The problem with having shortage of human resources is we cannot perform procedures and patients suffer." And I think that's obvious. If you go to hospital and you need to deliver a baby, but that baby gets stuck or is, you know, needs

10 to have a C-section, but there's only one doctor who can do a C-section, only one nurse on duty, then you can imagine if it comes very difficult for them to be able to do what they do. So this one is interesting that says "I'm expected to save lives, but at the moment I feel powerless. I've handed in my resignation

15 as we speak". So people are frustrated. Healthcare workers and patients like you. A lot of nurses are actually dying from TB. They are also patients. So I think there's something to be said about it's hard to find who's the good nurse from the bad nurse. So the idea would be for us to try to work with healthcare

20 workers so that together to take those who have the same concerns as you and rather make sure that your voice is louder because it's always better together. My last point is that one of the biggest challenges we have it's very difficult to speak out and to be polite with what you say. There's a lot of victimisation,

25 a lot of staff are scared of their bosses and as this quote said

“healthcare workers have simply lost their work ethics due to many challenges. Most of my colleagues do not want to voice their frustrations because they feel intimidated to speak. So lastly, can you imagine if you don’t say anything? If you imagine
5 that we didn’t say anything where there was no ARVs in 2004. We wouldn’t be here today with people who are able to access ARVs. But today when the situation continues and we see what we see, we have to speak out. So this for us is our big concern. There’s not enough human resources in rural areas. We need
10 that urgently in order for you to get the healthcare that you need. You have to work with those healthcare workers, the nurses and doctors in your clinic and we have to fight intimidation when we do so. Thank you.

Testimony 27

15 **Name: Thomas Miya**

From: Reitz

I’d like to greet everyone in the house at large. As the resident of Petsana, we are here to just bring our complaints regarding ambulances, hospitals, clinics and other services. As residents
20 of Petsana, also accompanied by TAC, we as Petsana Residents Association, we have started fighting from last year until now. We campaigned until it got to the Union Buildings in Pretoria as commissioned by the community to go there. In our complaints, we were complaining about Petsana Hospital which we call the
25 mortuary because there are poor services there. The local

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Petsana Hospital does not render services. There was an imbizo in our local community and operation hlasela again. We were sold many dreams that were never fulfilled. As Petsana localised, we ask ourselves when will things be okay, because

5 the places he has mentioned, all those four provinces fall under one province. All the four areas fall under one district. So from (indistinct) to Petrostein, from Petrostein to Alinton, there are ambulances within those places, but we don't see them. There are government and State ambulances, there are also

10 ambulances which come from Buthelezi. State ambulances they can be able to drive locally within the community. Buthelezi ambulances they don't make rounds in the community. So we wonder if he was eager to help the community, why are his ambulances not making rounds within the community? If you

15 call an ambulance, they will tell you it's in Petrostein. When you call an ambulance they will tell you it's in farms. But the ambulances are assigned to help State ambulances, but we don't see them. There are people that travel from the places he has mentioned and when you get to Ritz, from Petrostein

20 (indistinct), you go to Reitz Provincial Hospital. When you get to Reitz Provincial Hospital, you will stand in a queue. After standing in the queue, they will tell you the doctor is not present. The doctor is Nigerian, African. So all the people are there they can't hear English. And a Nigerian doctor speaks English.

25 When you get there, they will tell you go back home. Just as

our association is here, we ask the granny why are you standing there. He'll reply that the doctor said go back. So if he said go back, why are you sitting? No, I thought he said here. Alright. We'll help you in any manner we can. One thing I can tell you, 5 to go from Ritz to Bethlehem it's 45km. And when people from Ritz, Petrostein get there, they refer them back to Bethlehem. And on their way, imagine travelling from all those places, getting to one destination and when you get there, they refer you to a further place. And on their way, often people die. So 10 as members of Ritz, we have complained until it got to the Union Buildings. So we are very embarrassed and very disappointed rather that there's a hospital in our community that serves other four areas, but there are no services at that same hospital that's supposed to serve four areas. Another thing that bothers me is 15 that they say the clinic is present. Bertana Clinic there's only one nurse. On top of that, on top of there being one nurse at the clinic, people queue from 12 o'clock midnight and then on the way to the clinic, they often encounter problems with thugs that often stab them and throw them. So we are tired of the 20 community Ritz whether we always complain, but we are not attended to because there's no service. Reitz Provincial Hospital is beautiful. Elderly people are not helped there. That hospital smells bad and there's no service in there up until it got to a point whereby we decided to take a stand against them and 25 we're here now. Last week a young man was stabbed at a tavern

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even the police were called until that young boy gave up his spirit. The police were there when the boy died. In (indistinct) there's no service. Thank you.

Testimony 28

5 Name: Dumezweni Majola

From: Reitz

Let me first start by greeting the president on the table (indistinct) to that, I would like to thank the leadership of the tolerations association. It is proper that I should also mention
10 that our presence here is very important for the residents of Nketoana. Colleagues I think my fellow colleague, Mr Miya has said a mouthful. Now we did actually struggle so much with regard to the issue of Nketoana Hospital. We have followed all protocol and procedure. I actually was not surprised yesterday
15 with the manner in which some setting political elements behaved in the house. It is important that one should mention that the health system in the province is in tatters. When we are talking in terms of Nketoana Hospital, you happen to talk in terms of the former number one in terms of cleanliness. You
20 talk in terms of a hospital which was regarded as the number one better performing hospital in the country. You can ask the premier, you can ask the president. Now in the year 2010, I remember well, I convened a gathering as well as a march, a protest. Yes. And then we were in a march in 2010. We were
25 the Petsana residents in that march. I'm aware that the Free

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State provincial government took some ill informed political resolutions. I'm raising this because in the year 2010 the Premier knows very much well. I'm giving now a brief political history of Nketoana Hospital. When the Premier came to
5 Petsana raids under the convenership of Mr Majola, he made some false, unfounded promises to the residents. He made promises in front of the entire population of Petsana to say the hospital will be fully operational in six months. It is now a pity that some innocent people got brutally arrested by members of
10 the police. When the promises of the premier failed to be fulfilled, we entered into what I can refer to without fear or favour, an illegal protest. Indeed residents and innocent children got brutally arrested and some beaten by the police. When we simply raised the question to say this is what was in
15 the manifesto before elections, then they took a resolution to get police for us to arrest. Now in the year 2014, I also further confirmed a protest, legally so, a protest that saw us challenging now the local municipality of Kopano. I'm now still on the issue of brutally murdering Kopano Hospital. A hospital now referred
20 to as a mortuary in literal sense. Ladies and gentlemen, when we entered into a protest I challenged the municipality in terms of the Municipal Systems Act because now we were made to understand that in terms of the Municipal Systems Act, there must be an official in the name of an MMC responsible for
25 health. Now what actually happened is that now in seven days

we were responded to. Ladies and gentlemen I am going to enter into the nitty gritty of the hospital. The responses we received in seven days, it is the response that led to my arrest and the arrest of many other leaders in Petsana. I want to show you colleagues the brutal, operational way of our leaders. The responses was to say from the Mayor there is no such, the hospital is operating. A brutal lie from the Mayor. We entered furthermore into an illegal protest and we furthermore went into challenging the office of the management of the complex. In the year 2000 the Free State provincial government, I'm saying this under inverted comma because it is the response received from the HOD. The HOD said on our response to say it was for the good cause that they have to merger Kopano Hospital with Phekolong Hospital. Ladies and gentlemen, the fundamental problem of our hospital it is purely the transfer of patients from Kopano Hospital to Phekolong. While we talk in terms of Kopano, we talk in terms of a municipality that caters for more than 150 000 people. We are saying the shutting down of Kopano Hospital is going to follow. We have got patients as far as (indistinct) who get transferred to Reitz Kopano Hospital. Then when reaching Kopano Hospital, in terms of the normal routine of operation, they would admit the patient and after admission, they transfer the patient with a car. Let me (indistinct) what Mr Miya was trying to say, indeed we are not being racist against anybody. There is a Nigerian doctor in our

