What makes something tragic? This predominantly philosophical question has spawned a variety of answers stretching back two millennia and concerning broad topics such as the role of tragedy in art, politics, and ethics. But the word has a more straightforward, ordinary usage, and in the past year it has repeatedly been invoked to describe the overwhelming extent of death produced by COVID-19 and its effects. People are not only perishing due to the virus itself, but from the accumulation of distress that comes with the pandemic’s hardships, both economic and psychological. For lack of a better word, many think of the ongoing state of affairs as being, in some deep sense, tragic.

The past few weeks have seen a particularly devastating chapter. A day after the world learned that American rapper DMX was no more, South Africans learned that Johannesburg-based medical doctor Sindisiwe van Zyl had also passed. Trained as an HIV clinician and affectionately known as “Dr. Sindi” or “The People’s Doctor,” she rose to popularity for using her social media platform to answer people’s medical questions. Not only did she spread information via radio appearances and public writing, she also often extended her services to those in need of them free of charge.

Dr. Sindi was diagnosed with COVID-19 at the start of the year and was later hospitalized after developing chronic breathing problems. In the week leading up to her passing, her husband, Marinus van Zyl, launched a crowdfunding initiative to raise funds to cover her steep medical bill, which by that point was in excess of about R2 million (US$136,000). South Africans were more than
willing to chip in, and a week later, half of the targeted amount was raised. The campaign was rendered futile shortly thereafter, when she died at age 45.

This turn of events makes Dr. Sindi’s story a classically tragic one. Tragedy is usually thought of as apolitical, involving a virtuous individual who comes up against unforeseen or unstoppable forces that cause them deep, usually irrevocable harm, despite their best intentions and efforts to avoid it. Her story resonates as all the more outrageous considering the fact that she was a medical doctor who not only fell deeply ill, but in the process was unable to fully afford the medical care required to get better. She was presumably financially secure and a sign of black “excellence.”

However, one tricky fact about Dr. Sindi’s case is that she was treated in a private hospital. In South Africa, most social services are bifurcated: alongside free, state-run clinics and hospitals available to all free of charge, there are for-profit hospitals and clinics that charge payment for care, upfront or through medical aid schemes. At the time of the crowdfunding campaign’s launch, earnest questions circulated on social media about what would have happened had a person of less clout been in her predicament, and about what happens to the majority who aren’t able to access private health care in the first place.

There is a common underlying assumption to these questions, which reveals what South Africans think about health care: that private health care is better. It is thought that, even when a person cannot afford treatment in a private hospital, in an ideal world the opportunity to do so would be available to them—in other words, that universal access to private health care is a position to strive toward. An obvious reason for why South Africans think this way is made apparent by looking at the state of public hospitals.

Most are mismanaged, their resources misappropriated for corrupt ends, with stories regularly surfacing about horrific malpractice. One ghastly story in recent history was when 143 people died from starvation and neglect in state-run psychiatric facilities. This scandal was only called “Life Esidimeni” because that was the name of the original private hospital from which the patients were transferred back to the state’s care. The consensus was that this should not have happened.

Yet, one could ask, why are things privatized? This seems like an absurd question, especially considering that the extent of privatization in South Africa makes it feel like an inevitable feature of social life. If you operate from a certain class position in South Africa, it’s likely that every amenity you use is privatized, including supposedly “public” spaces like parks and outdoor recreational facilities (“right of admission reserved”).

If you belong to another class position, you are often excluded from access (perhaps not explicitly), unless it is to enter for work. This system of differentiated access rightly evokes images of apartheid South Africa, where race determined where one could move and what one could access. And, much like apartheid, it comes with its own naturalization, making it seem like a fact of how things are rather than the consequence of deliberate political and economic design.

