

## Dr Sibongiseni Dhlomo, Chairperson of National Assembly's Health Committee – Citizen 26 November 2019

Former MEC for health in KwaZulu-Natal Dr Sibongiseni Dhlomo is chairperson of the National Assembly's Health Committee and will play a pivotal role in deliberations over the National Health Insurance (NHI) Bill. The question is – will it be about serving the people or toeing the party-line?

After 10 years at the helm of KwaZulu-Natal's health department, Dr Sibongiseni Dhlomo is now an African National Congress (ANC) member of Parliament, and chairperson of the National Assembly's Portfolio Committee on Health. Presently, the committee is considering the new National Health Insurance (NHI) Bill, with written public submissions closing at the end of November.

"People are saying that it is fine for our domestic workers to have second-rate medical care," says Dhlomo, speaking from his office at the Old Assembly building in the parliamentary precinct in Cape Town. "But this is not right. The bill makes provision for everyone to have equal access to healthcare. It can't be that I have better healthcare because I have a deeper pocket than you."

The 59-year-old Struggle veteran's bearing is regal, his voice soft. On the collar of his tweed jacket an HIV-ribbon brooch catches the light.

When we arrive for the interview, Dhlomo has two copies of his memoir *My Journey To Robben Island – Ward Rounds* waiting on his desk. He signs them with a smile. Among others, the book is dedicated to his wife, Nono MaDlamini, his three children, Sinethemba, Sikhumbuzo and Siphephelo, and the ANC.

### **Godly calling**

In the memoir, Dhlomo describes health service as a Godly calling. "If we love God, we should love His people and treat them as if we are treating God himself," he writes. "It is my wish that all health professionals must offer services to mankind in a way that is Godly." However, despite Dhlomo's professed intentions, critics have alleged that KwaZulu-Natal's health services all but "collapsed" under his leadership. Health sector union bosses and opposition political parties, the Inkatha Freedom Party (IFP) and the Democratic Alliance (DA), welcomed his departure from the province's top health job.

In May last year, Dhlomo, then MEC for health, appeared before the South African Human Rights Commission (SAHRC) in relation to the province's oncology crisis which saw cancer patients wait up to a year for treatment at public hospitals. In addition, irregularities around tenders for maintaining radiation equipment worth millions of rand had surfaced. In a SAHRC recording published online, Dhlomo said: "The cancer machine procurement irregularities started in 2008. This predates my time as MEC of health. Not for long, but I did not come to understand what was happening. When I came in as MEC – in May 2009 – this was not really obvious."

Seated in his office at Parliament, Dhlomo notes pressures that compounded patient waiting times, particularly at Durban's Addington and Inkosi Albert Luthuli Central hospitals. "It is the number of patients in the province, there are a lot of people. We also served patients from parts of the Eastern Cape, and from Mozambique and Swaziland."

He adds that private patients running out of medical aid funds placed an additional burden on public capacity.

“With medical aid, people run out of funds in June, so they get kicked out of private hospitals,” he says. “Then they demand to be treated at public hospitals, immediately. This placed a further strain on the public sector; we did not want to chase them away, so the waiting lists get longer.”

He notes that he is proud of HIV/AIDS outcomes in KwaZulu-Natal, saying that more than 1.3 million people in the province are on antiretroviral drugs.

### **Complete faith**

Another controversy during Dhlomo’s tenure as MEC was the department’s use of the Tara KLamp, a plastic circumcision device rolled out across KwaZulu-Natal despite misgivings from medical researchers. In 2010, the Treatment Action Campaign (TAC) described the device as expensive and dangerous, following a trial published in the *South African Medical Journal* the previous year. The TAC pointed out that the device had not received World Health Organisation approval, and that tens of thousands of these devices were procured without a tender from businessman Ibrahim Yusuf, who, according to the *Sunday Times*, gifted Zulu King Goodwill Zwelithini a car worth R1-million.

But Dhlomo insists that he had – and still has – complete faith in the Tara KLamp. So much so that he circumcised his own son, Sikhumbuzo, using the device.

“That noise [around the Tara KLamp] has died down,” he says. “As far as I know, it was still in use in KwaZulu-Natal and some other places when I left [as MEC]. It is just far more efficient. As a general practitioner, I could do two circumcisions with the clamp in the time it took to do one circumcision with forceps. I mean, I circumcised my own son using it, also a son of King Goodwill Zwelithini. This is how much faith I have in it.”

### **Put faith in your leaders**

How can South Africa fight the scourge of corruption associated with procurement processes? Crossing his hands, Dhlomo is thoughtful.

“What we need is the right, credible leaders put into place,” he says. “Many of these problems occur all over the country, not just in KwaZulu-Natal. When you issue instructions to the heads of departments, you always hope that it is filtering down.”

On the topic of his son, Dhlomo reaches for his book. He pages to a photograph of Sikhumbuzo in a white coat, stethoscope slung around his neck. Following in his father’s footsteps, Sikhumbuzo is studying to become a doctor in Cuba, courtesy of the Nelson Mandela Fidel Castro Medical Collaboration Programme. Dhlomo is quick to remark that his son’s education is not at taxpayers’ expense.

“He did not block any South African child,” says Dhlomo. “As a family, we are paying a hundred percent for his tuition in Cuba.”

With his new job in Cape Town, Dhlomo tries to visit home in Durban over weekends whenever possible. It’s been tough though, with health portfolio committee members working over weekends to attend public hearings on the NHI Bill around the country. Dhlomo hopes to wrap up the public hearings in the Western Cape in February.