hospital. We do not have any problem of him being Nigerian, but we have a problem of him directing patients of Kopano like the brutal former apartheid system. We raised that to the office of the MMC to say that this doctor is not treating the patients well. We are talking in terms of the hospital that has got more than four wards. What sparked violence in our community was one of them. The centre and engine of the hospital being the medical ward, it was totally being shut down. Colleagues I'm saying this without fear or favour. It was being shut down, patients died on the way to Polokong Hospital. We have got evidence that reached, even members of the community went as far as testifying to the premier. In case that group is back today, they must know that this is not political. It is purely a through living agenda that affect the people in my township. There are patients who get transferred from little Petrostein, they reach Kopano hospital that is shut down. Then they are to be bound and forced to be taken to Pokolong. When they reach Phekolong Hospital, already Phekolong Hospital is overcrowded. When, the patients from Kopano Municipality, they are forced to sleep on the floor. We are saying this because we saw them on the floor. Ladies and gentlemen it's a pity that some of them they died on (indistinct). In a nutshell before (indistinct) let me raise the following. We have met with the delegation this year of the Premier. We furthermore met with the delegation of the Presidency after we had marched to the Union Building. Ladies

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and gentlemen there's nothing resolved after those delegations except to say the promise of the Premier when I'm closing, operation hlasela three months back. It was to say on the 5th of August, there would be about twelve professional nurses in our hospital. There's going to be at least four Cuban doctors. There's going to be an employment of auxillary nurses. But now the issue of Buthelezi ambulances was never resolved, there's still a question mark. As well as the issue of why is the budget of our hospital Kopano being controlled and managed in Phekolong? It is utter corruption when I close comments. Let me say this without any disturbance. Corruption in a sense that now the matter of Pekolong Hospital and Kopano, the merger of Phekolong Hospital and Kopano Hospital, it has led into the management of Kopano Hospital being transferred to Phekolong Hospital in Bethlehem. There is only one CEO in the name of Mr Makule. Mr Makule is the only driver of the two hospitals. My question and our question was where did the budget of Kopano Hospital go? When we reached that question they said we should take a break. Ladies and gentlemen the delegation of the President Zuma they failed to resolve our problems. We are waiting for Premier until the 5th of August to deliver what she promised to the people. We invited on many occasions MEC Malakoane who failed to honour our call to politicize our agenda. Comrades indeed people are being taken back from the hospital. You are saying when one Buthelezi ambulance takes a patient

from (indistinct) it cost one patient more than a thousand. I'm saying mathematically, one thousand to transfer patient from Reitz to Bethlehem. Those are the tender specifications. Why bring Buthelezi when the State can afford to renew ambulances
5 because it is the modus operandi, the youth. Ladies and gentlemen our solution to this is one. I'm closing now. The Reitz and Petsana residents, we are prepared to lobby and mobilise. I'm saying this bravely so, we are not going to vote next year for any voting who is not going to open our hospital.
10 (indistinct) that we boycott or we opt for an alternative, we're going to do that. It's a healthcare. We are not talking a local stadium. We are not talking paving here. We're not talking a mere catering tender. We are talking the lives of those who cannot afford expensive hospitals. And last, ladies and gentlemen I would like to say thank you so much. Indeed there
15 are other employees of mine here who have not been employed by the Premier. We will strive on that to say Premier, please when you employ one, employ all.

Testimony 29

20 **Name: Lebohang Linah Mokgena**

From: Reitz

I would like to extend my gratitude for being given this opportunity. Let me start by greeting all in the panel and also extend my greeting to the MC. Also greeting the interpreter.
25 And also to the (indistinct). I'm just reading from the procedure

that I have. I have two things. My mother left me with three children. That means I live with five children. I'm even a mother, I'm a single mother and a father to them. So they're looking up to me, all of them, including the cousins. I also want to include the aunts who don't live with us. I think I have a right to say whatever I want to say and also express myself in any manner that I want to express myself. Just to go to the point, I worked at TAC. As a resident of Ketwana, also in the organisation with TAC, we have many complaints regarding that place. As they've mentioned I'd like to begin with our hospital yes, it's true that it has shut down. This after it was (indistinct). Our hospital is non-existent. It's a mortuary. But it's the most beautiful hospital within the hospitals in the Free State. We had the issue in the hospital. This pains me because I've lost my loved ones, I've lost friends and I've lost family and I've lost people from (indistinct) as well. Three months ago, as it was already been put to the format at their place there happens to be people that stab each other (indistinct). One of the friends was married. The police arrived at the scene, but the ambulance never pitched up. And another friend of hers was stabbed in a tavern that's in town. That boy was dead during midnight hours. It was only realised at the early hours of the morning. The ambulance got to the scene later. And then it took him to the hospital. She doesn't want to use the word 'hospital', she'd rather use the word 'casualty' because she believes there's no

hospital in Petsana. When that person got to the casualty (indistinct). Imagine being in pain and then just left there to sit down. There's only one doctor. The doctor's attention is focused on other emergencies as well. The friends sat there
5 until she died. That's why I'm saying regarding the hospital because people die there sitting in chairs. And now addressing the issue of ambulances. As I have already mentioned that I have a younger sister that my mother left me with, she has epilepsy. I struggle a lot with her. Ambulances help me with
10 nothing. Until it got to a point where I told the Premier that Premier why are people doing this to us with ambulances that were intended to help us? I can even get a call right now that my sister has collapsed. When I call an ambulance, it might take two to five hours. And it will only come after I've hired a
15 private car to take her to the hospital. Because she has several epileptic fits, I always call an ambulance. On the occasion that they came, these ambulance people, I asked them "what are you here for, when you come only now? I called you at 6, now you come at 5. What are you here for?" That time the lady who has
20 epileptic fits has a baby. She's fallen with the child five times. I called an ambulance. The ambulance never pitched up. The ambulance never came the second time. It never came the third time, and the fourth time it also didn't come. It only came on the fifth time. And when I came and asked them "what are you
25 really here for? Last of last week I called, last week I called,

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this week I called and you only come here now.” When they get there there is nothing to do. They tell me this person looks (indistinct). They’ll say she looks alright because we took our time. At that time that’s when I only (indistinct). What about
5 the child (intervension). Because I’m probably thinking when the child fell, he fell down and bumped her head. And then they will tell me just give the child (intervension), just give the child Granpa. These are the things we hear from people who work with ambulances. I always ask why should I struggle? Do I
10 always struggle because I speak a lot? They never reply and answer. Even me when I’m sick, because I worked at TFC where the place is very cold. That place is an avaton. It’s lag. I work at the fridge. Everywhere I am, I’m cold. I think I have arthritis. When we call the ambulance, because these people know you,
15 because I’m talkative, when I get there, the Nigerian doctor, I hate him. It gets to a point where if I could shoot him, I will shoot him. That man doesn’t treat us well. It even gets to a point where the doctor tells them that (intervension). Won’t you buy me soap. What I’d like to say is for that doctor, whoever is
20 in charge of the hospital, we’d like to plea as the nation, he must be removed. As a person who works (intervension) we are sick. We didn’t go there, but now we are sick. We’ve buried many people. If you notice that (intervension). When I get to the hospital and tell them I’m (intervension) the doctor will just say
25 we are pretending to be sick. I’d like also to tell the private

doctors they don't examine a person who works (indistinct). They say you pretend to be sick. How are you going to help us (intervension) because even when we use our own (indistinct) to attend to (indistinct), the services are not rendered. We're
5 just turned back. Also to address the issue of the clinic. Like I have a sister who has epilepsy. She sometimes goes a week without having issues. After every three months I take my sister to hospital. She gets her treatment from there. (indistinct) and then they will also prescribe medicine. And then when I go to
10 the clinic with that prescription, the clinic has stock out. I will also mention something that happened (intervension). My sister went out of her pills on (intervension) she ran out of her pills on the 17th of (intervension). When I went to the clinic on the 17th, I was not treated well by the sister because I ask and enquire
15 why they're treating us so bad, they say I should ask Malakoane. She never got her medication because she was (intervension). I said we always fill in our telephonic information. Why didn't you inform us in good time that the medication has changed? I got no answer. I was told that we must wait for the doctor.
20 When the doctor arrived, he gave us a form to fill in for the new medication. But I asked "guys why must I wait up until Friday? What do you think is going to happen during that time if this person goes on without medication?" I asked isn't there maybe a way that you can resolve that you maybe steal medication for
25 her? They said "there's nothing we can do. Please wait for the

doctor". The doctor did well and gave us medication. I went back to the clinic on Monday, the following week. I went to get the transportation letter for my little sister so that she's able to come to Bloemfontein. I was told they have no paper. I said