But contrary to some trendy but puzzling revisionism taking hold, apartheid itself was driven by the need to facilitate accumulation for white capital by super-exploiting the black masses. The defining feature of capitalism is that it expropriates and dispossesses, which means that the things we all depend on to survive and flourish—whether it’s land or raw materials—became controlled by a select few. Thus, the fundamental basis of capitalism is privatization, the appropriation of common
resources for their transformation into commodities to be sold back to us. And, in order to access these commodities, we face the imperative to earn a living by working for those who control their production.

The important thing to recognise about capitalism is that it organises the entirety of life around the market—whether it is where we buy life’s necessities or avail ourselves for jobs that will give us incomes to afford those necessities. The coercion of the market is hardly registered over the course of life, firstly because it is impersonal (no one stands over you and physically forces you to work), and secondly because we are told we have the free choice of choosing to work or not, as well as of what work we’d like to do (just work hard to make it happen!).

But rather than being a free and just condition, life under capitalism is a precarious and oppressive one. Without the assurance that one will retain their job forever, with the fear that the security one has achieved for themselves might yet disappear, people feel compelled to work harder for better—to one day be promoted to manager, to one day own their own business entirely. Why? Paradoxically, to become less dependent on the market! The problem with capitalism is that this freedom is still promised through the market.

The crowdfunding campaign kick-started to assist Dr. Sindi and her family with medical expenses testifies to our intuitive capacity for solidarity. But that so many assisted is the right response to a fundamentally wrong state of affairs. That is, it was an instance of trying to solve a public, systemic problem (the lack of free, quality health care) through a private interaction (donating money), obscuring that it is not simply Dr. Sindi’s individual circumstances that were unfortunate, but the society which made her circumstances possible. Like most forms of charity, it represented what Oscar Wilde called a remedy that’s “part of the disease.”

Tragedy is borne from the human need to live life well, and to do right by those we care about—whether it’s our relatives, friends, or colleagues. Capitalism makes tragedy an ever-present threat looming over life. It pits not only ourselves but various aspects of our lives and beliefs against each other because it subjects humans and our needs and values to the overpowering competitive logic of the market. The problem is that the consumerist ideology of capitalism, which sells the good life as an endless pursuit of commodities—a bigger house, a better car, better clothes—results in a tragic state of being, for at no point is capitalism capable of answering the question what is it all for.
As the debut album for the 80s English pop band It’s Immaterial goes, “Life’s hard and then you die.”

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Of course, if one were to suddenly become conscious of all this, that doesn’t guarantee that they’d desire an alternative. Capitalism isn’t just an economic system but a form of life, and one that’s made humans more individualistic and less discerning of the common good. Even for the group most exploited by capitalism—the working class—resistance isn’t a given, as this requires a coordinated effort that involves personal risk and hardship. But today’s economic crisis, though it affects the working class most acutely, has started to squeeze the middle class too, as capitalism is now unable to deliver the social mobility and high rates of consumption that it once promised. Many are in a similar position to Dr. Sindi’s: overindebted, underinsured, and a missing paycheck away from personal catastrophe.

As the South African left reconstitutes itself in the wake of COVID-19, universal health care must be one of its leading demands. The proposed National Health Insurance Bill, which will transition South Africa’s health care system to a single-payer model, is a step in the right direction. But to challenge the for-profit health system and hold the state accountable will require a big fight, and the weakness of trade unions, plus the general disarray of working-class forces, means it is a fight it can’t wage alone.

A reorganised left must present universal health care not just as a tool to assist those with inadequate health coverage, but also as a basic condition for realizing our freedom. This must become the new common sense. If what makes humans free is that we have the distinct capacity to set and pursue our own ends, then what permanently threatens that capacity are the limitations of our bodies—their abilities are finite, they are bound to get sick, and eventually, they die. A free society should guarantee their care, for without it, freedom is impossible. Anyone who lives in constant worry of what would happen to them if they got sick, of whether they will be able to afford care or time off work, lives in a state of unfreedom. Any model of society that makes this worry inevitable is itself diseased.

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