

## **Healthcare Blockades and the Public Interest**

By Karibu Staff

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Over the past two months, a newly emerged movement known as March and March, led by Jacinta Ngobese-Zuma, has intensified its campaign to block migrants from accessing public healthcare facilities across South Africa. This movement joins a growing wave of rightwing, anti-migrant activism that includes organisations like Operation Dudula, and is supported by certain political actors and affiliates from parties such as the Patriotic Alliance and ActionSA. These formations have increasingly taken to the entrances of hospitals and clinics, acting as de facto gatekeepers and directly confronting migrants seeking medical care.

In recent weeks, clashes at facilities like Rosettenville Clinic, Hillbrow Clinic in Johannesburg, Addington Hospital, Gateway Clinic in Durban, and various other sites across Region F of the Johannesburg Metro have intensified. These confrontations have resulted in not only verbal and public disturbances but also, in at least one documented case, physical fights between vigilante groups and the South African Police Service (SAPS). These ongoing disturbances threaten to weaken already strained health services and pose serious risks to public health and constitutional governance.

Supporters of March and March and Operation Dudula claim they are “implementing the law of the land,” arguing that undocumented migrants are not entitled to access taxpayer-funded healthcare. They cite chronic shortages of medical supplies, understaffed facilities, and overcrowding as justifications for their actions. In doing so, they are framing the state of the healthcare system as evidence that resources are being overwhelmed.

However, these arguments, while symptomatic of broader governance failures, misdirect the blame onto a vulnerable population rather than addressing systemic underinvestment and mismanagement.

Importantly, these groups have also started challenging the legal basis of health rights in South Africa. Ngobese-Zuma, in a series of social media videos, argues that Section 27(1) of the Constitution, which supports the National Health Act 61 of 2003, applies only to South African citizens. She claims that the section should be interpreted considering the country’s apartheid history and limited resources. However, this view is widely contradicted by constitutional experts, legal scholars, and the South African Human Rights Commission (SAHRC).

The section clearly states that “everyone has the right to access healthcare services,” without any qualification based on citizenship or documentation.

This broad framing is not accidental. It reflects South Africa’s post-apartheid commitment to universal human rights and public health. The National Health Act obligates healthcare providers to serve all people within the Republic’s borders—

citizens and migrants alike. Yet, tension arises when this legal provision is placed alongside the Immigration Act 13 of 2002, which mandates the regulation of migration and allows for documentation checks in certain state services.

This apparent legal dissonance creates confusion at the frontline of service delivery, particularly in clinics and hospitals where overburdened staff are forced to navigate ethical responsibilities, legal obligations, and increasing political pressure. The ambiguity has left space for extrajudicial enforcement by groups like March and March, and has raised concerns about the state's limited intervention.

The March and March leader, Ngobese-Zuma, was reportedly dismissed from Vuma FM radio station, due to her activities against migrants. Although Vuma FM, through media reports, said that Ngobese was not dismissed but that her contract was not renewed, speculation has continued to link her anti-migrant activities with the decision to separate, by the Zulu language station. Police have also begun to intensify efforts against the blockades with the arrest of Operation Dudula members in Soweto today.

Beyond the legalities, the health argument is clear: restricting access to healthcare based on nationality or documentation is a public health hazard. South Africa's experience with the HIV/AIDS epidemic, during which an estimated 30,000 people died due to the state's delay in providing antiretroviral therapy, is a tragic lesson in the cost of exclusionary health policy. The country cannot afford to repeat that mistake.

Moreover, in a country where intermarriage and partnerships between citizens and migrants are common, denying healthcare to one portion of the population directly affects the other. Diseases do not observe immigration status. Excluding migrants from public healthcare increases the likelihood of disease outbreaks, which ultimately endangers everyone.

The same logic applies to the children of migrants. If they are left unvaccinated due to fear or denial of access, they could become the unintentional origin point of preventable disease outbreaks, jeopardising school populations and community health.

South Africa's Constitution, while progressive, depends on consistent implementation. The government must urgently clarify and harmonise health and immigration policy to ensure that the rights enshrined in law are not trampled by unlawful vigilante action or populist sentiment.

Above all, it must invest more substantially in healthcare infrastructure—expanding bed capacity, increasing staff, and rebuilding public trust in a system meant to serve all who live within Mzansi.

In the end, it is not only a matter of law or ethics, it is one of enlightened self-interest. The health of any one group cannot be protected in isolation. A healthy South Africa requires universal access, not exclusion.

*This article is an opinion piece submitted on 13 August 2025. The views expressed by the author do not necessarily reflect those of Karibu! Online or Khanya College. You may republish this article, so long as you credit the authors and Karibu! Online ([www.Karibu.org.za](http://www.Karibu.org.za)), and do not change the text. Please include a link back to the original article.*