5 how come you don't have paper? So what am I to do? They said go and ask Malakoane. I said alright. I will see (indistinct). Just to complete, I struggle when it comes (intervension). There's a person who said yesterday when you are here in Bloemfontein, you come so well. And you wake up early in the

10 morning. When you're supposed to go back home, you struggle. You'll sit there until late. These ambulance people they are not cooperative. They treat us like trash. When we're being transported, going home, so you can only imagine how much time it takes (intervension). You are left where they picked you

15 up. That time you walk with crutches, they walk slowly (intervension). Please take this ambulance issue to heart and attend to it very quickly. It got to a point even where I enquired from the Premier if he can buy us a shuttle that will transport us from (indistinct). I even asked the MEC if he can buy

20 ambulances for Petsane. I got no response. Maybe if he replied, he replied in my absence. Thank you.

Testimony 30

Name: Gladys

From: Reitz

25 I won't be long because most of the things have been said. But

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the most crucial thing that they forgot to mention is that the deceased people that die are on their way to Bethlehem. Mr Malakoane he wants evidence, he wants death certificates as evidence. So imagine if you go from house to house wanting
5 those death certificates. That gets into the clinic matter. I'm also a community healthcare worker whose contract was terminated by the MEC. There are only four people left. I have another four, that's Ace. He hired four people. The clinic that I work with is a clinic where I work with many rural people and
10 people who also live in town. Our clinic has hired a hospital. We have no proper clinic. The only thing that I'm going to request honourables, like the previous said if he hires four people, the patients from the rural places they also need help. I have no words, I have nothing more to say. Let them take us
15 back to work. They must bring back the stipend. Thank you.

Testimony 31

Name: Rebecca Skolz

From: Builtfontein

I would like to greet everyone. I'm from Builtfontein and I have
20 one particular problem of ambulances that we need (indistinct). I get ambulances from a very long distance and I have to travel (indistinct). Last year my husband accompanied me and he passed away in April. Now I have no one to accompany me. My second problem is with my brother. He had a stroke. When we
25 were talking the ambulance, the ambulance driver said he will

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not (indistinct). When we called him, the Department said they can't (indistinct) someone who's able to walk. Even the medication is not up to standard. Sometimes I get all my pills in Builtfontein and sometimes I get half of them. The doctor
5 asks why don't I get all of them. He gives them a letter, but they still don't fix that. When I go back to get my medication they say they have no pills and that I have to go get them from Hopstad. When I get to Hopstad they ask me whether there isn't a clinic in my area and I tell them that there are no pills in the
10 Bloemfontein area. Thank you.

Testimony 32

Name: Lifa Patrick Motloung

From: Bethlehem

My name is Lifa Patrick Motloung. I'm from Bethlehem. And
15 I've been volunteering at (indistinct) Clinic. And I'm one of the victims of Mr Malakoane. We were retrenched and we were told we'll be re-employed. And right now I'm working as a (indistinct) and I get R5 per (indistinct). You can ask yourself a question as a breadwinner, what will you be able to buy with R5? But
20 everything will be okay. God is good. I'm surprised when I hear people say they have a problem when we hear people think that we're acting up. It's very unfortunate that people who are saying that, it's like we (indistinct). We all are leaders here and we are all here as parents. We all are heroes. So we need to think
25 before we speak. Let me proceed by saying the issue of the

nurses and the attitude towards people is caused by the fact that they are under pressure. We can't prescribe medication that is not available. And you're not supposed to tell the patients that the medication is not there. Let's not forget that
5 our pharmacists and nurses are parents. And this gives a problem because you're not able to answer the patients when they ask where their medication is. The pressure and the attitude that we get from our nurses is caused by the fact that after Mr Malakoane (intervension), he never visited the
10 communities in order to, he never came to the communities and asked where the problems were. The problem is that the clinic committees are being taken for granted. And only hospital boards (intervension). People who are working in the communities, those are the (intervension) are never consulted.
15 They were never consulted with the fact that were they consulting or giving away or maybe assigning some of the work to help those MECs, home based care workers and the rest would make their job actually much easier. Because then distributing stuff to people at home makes their work much
20 easier. Then that makes the job easier. Some of the (indistinct) were able to go home and counsel people so that they don't stand in long queues. What would make things easier would be Mr Malakoane should re-employ home-based care workers as well as the MMCs and the medical counsellors so that they could
25 be able to work smoothly. Most importantly, for this to be able

to work effectively, he needs to sit down with his clinic committees, not the playground that we've seen. We call the clinic a mortuary because it's become a playground. People who have worked for a long time at the hospital work at an advantage. He uses the fact that he's been working there for a long time. And that causes problems. My last request to TAC, please go visit the rural areas. Black people are dying. It has become survival of the fittest. Only the rich people will survive. The poor people will forever be poor. And we are the ones who are dying. People's bloods are on other people's hands. Let's listen to our sisters at the hospital. Let's listen to them at the clinics because they work under pressure. The pharmacist from where I work he was told not to address the (indistinct) to patients. Thank you.

15 **Testimony 33**

Name: James Hlazo

From: Botshabelo

I greet you all. I'm from Botshabelo. I'm very hurt. I'm wondering whether my situation will be able to be fixed. In the previous year from July I had, my wife was sick, a brother who was sick. I took him to a specialist in July to check what the problem was and we sent him to Botshabelo Hospital. And they said he had stress. Two weeks later it started again and I took him back to the hospital. In August I took him back to the hospital and they said he had TB in his bones. I took him back

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to the hospital and they gave him some treatment. He got it from the clinic from August till November. And his situation worsened in November. Whilst he was still taking his TB treatment, on the 5th of November 2014 he was admitted at
5 Pelonomi Hospital and they transferred him to National and they discovered that the medication that he was getting was (indistinct). Actually he had a brain tumor. And they gave him treatment for bones. That's when he passed away at National Hospital. And I asked for them to perform a post mortem so that
10 we can be able to know what's going on. Even today, I've never received the results because I want to know what's going on. Because the letter from the doctor said (indistinct). I want to know whether I can be able to recover. Even though (intervension) because what the doctors do they help kill our
15 fellow sisters. Because right now he was the breadwinner. And now my mother has no one. Because (indistinct). He left this world at the age of 21. Now I wonder who's going to help my mother because the Department did not help (intervension). My issue (intervension). That's why I'm seeking help from you so
20 that you can be able to make the Department of Health aware that if they continue in the same manner, we're all going to lose our lives, because we're not treated in the right manner. They just do things for the sake of doing them. Thank you.

Testimony 34

25 **Name: Lebalo**

From: Botshabelo

I'd like to thank you for this opportunity. I'm from Botshabelo. Botshabelo is a big town, but we have lack of clinics. We have one hospital. But we have many schools in Botshabelo that
5 teach our community. The problems we encounter in our clinics is that they only operate for eight to ten hours from the twenty four hours we have each and every day. So my question is (indistinct). Because I understand that we need to learn from school that we need to help our community. We have many
10 schools in Botshabelo and children do go to school in Botshabelo, completing their matric, but they fail to further their education. We lack doctors in Botshabelo Hospital. Even nurses. Yet we have a lot of people living in Botshabelo. I have one more issue. The DOH needs to understand that every
15 minute people get sick and we need to establish whether the people who are given the chance to help us are enough. Even when we get to clinics, people who are sick and not in good conditions have to stand in queues because there are fewer nurses and doctors. Another issue I don't know what Health is
20 saying with recreation. Because we realise that education does not serve all of us in the Free State. We have people who are able to help us with no qualifications. But what do we say about them? Those people are gifted from God and then they use their gifts to kill people just so they can be able to survive. I'm very
25 touched by this issue. We're teaching people as a black

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community (intervension). (indistinct) the parent takes to teach a child is very long, but when they get to matric, they sit at home with their parents. I want to conclude (indistinct), but the Lord places education at a higher level. Thank you.