Responding to concerns that a centralised NHI fund might be open to corruption, similar to that which has crippled state-owned enterprises such as South African Airways, Eskom, Prasa and the SABC, Dhlomo reiterates that credible leaders need to be put into place.

And do we have credible leaders in place?

“South Africans should put faith in their leaders,” says Dhlomo. “There are those succumbing to doom and gloom. We have challenges, but they are not insurmountable.”

In his office, Dhlomo likes to sip tea with honey and lemon. He is a keen runner and points out a KwaZulu-Natal Department of Health booklet released earlier this year, showing him

on the cover in a vest and sweatband with the words: “I do it... What about you? Exercise regularly.”

### **Becoming a doctor**

Born in Umbumbulu – south of Durban – on 10 December 1959, becoming a doctor had been one of Dhlomo’s earliest ambitions.

“My father, Anthony, went up to standard three, he was a bus driver, later a truck driver,” he says. “My mother Paulina was a domestic worker. She went up to standard six. In fact, she came to the area – Umbumbulu – as a domestic worker in the Dhlomo home. So my father, who had lost a wife then, found another wife in my mother. So that’s how it happened,” he explains.

“I don’t know why, but I never had any desire to become anything other than a doctor. Probably because of the environment I grew up in. All in all we were 19 siblings in my house. My father had 10 children with his first wife, who died when she was giving birth to their baby number 10. Then he married my mother, and I’m the first born in their family of nine.”

### **Loss**

“In 1970, we lost my dear little sister, Nompumelelo. We woke up and saw that she wasn’t waking up. We realised she was severely dehydrated. There was no clinic at Umbumbulu. So we had to drive all the way to King Edward VII Hospital [in Durban] – we had to take a bus, then a taxi, then a train. By the time she arrived at King Edward VII, they certified her dead. “So I just said, look, if we had been in an environment with health facilities, my sister probably would not have died. And many other children also should not be dying, because of their limited access to health services. So that is where I thought I need to make a contribution. Of course, I won’t bring back my sister, but at least I’ll become a doctor to help others.”

Dhlomo attended Dlangezwa High School on an Illovo Sugar Mill bursary, where he made spare cash ironing clothes for fellow pupils. His ironing skills afforded him bread and polony, and transport money to visit his parents back home in Umbumbulu, 200km away. At Dlangezwa High School he met his wife, Nono, who would go on to study to be a nurse. Meanwhile, Dhlomo enrolled for a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree at the former University of Natal’s “Black Section”.

“So, as students, we were grateful to our teachers, and to the patients,” he says. “But we were not grateful about other things that happened. I mean, our university was situated in a white area. So, we were allowed to study medicine, but we were not allowed to stay in the residence there. We stayed in another residence in a place called Wentworth, a coloured community. We had to travel to campus daily, about a 35 to 40-minute commute. Initially, we paid for this ourselves. But we fought the university, and eventually they gave us free transport.” At the time, Dhlomo and several of his peers boycotted their graduation.

### **Club of comrades**

“So, we boycotted graduation. By us, I mean a group who included the current health minister, Dr Zweli Mkhize. He was four classes ahead of me. Then there was Dr Aaron Motsoaledi, former minister of health, now minister of home affairs, he was three classes ahead of me. We were a big club together. Also current deputy minister of health Dr Mathume Phaahla, who was three classes ahead of me.”

While studying, Dhlomo also operated as a member of uMkhonto weSizwe’s “Butterfly Unit”. Soon after completing his medical degree – on Christmas day 1985 – he was arrested. On Robben Island, he was one of two inmates qualified as doctors. But prison warders refused them access to their medical books. During his incarceration, Dhlomo completed a BA degree through Unisa, majoring in psychology and sociology, before being released on 21 March 1991.

He would go on to obtain an MA in Public Health from the Medical University of South Africa (Medunsa); and later six tertiary diplomas including in palliative care, forensic pathology, HIV management, and tropical medicine and hygiene.

In 1996, Dhlomo was elected as mayor of Newcastle in the Drakensberg foothills, while also working as a general practitioner at the town's Madadeni Medical Centre.

"We had done well as the ANC in Newcastle," Dhlomo writes in his memoir. "And therefore we did not have a problem with securing the mayoral position... We had to agree with Dr [Musa] Ngubane that even though being a mayor was not a full-time responsibility, I would have to structure my days and weeks such that the medical practice was only minimally disrupted. I would do mayoral work until 10am every day and return to mayoral work around 4pm. It was therefore fair to reduce my salary from Madadeni Medical Centre."

### **The majority will win**

In 2009, Dhlomo became MEC for Health in KwaZulu-Natal under Mkhize, then in the premier's seat.

"Before I could start my duties as the KZN MEC for Health, Cde Zweli [Mkhize] as the premier spent two hours with me, just sharing his vision and plans for the [provincial] government and also his expectations from the [provincial] health department," Dhlomo writes.

Given his long-standing relationship with now health minister Mkhize – a powerful figure in upper ANC echelons – will Dhlomo, in his new position as chair of the Portfolio Committee on Health, be able to hold the Department of Health to account, or will he toe the (ANC) party line?

In other words, can South Africans count on him to oversee a democratic NHI Bill process? Dhlomo smiles. "On the process of the Bill and serving the people of South Africa – of course it will be democratic. It will be a case of the people speaking, and the majority of voices will win." **MC**