5 Testimony 35

Name: Mphayi Mokoena

From: Welkom

I'd like to express my attitude for gratitude for the opportunity that I have been given as far as TAC people are concerned. My
10 name is Mphayi Mokoena from Welkom. I have a child who is very sickly. The child has been sick from the time they were six months. Today she's eight years. We've been at Kopano Hospital from 2010. The child did not get any help. It got to a point where they discharged the child saying they could not
15 diagnose her with any disease. Maybe the child has MDR, but I heard from Doctor Zakura. Dr Zakura saw the child from (indistinct) because if they were the centre of excellence, they could not assist because they said the child is HIV negative whereas they have got children who are HIV positive. Upon Dr
20 Zakura's arrival, I had stolen a file (indistinct). And then he was honest with me that he could not help me and called Dr Van Zyl. Dr Van Zyl also said he could not help. And then Dr Alexander was called from (intervension). When the child was scanned, it was found she has primary immune deficiency. That meant she
25 cannot resist diseases that are in the air. So when the child

gets in this room, the child can get sick. My predicament is Dr Capos shifted my child to Dr Griel because the child always has infections. She's on anti-biotics a lot which are not at the hospital. The doctor buys the antibiotics with his money. Since
5 when are doctors able, permitted to buy patients' medication? Because there are a lot of children, so there are stock outs of medication. We plea for Health that you may help our children. Even when I heard the Commission was here yesterday, I felt that I should come and put my issues on the table so my child
10 can be assisted. One thing with ambulances is we travel from our homes at night to go to the ambulance and I'm always with my child. It's not a problem to travel from Bloemfontein to Welkom, but the problem is to travel (intervension). Sometimes we wait for medication for long hours and only when we find our
15 medication they're supposed to transport us, they have left us behind. Thank you.

Testimony 36

Name: Diana Thebehai

From: Kotlwano

20 Thank you for this opportunity under the leadership of the TAC that transported me here. My name is Diana Thebehai. I come from Kotlwano. I'm one of the victims of Malakoane. Last year on the 16th of June when he wrote letters terminating our contracts until further notice. Now the problem is I volunteered
25 at Lithuso Clinic from the year 2000. So you can compliment

that from last year we were ending our 14 year service. During the years I've volunteered, the Department of Health has given us skills. In 2010 I was at Kopang doing ancillary healthcare for six months. Dr Marko was training us and he told us not to take
5 this thing (indistinct). We must take it seriously because it's basic misle. We did the six months (indistinct) then we went back to be prepped for the hospital. After the completion of this (indistinct), we were taken back to (indistinct). Now they've established something they call re-engineering. When this thing
10 was established, they took people and trained them for two weeks. They called it re-engineering. Now I want to know from Mr Malakoane why did they do away with the six months and did it for two weeks and call it re-engineering? Then after they were telling us we were too old. And we grew up in this thing. We
15 went to the system with the age that was proper. Now he's telling us that he wants people who have matriculated. Why does he say he's got people that he has given the skills, (indistinct)? So the Department of Health must be prepared because (intervension). I'm proud of the clinic (intervension).
20 We are so sad because he did not consult with us. Thank you.

Testimony 37

Name: Joyce Rabogona

From: Thaba Nchu

As Joyce Rabogona I'm really thankful for the opportunity to
25 speak. I'm not certain if I'll be able to speak my story in a very

short manner, but because I don't have the strength, I'll ask the Lord to give me strength. On the 29th of March I had a child who was eleven days. I was late to give birth at Moroka because it was not the place I was supposed to give birth at because the doctor did not want to listen to the instructions that I was given at the (indistinct) Hospital. As a person who suffers from hypertension, I was referred to Belenoni could not help me. I was supposed to give birth at (indistinct). In short, the reason that made my child to be admitted at hospital was the lack of oxygen. We got at Moroka around past 5 on a Sunday. The child was attended to at past 10. The child was so weak and the child was helpless. We called an ambulance, but they said the Buthelezi ambulances were busy. The ambulance got there at around half past 11. At that time, the child could barely breathe. When the ambulance that came, the State ambulance that came was accompanied by the Buthelezi ambulance. The Buthelezi ambulance that escorted the State ambulance travelled at a very high speed, whereas the State ambulance travelled very slow. On the way we use when we come to Pelonomi Hospital from Thaba Nchu, the State ambulance bumped into a pothole. When the ambulance bumped into a pothole, the child jumped. They were not aware that the oxygen mask had moved. When we got to Pelonomi, the child was admitted. The nurses and sisters were gossiping and they were not aware that I was listening. The nurses said as they were

gossiping that the child was supposed to be given oxygen, but this oxygen did not help. We're not sure if the child will live. That time I'm listening to them. They moved the child to the ICU and they gave him an oxygen mask. On the 6th of April, when we came from the Easter holidays, my child died. The child died because the treatment the child was given was taken from (intervension). During the holidays, treatment was not there and the doctor told me that there's nothing they can do. That child's brain has been damaged. But I want to thank the Lord because we were allowed to switch off the machines. It was through my aggressiveness. If it weren't for the (indistinct) to make me give birth at Thaba Nchu. That date is a particular date that normally when I give birth, my children are given oxygen at Free State. When I met TAC I had strength as to why did Mr Malope insist that I give birth at Malope Hospital. He's a doctor, but he's conceited. He saw me having twins (intervension). So why did he shut my (intervension). That's where I got strength. Thank you.

Testimony 38

20 **Name:** ?

From: Thaba Nchu

I'd like to greet everyone in the name of the Lord Jesus. I also extend my greeting to the TAC people and the panel. I also have a problem, I fell ill in 2011. And whilst I was still ill, I didn't know what is my problem. I went to the clinic. I went to Halala

Clinic. It's in Thaba Nchu at Trust. Upon my arrival at Halala Clinic, I met Mr Malunyalo. Mr Mike tested me and I was diagnosed with TB. I received treatment for TB and after that Mr Mike tested me for HIV and I was found to be HIV positive
5 and he referred me to Gawalele Clinic. When I got to Gawalele Clinic, I took my CD 4. My CD4 count was less than 150. And then I was supposed to be on treatment for ARVs. I got the ARVs. Whilst I was still attending Gawalele Clinic, I met Sister J Maele. I was very sick because I had TB and HIV at the same
10 time. I drank the treatment for HIV and TB concurrently. I was very weak and I could barely walk. I met Sr Jane. Sr Jane did not treat me well. When I arrived at the clinic, Sr Jane would say "give her a wheelchair because she might die any minute from now". On one occasion when I got to the clinic, my mind
15 didn't function properly. Sr Jane told me that I was supposed to be in Moroka Community Hospital, but I was at Gawalele Clinic. I didn't know I was supposed to be at Moroka Community Hospital. I was with my mother because I couldn't walk alone. At Gawalele Clinic, Sr Jane did not treat me well. So I went to
20 Moroka Community Hospital. I got my treatment from there. Moroka Community Hospital helped me with the ARVs. I then got better. After that, I was then referred back to my clinic because they said the hospital no longer gives out medication. We must then go back to our local clinics. I went back to
25 Gaogalelwe Clinic. And upon my arrival back at Gawalele Clinic,

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I met Sr Jane Maele again. And then she said it's you again back here. I just resolved that I must stop with the ARVs because of Sr Jane. I got advice from one person who said to me you're going to default if you stop going to the clinic. I took
5 a transfer. I asked for a transfer from Gaogalelwe Clinic and went back to Galala Clinic because now they had ARVs at Galala Clinic. I went back and took my ARVs. Here's me now, I'm kept alive by the ARVs. Sr Jane is not like that to me alone. She's like that to multitudes of people. When people imagine going to
10 the clinic and think of Sr Jane, they become depressed. Because there was one person who used to attend the clinic who got into a physical fight with the sister. They gave the child wrong medication. The child was six years old and was given wrong ARVs. Even until now, the child is sick. Thank you.

15 **Testimony 39**

Name: Mohalelwa Tsaule

From: Phumolong, Herman

Thank you very much. My name is Mohalelwa Tsaule from Phumolong, Herman under Matshabeli Municipality. My plea
20 and the plight (indistinct) people's commission is that I want to raise that the Phumolong location we are a community of more than 15 000 human beings, but we have only have one clinic with less than ten people working there. It means the clinic is not adequate for our basic healthcare. Because for you to be
25 given proper attention, you'll have to arrive at the clinic around

3am in the morning so that you should be able to be given proper or adequate whatever that will be given to assist. The plea to the people's commission is that why the clinic cannot operate maybe 24 hours? Because it's obvious from 3 to 4, there's
5 people of Phumolong. It is not adequate for us. The next point is the issue of the hospital. As the people of Phumolong, we are supposed to use the hospital in Virginia. That hospital is 25km away. And the problem is we don't have ample nurses that have to ferry people from Phumolong to Virginia. When you
10 have people who have an ambulance, you must go to the police station. Again, we only have one police station so that big location. When we arrive there, the policemen they lock themselves inside the police station, they're drunk and sleeping. You have to wait and call the ambulance. It will take hours and
15 hours to come. (indistinct). Why we don't have at least ambulances at Phumolong? Even if it could be one. Especially during the weekend because the clinic is not open. Then the other issue is that faring of patients, is the transporting of patients and they have to come to Bloemfontein to Virginia or
20 Phumolong to Virginia and from Phumolong, some come here to Bloemfontein. Some go to Welkom Hospital. Now the problem is that ambulance can only carry twenty two people. It starts from Ventersburg then goes into Phumolongo, then it goes to Phumolong, then it goes to Virginia. Now what I don't
25 understand and what is painful for us as the people of

Phumolong, is that when this ambulance is full from Ventersburg, the people of Phumolong will not be able to be transported to Virginia or (indistinct) Hospital. When it comes back, they have to transport all these people to all these various 5 stations. The worst part, the people who are staying at Ventersburg if they were here, they would give a testimony that that ambulance when it comes to Phumolong, it will never go back to Ventersburg, which is painful. They have to find transport to go back to Ventersburg. On the 3rd of July 2015, 10 my mother went to the clinic. She's a diabetic. When she arrived at the clinic, they told her that there's no medication for her and that because she's a patient, she should not wait the people's commission should make a plan (indistinct) together with us as communities that at the clinics, like Phumolong, 15 people don't get medication and assistance that they require. Thank you very much.

Testimony 40

Name: Raphael Rabushedi

From: Qwaqwa

20 Greetings everyone. My name is Raphael Rabushedi. I live in Teki. I utilise the Tseki Clinic. We have a problem there. We have a problem with standing long queues at the clinic whilst waiting for us to be treated. We go there very early in the morning hoping to be helped. The place that we live there is a 25 very rural place and we walk through the dark places and we

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walk long distance to get there. Now the problem is as you realise that this problem in South Africa has become very rapid. There's this tendency of us patients who go to the clinics as fathers and mothers. Because of yearning to be helped, that's why we wake up very early in the morning. And we have encountered problems. Regarding rendering services, I hope the local king and we get many reports that mothers as they go to the clinic, they are being robbed and raped. Us as fathers, they take our wallets. Now the problem is how do we stop this thing that we have to wake up early in the morning? The clinic opens at 8, but because of the masses of people that go there, that's why we come in the early hours of the morning. And when we get to the clinic, you will find that there's a queue. You are assigned a queue to stand in and then there should be another queue. There are two specific lines, because there are two lines, the one for people who are there to get their ARV medication and there's another queue for normal patients, it often gets mixed up not knowing which queue to queue in. And by the time we reach the nurses, they tell you you are standing in the wrong queue, you're supposed to be in this queue. Now by the time you reach the nurse and they have informed you that you are in the wrong queue, they're supposed to close. And they will tell you we can't take any more patients. And one important thing is this clinic it accommodates other clinics on the side. Like people who are positive who are referred to this

clinic because those are the clinics that don't have ARVs. So that makes a bad impact on them. Now I don't fully agree with how the system runs. Another thing, just to be short, when you get to the clinic and ask where are the nurses, they will tell you that the nurses are at school. They will work (indistinct), they're at the workshops. So only one nurse will serve this huge nation. And when you enquire why doesn't the Minister of Health try and hire more nurses, they will say to you "go to the Minister and ask him why doesn't he employ more nurses to work in this clinic". Another thing is the equipment that is used. I'm one of the people who are in the clinic committee. When you get to the hospital you find that sometimes there is no water. How can a clinic not have a proper running water system? There should be tents there that can be built for the clinic to have water. You get there, there's no electricity. Isn't there an alternative that they can maybe put generators there. Such things they hurt me. Really I don't like these things. How can they say the clinic doesn't have water and electricity? Where would the patients get (indistinct). This hurts me, but I would just like to keep it this short. Thank you.

Testimony 41

Name: Edith Mathibela

From: Qwaqwa

Greetings. My name is ED Mathibela from Qwaqwa. I was almost sad that I can't give my testimony as I come from afar.

Because I have a pain inside my (indistinct). Let me say to you, I would like to thank the TAC. I also want to extend my gratitude to you for your patience because I have troubled you. Let me begin with my first problem. I live in Fiksburg. When I
5 discovered this pain inside of me, it was in 2003 when I found out about my status. And then I go to the hospital, I found that I am pregnant. When I go there, I then found that I was supposed to give birth (indistinct) when I'm supposed to give birth. I'll be sure because now I feel my pain is coming back.
10 So it happened that one time on a Thursday and then when I got to the hospital, the sister who assisted me, never helped me very well. I think I sat there until Friday up until 4 o'clock. At quarter past 4, I then requested a doctor to assist me with the operation. I've forgotten the doctor who helped me. And then
15 he told me that I'm a cry baby. I don't want to give birth. And then later on in the afternoon during 4 o'clock, there was this other doctor. I couldn't go to the toilet nor walk. They haven't trained me when I was supposed to go to the toilet. Then this doctor helped me, then he found that the heart of the child is
20 beating low. He then enquired who admitted me. He found out there is no one. At that time I couldn't speak. I had even changed colour. When I was told that I had to do the operation, I would just write stuff down because I couldn't speak. Then the doctor requested the sisters to just take care of me, he'll call
25 other doctors. Doctors were called, it was on a Friday. The

doctors were drunk. If I remember very well, when they treated me, I found out they had been drinking. That time the child was very sick. And after (indistinct) they showed me the child and they told me that the child is not crying. And then I accepted
5 that the child is not breathing, hopefully it will be for oxygen. And then within three hours after being taken for oxygen, he was the deceased. (indistinct) but I told them "please tell me the truth". That's why I feel I had to voice this out. Sometimes it gets too much. I don't know what they did wrong at that time as
10 to why did he leave me behind. I've tried consulting with other doctors asking for assistance, but to no avail. In 2005 I had a mild stroke. It was in my left side. And I gave a report to the sisters who were examining, tell them that I don't feel well. I think I'm about to have a astroke. They never told me
15 (indistinct). They thought I was lying. And it happened mild. My mouth has shifted, my eye was out. I never got help. It healed naturally. Now that happened I relocated from Free State to Qwa Qwa. So that meant I already had HIV, but I have not been on treatment. And then when I arrived at Qwa Qwa, I
20 procured my treatment for 2007. Whilst still being treated for HIV, it was transpired that I had TB, but that TB could not be found at that time. I was transferred to Elizabeth Ross. And when I got there, they drained water from my system. And they diagnosed me with TB. My stomach was as big as a pregnant
25 woman. When I was admitted at Elizabeth Ross, there was one

sister who said to me, she took out her name tag and said to me, I've been playing with boys even with boys around and now I come here and say I'm sick. I said "Sister I'm really sick". She didn't help me, but she just left me on the bed until she knocked
5 off from her day shift. I was helped by the doctor when he knocked in at 7 o'clock. Because I was so confused, I couldn't memorise their names. The doctor injected me and then drained the water. When the sister came back, she found me so skinny like I really looked like a person that's sick. That's when she
10 felt bad that she didn't help me. My response to her was if I was a person who has a bad heart, I would have caused problems for her. Now what I want to address is the matter of the clinic. As part of the clinic committee of recent, there are challenges that we encounter. Even around the environment at
15 large. As the clinic committee we're not being treated very well. We are often treated as paupers because whatever we say is not attended to nor given attention. I speak in my capacity as a secretary of the committee. And then we ask for help from Social Development, because I'm not working, I'm staying at
20 home, I'm HIV positive, she lives on a child grant. Whenever she needs help from Social Development to get the doctor's letter, and then after getting the letter, she doesn't get any help. We have problems. Doctors who are supposed to help us regarding social development letters, they don't help us. They
25 give us all the more problems because they tell us that we are

still qualified, that we can work. If now you can employ me to work for you, I can only work for two hours and then sit down because I can't carry heavy things. So what are these things about the children that we assist for them to stay in school? I
5 can't help my children because now I have a child who's recently doing matric and I don't know what am I going to do because I find myself struggling in life. Because when I want job even as a counsellor, asks me if I'm on the list. I once asked me if he would be satisfied to find a corpse of a person who is hungry.
10 I'm in pain. I would like to ask for your help. And also to extend my show of gratitude to a simple uplifting. You found me as a pauper and not knowing, not having any direction. Even though it doesn't bring me any financial income, but their motivation, I'm grateful for that.

15 **Testimony 42**

Name: Mape Sofi

From: Qwaqwa

I'd like to express my gratefulness for the opportunity that I've been given. My name is Mape Sofi from Qwaqwa. Last year I
20 encountered problems. My sister's child was raped. They cut parts of my body. And then I went to Teki police station and then from there (indistinct). I never got any help until when the corpse arrived. It was taken to Thando mortuary. And when we got there, the man who worked at the mortuary said to us the
25 pulse of the baby (indistinct) so he can't accept that. I'm sad

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that the police didn't come and I did not get any help. Even up to this day, I have not received any help. Thank you.

Testimony 43

Name: ?

5 **From:** ?

She was in Rustenburg at Moses Kotane Hospital. She was sick in December. She was just a minor. She did take her to five clinics around Rustenburg. When she got to (indistinct) Clinic, when she got to another clinic they said it's asthma. When she goes to another clinic, they said it's TB. In February 2013, she went from doctor to doctor and at that time her condition had worsened. On the 2nd of February she couldn't eat. Every time she ate, she would vomit the food. At night she took her to Moses Kotane Hospital because she saw she's now been weakly. And then during March on the 24th, she died. During the time she was going to check up on her she said "mom I want you to take me home. The nurses here are very rude. Now they have given me a pampers, but they have not changed it. My buttocks are burning. I have a burning sensation". She said "please bath me." When I bathed her, she was swollen. Then on that Thursday, she said "mom please bring my towel and bath me." But now her condition when I bathed was even worse. She said "when they give me medication, they give me medication without having eaten. From then when I ask where the food is, they shout at me. From then, there's an injection that they insert

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in my tube and then they would cuff me to the bed. When I say I want to pee, they shout at me. And then I look the other side. Then I took out the Pampers and sat down. And then they said I must wake up without being able to stand.” What hurts the most is she doesn’t know if the child was taken by the Lord or the death was caused by the nurses. Because when her daughter spoke to her she said all these things that the nurses are doing in their presence. This hurts her a lot. Even when she’s at home she cries. She’s not sure if she should go into detail about the last born as well. The last born was pregnant in 2010. On the 26th of April she had severe pains from 3 o’clock at night. They called for ambulances, they never pitched up. She’s been calling the ambulance from that time until during the day and they told her to go. The ambulance came at around 4 o’clock when her boyfriend called. By the grace of the Lord, the unborn baby was alive. When she had two days coming out of the hospital, she had stomach cramps. She was just rolling on the bed asking why doesn’t the Lord take her because she’s suffering. Mom called an ambulance around 4 o’clock. They put her on hold. The person, the operator would just ask questions, so it would be just a repetitive process of questions by the operators. And then at 5 in the morning they called to say (indistinct). Half past 5 they called to tell her that she must go to the clinic. When she went to the clinic, her daughter didn’t receive help. She then took her to the doctor, but by the grace

of the Lord, she is still alive. She's the one who is working, she's the breadwinner because she doesn't have a husband or anyone else.

Testimony 44

5 **Name:** ?

From: ?

In 2010 I was helping one family who are very poor. I was called by the family who told me that she was dying in hospital. And then when I got to the hospital, they told me that they have
10 already transported her to a government mortuary. And then I asked what was the cause of death. They said she had an abortion. They accepted she had done an abortion. I'm very glad after that, six months later the detectives arrived. And they said the lady was not supposed to have died and the hospital
15 has opened a case. The doctor that was examining her is the one who actually killed her. We went for the case and when we got there the doctor as we hear from the nurses, the nurses have thirty five years experience working in the hospital. The nurses told the doctor that her condition was not bad, but she just
20 needed blood. And the doctor said no, I can't give you the blood now, I'll give her tomorrow morning, but the nurses insisted that if you give her tomorrow, we're afraid she'll die. But then the following morning, she died. Even from now the case is still ongoing. The case was set in court on the 6th of February and
25 it's going to sit again in November, but she feels any time she

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goes to court, the pain comes back.

Testimony 45

Name: Melanie* (this name has been changed at the request of the individual in order to protect their identity)

5 From: Free State

Hi. The reason I'm here today is because I'm a rape survivor. It's been two years now. Sorry I'm a bit nervous. So after the police found me, there was a couple of things that went wrong. On the scene where they found me there was no ambulance. 10 And there's quite, it kind of made me made because I could have been like really injured. And the one police guy also told my dad he's not allowed to take me to the hospital or he himself will get locked up because I'm walking evidence. I stood there over an hour waiting for an ambulance, waiting for someone, the 15 investigating officer. And the investigating officer he arrived there after an hour. And he told me that now I'm allowed to go to the rape centre and he will go and fetch the rape kit and he will be there asap. Okay. So I arrived at the rape centre not able to walk and there were no wheelchairs. So one of my 20 friends had to carry me wherever I needed to go. So that's where everything went wrong. I shall begin then. The investigating officer only arrived quarter past 9. I was at the hospital quarter past 5. So there's a three hour gap. So after he arrived I was quite fragile and I needed the toilet really bad. 25 And not having experience or knowing someone who had been

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through a rape, I didn't know what to do so I went to, I asked them and I lied to use the toilet and they said yes. They didn't give me anything special to wipe with or to keep the evidence. And that's just some of the reasons why my rapists are still out
5 on the streets doing it to other women, girls and men. So after they tested me, you know, what my current HIV status was, they sent me to the room where I have to wait for the rape kit. So there I sat covered in blood, dirty clothes, dirty face, friends and family around me and no one assisted me at first because they
10 said there was nothing they could do until the rape kit got there. So when the rape kit eventually got there, they told me the sister that was going to do the rape kit does not, she isn't qualified or she isn't trained to do the rape kit on me. But she has to do it because there's no one else on duty who can do it. And from
15 there on, I had secondary trauma. She did the rape kit with me, (indistinct), but I'm more damaged internally because of the way she handled some of the swaps or whatever you call it. And worst of all, just to tell you how that secondary trauma happened, three days after the rape kit was done, while I was
20 walking with another survivor of rape, the same men raped her, I was walking with her and I had to go to the bathroom again and this piece of the sister's glove came out of me. I then went back there and I told them guys this is not acceptable. These young girls, young boys, men, women, come in here that's not
25 as strong as I am. This is not acceptable. This can't happen

ever again. So they investigated the case at the rape centre and they told me everything was done according to the books. So I sat there and sat there until the next person came to me and I had to go with that man into a small room to tell this man
5 my story. That was very uncomfortable for me because my rapists were men and he told me I had to go back so that they can collect more evidence. So they were (indistinct) my clothes that I was wearing and I feel a lot of the semen could have been washed because they took my underwear. I had to tell the lady,
10 listen you have to take my clothes. I took my own clothes and I sealed it in a brown paper bag and I gave my clothes to her. I also had to fight so that they can take the stuff from under my nails. And also had to ask them to take the blood from my hair and from my face because I know some of the blood weren't
15 mine. After a fight, and not getting anywhere, a family friend of ours decided to call the newspaper so maybe they can scare them to take all the evidence. So they were very upset with me, the people that were there. So they had to take the rest of the evidence they were not too nice to me. And they even
20 threatened to throw my family and friends out. Also my investigating officer went to the scene where I showed him and he wanted to pick my underwear up with his hands. My dad was with me then and the officer had a plastic bag in his car. So I decided to pick up my own underwear because it's personal and
25 it's private and I'm a girl, so I went to pick up my own underwear

with a plastic bag. There were also other evidence lying around which he never took. He said before I picked up the underwear he said we must first wait for the team to take the photos. So they (indistinct) on the crime scene, the first crime scene and it was getting dark and he didn't, no one came. So I picked up my underwear and I put it in a plastic bag and I put it in the cabby hole of his car. And guys this is just some ways I feel the system has failed me because those guys are still out there, those guys are doing it to other people. One of the guys told me in that direction you live, and I feel if they did everything right at the rape centre, and if the investigating officer that time did things the way he was supposed to, my rapists would be behind bars now. Thank you guys.

Testimony 46

15 **Name: Anele Yawa**

From: Treatment Action Campaign

Good day everybody. I'm still Anele Yawa, the General Secretary of Treatment Action Campaign. Initially the person who was supposed to be sitting here is the TAC Provincial Chairperson, Comrade Oupanyana. But simply because he's one of those who were arrested who are appearing in court, he cannot make it. However as the General Secretary of TAC and the Chief Accounting Officer of this organisation, I felt that it is proper for me to stand here on behalf of the TAC provincial leadership. In Free State, TAC is having twenty one branches.

Through our branches we are able to monitor the public healthcare facilities throughout the province. 99.9% of TAC members are users of the public healthcare system and they form part of those people whose rights are violated due to the failures of the public healthcare system in the province. Since 2008, TAC has been working in the Free State, more especially around the public healthcare system which is falling apart. Our calls to the authorities around the health system which was falling apart fell into deaf ears. Hence, as TAC we felt that it is important for us to facilitate a process of making sure that there is this Commission. With the support of other partner organisations, we managed to raise some funds so that this Commission can be able to take place in the past two days from yesterday until today. However, as TAC, we are aware of the fact that it is very much important for this Commission to be independent and they have to make their own assessment on the public healthcare systems based on the testimonies which were given by many people who were sitting in the chair where I'm seated now. The report which they are going to combine, it doesn't belong to TAC, it belongs to the people whose rights were violated by those in authority, because finally all what we want is a truth to be told and justice to be served. As TAC we strongly believe that the public healthcare systems in Free State are falling apart and the constitutional rights of the majority of the poor, black and marginalised people are violated. And one

wonders why did the likes of Steven Biko, Molly Blackburn and others died for. Molly Blackburn, Rifisi Mcenge and others. All what they fought for and they died for, it is for our dignity, more especially as black people. Often our members and the majority
5 of the public healthcare users in the Free State when they go to health facilities in clinics and hospitals, they are told that there are no medicines. There are no nurses and doctors. And at times, when people are calling for an ambulance to come and pick up someone who is ill, it's either an ambulance takes more
10 than four hours or it doesn't come at all. According to Section 27 of the Constitution, this is a gross violation of human rights. And one wonders how can you allow such to happen under a government of the people. When we fought against apartheid, we didn't fight against apartheid because the person who was
15 on the driving seat was a white man. We only fought against apartheid because it was a crime against humanity. The majority, in South Africa firstly there is a majority of people who are unemployed, which makes it difficult for the majority of the poor black communities to be able to meet the ends. And as a
20 result of that, when these people who are poor and marginalised, when they go to health facilities they are told that there is a shortage of medicines and they have to go and buy the medicines for themselves or they are referred to other health facilities, they have to take public transport using money out of
25 their own pockets and it means if you don't have money you

won't get to the other health facility and you won't get help that you want. This is the gross violation of human rights and this is not what we fought for. This situation also is frustrating the public healthcare providers because at times, nurses and

5 doctors they don't have masks and surgical gloves, including other medical supplies. And as a result of that, these nurses and doctors they end up failing the people, not simply because of their own wish, but simply because of the system which is falling apart. Simply because we all know that within the

10 National Department of Health there is a crisis of a shortage of resources. Most of the public healthcare users, more especially people living with HIV and AIDS and tuberculosis, they are depending on the services of the community healthcare workers. It is these community healthcare workers who are doing door to

15 door following up on patients who are defaulting on treatment. Their lives are at risk as well because they don't have surgical gloves, they don't have masks, as a result of that, the same community healthcare workers they end up being infected by tuberculosis and HIV. When they are infected, ill and dying, no

20 one is coming to their rescue from the department. The same Free State Department of Health is the one that has dismissed the Free State, more than three thousand community healthcare workers. As a result of that, it is our members and our communities who are paying the price for chronic understaffing.

25 Many public healthcare facilities in Free State are not properly

maintained. In some hospitals like Pelonomi Hospital, you will find out that the elevators are not working. As a result of that, it becomes the responsibility of the public healthcare providers to carry someone who is ill up the stairs to the next level. This is not fair. Some facilities like Dr JB Moroka TB Hospital, they are not clean as a result of that instead of people being cured, they are infected because the facility is dirty. There is no food, it is cold, there are no blankets and pyjamas for the TB patients. We must understand that the majority of the black, poor and marginalised communities they are scared to speak out and speak to power because they fear for victimisation by those in authority. Early this year a group of doctors felt that they can't take it anymore. Hence, they wrote a public letter anonymously, whereby they were telling a story on how is the system falling apart and failing the people. As TAC we were concerned because whatever that they were saying is something that was not new to us, it is something that we were aware of. And the only answer we got from those in authority was to deny all these facts which were stated by the doctors. I want to state it clear here that TAC is not a political party, TAC is not aligned to any political party and we are not part of a political gain. All what we are advocating for is improved health services for our people, the majority of the black, poor, marginalised and semi-illiterate. And those in authority whenever we raise these issues, they say that TAC is a mouthpiece of certain political

parties which is blue lies. I want to stress it here that Dr Benny Malakoane, as much as he is a professional healthcare worker, but he is unfit and he must be removed immediately. As TAC in August, as TAC 28 August 2014, we met with the leadership of the ANC at Luthuli House. We met with Tata Gwede Mantashe, Jessie Dwarto (?), Zizi Kodwa, Minister Aaron Motsoaledi. Amongst other things, we informed them about the state of the public healthcare system in Free State. And up until now we are still waiting for their response because we strongly feel that it becomes the responsibility of the politicians because the majority of the poor, marginalised communities are the voters of the ruling party. And it becomes the responsibility of the ruling party to instruct Premier Ace Magashule to remove Benny Malakoane because the only one who has got powers to remove MEC Benny Malakoane is the Premier. I am sure you are aware of the case that we have opened against Benny Malakoane as TAC last year September where MEC Benny Malakoane used his powers to influence some of the medical doctors in one of the hospitals to make sure that they avail a bed in the ICU so that one of the ANC comrades can be put in that ICU bed and one of the poor people can be removed so that his friend can be attended to. As the result of that, the one who was removed from that ICU bed, died. This is political and it needs political intervention. In South Africa we've got a constitution. Within the constitution there is a Bill of Rights and within the

constitution there is Section 27 which guarantees our rights as to say that we've got a right to access quality healthcare services. And in the event that these rights are not met, it becomes the responsibility of the government to use all the available resources to make sure that these rights are met. Without wasting time, all what we are asking for is for a justice to be served so that the poor, marginalised, semi-iliterate, illiterate African people can be attended to so that they can be able to access good quality healthcare services. And one of the reasons that the politicians do not care about the majority of the people is simply because they access medical services in private hospitals. And the other thing that these authorities forget is that the power lies with the people. The time has come for the people to reclaim back that power. We have done that during the time of Thabo Mbeki, the time of Manto Tshabalala-Msimang, when they said that HIV doesn't cause AIDS. We managed to reclaim back the power. As a result of that, in South Africa we've got more than three million people who are on ARVs. If this matter is not addressed by those in authority, we would be left with no choice, but to go back to civil disobedience, to occupy all the private hospitals because that's where good health services are, that's where medicines are and if we go there, they will realise that people are angry. But now we are not yet at that stage. We want to sit around the table and address this matter both as government, civil society,

community and all people of South Africa. That's why we are going to meet with the MEC on the 13th. And if our call again falls into deaf ears, we will be left with no choice, but to lead that revolution of making sure that we occupy each and every State hospital, private hospital. If it means that all of us as poor people must be arrested, let it be, but at the end freedom or death, victory is certain. I thank you.

Testimony 47

Name: Goitseone Manthata

10 **From: Stop Stockouts Project**

My name is Goitseone. What we do is we work with public hospitals to ensure that there's no stockouts. We work in two different ways. Firstly we receive a call from our hotlines. The people can be able to call our hotline and the people can actually call our patients and community healthcare workers. When I get a call, what I do is call that specific healthcare facility to enquire if they have run out of that particular medicine. It happens sometimes that because the numbers are not functional, I can't reach some healthcare facilities. When it gets to that point, that stockout, I report it. When I report I start from the district pharmacy and the manager and construe to them that this medication and treatment is not in the clinic. I don't say the name of the person who called. We give them two days to respond. If they don't respond by email when I phone them at the office and hear that the medication is not there, I report it to

the provincial. The provincial level is the deputy manager, head of pharmaceutical services and provincial medicine monitor. If they don't respond, I take it to National Department of Health. After this whole process, I make sure the facility is aware of the next step that I'm going to take. Every year, towards the end of the year we conduct a survey. During that time they want to ascertain how many stockouts were there during that particular year. In 2014 when they conducted the survey, they found that 97% of the hospitals and clinics that they know exist around the Free State, they experienced stockouts. 97% of the facilities in the Free State. 63% of the facilities responded to the Stop Stockouts line. From 2013 to 2014, 87% of the facilities responded to the call. But in 2014 only 63% responded. We also saw that healthcare workers are not free to give the information that we need. In 2014, 28% of facilities in the Free State reported at least one ARV/TB stockout in the three months prior to contact. Due to the drop in participation rate, the result of stockouts in Free State may underrepresent the situation as those facing stockouts may not be able to report. Seven districts were severely affected by ARV and TB stockouts with over 40% of facilities reporting ARV stockouts. Two of these districts are in the Free State, (indistinct), Fezile Dabe. Of cases of ARV and TB stockouts reported in the 2014 survey, lasted more than three months. We at Stop Stockouts, our plea is that this is looked into because stockouts affect people who

are most poor, even those who don't have money or can't afford to attend to private healthcare systems and facilities. As mentioned by Dr Pillay this morning and Anele, we also see that stockouts affect how healthcare workers can assist patients, making patients lose hope in the healthcare system. Thank you.

Testimony 48

Name: Carrent Matheatau

From: United Front, Free State

Thank you very much. My name is Carrent Matheatau. I'm the provincial chairperson of the United Front in the Free State. And the following message is carried through to the Commission. The United Front fully supports the people's Commission of Inquiry in the Free State's health system. The recent reports of failures in the delivery of health services in the Free State cannot and should not be seen in isolation of the neo-liberal policies that government has pursued since 1994. For example Chair, the 2015 national and provincial budgets have heralded a consolidation of such policies with the Minister Nene indicating that the provincial budgets will be reduced in real terms with the provincial health allocations being cut by nearly half a billion this year and to over a billion rand in 2016/2017 financial year. The trickle down effect of the national budgetary policies is clearly seen in the Free State MEC for Health, Benny Malakoane for 2015/2016 health budget speech where he said "you may heard or read that our economy is in dire straits.

There is no new money. We have to commence applying austerity measures, bring about efficiencies and cost effectiveness in our operations against the rising demands and expectations". It is clear that in the MEC's own words, the Free State is not in a position over the next three years to deliver quality services to those living and working in the Province. The United Front therefore is not convinced that the Free State equitable share being reduced by just above 148 million in 2015/16 and just over R223 million in 2016/2017 financial year will not impact negatively on the delivery of health services in the Province. Furthermore, Chair, the United Front inadequate financing also provides a fertile ground for maladministration and corruption to flourish due to weakened checks and balances within government to monitor the performance of service providers in the Province. The United Front strongly holds national and provincial government accountable for the current crisis in the health system in the Free State. It is unacceptable that twenty one years into our democracy the Province faces more stockouts of essential medicines and supplies than any other province. It lacks the basics such as surgical gloves, water, blankets and service provision taking place in dilapidated health facilities. This due to lack of maintenance. We firmly believe that this disintegration has primarily been driven by the failure of the post-1994 political and economic dispensation in protecting the rights of those accessing health services. The

United Front stands in full solidarity with TAC's demands that the time of denial is over and that the MEC for Health and the National Minister of Health acknowledges the daily reports of patients facing inadequate, often undignified and inhumane, and sometimes altogether suspended services. As the United Front, we call on all activists and other organisations to join the TAC in support of the establishment of an independent public inquiry to investigate and expose the true situation in the Free State. Such an inquiry will give voice to those affected by the poor health service including health care providers, and to demand that government listen and respond to the solutions provided by communities to reverse the collapse of the healthcare system of which mostly poor people depend and rely on. Furthermore Chair, we want to make the following submissions that the Commission knows that there is no hot water in Pelonomi Hospital for the last three years. Water improvising with their own ends (indistinct). Unfortunately this water gets recycled between staff members. There are no medical apparatus, doctors sometimes buy their own apparatus and currently the CEO of the hospital manages Univertas Hospital as well and that's where he spends most of the time, neglecting the most challenged hospital that takes care of many of our poor people. There are potholes all over the place inside and outside the hospital. Currently the hospital is short staffed and workers are not lasting in that hospital. Chair, we've heard over the last two

days the crisis created by the ambulances of Buthelezi. The question we are raising to the Commission is how much does it take for a Buthelezi ambulance to shuttle patients between Pelonomi and National Hospital. It is alleged that this service is costing the State R10 000 a single trip. That is wasteful expenditure in our view. Money that should have been put to good use to save lives. No employment is currently happening in hospitals. The Department simply can't hire people and this is all because of corruption that is currently underway. Appointments that are made in the hospitals are not consistent with what is required by our own people. Chair, you have a senior PAC member of the ANC appointed as the director for hospitals in the Free State, but who never gets time to do her work and to deliver services to our people because this person is caught up in political activities. In the meantime, lives are lost. Chair, in conclusion, we've seen houses of these MECs renovated with millions and we should then request a commission to assist and to re-direct the money towards the services that people should get at our hospitals. Thank you very much.

END OF TESTIMONIES