

HEALTH & DISEASE - NURSES

1989

JUNE - ~~NOV~~ ~~SEPT~~, NOV.



There has been a steady decline in the number of student nurses.

SA still short of nurses 95

Staff Reporters
South Africa was still short of nursing sisters, particularly student nurses, despite having nearly 50 percent more nurses now than in 1980, said Dr Coen Slabber, the director-general of the Department of National Health and Population Development.

Speaking in Johannesburg at the launch of a nurses' upgrading programme, known officially as a bridging course, Dr Slabber said there were at present 140 719 nurses as against 109 195 in 1980. "But we do not have enough and we do not have them in the right categories," he said.

He said there had been a steady decline in the number of student nurses over the past five years — from 13 360 in January 1984 to 9 955 in January 1989.

He blamed the shortage on this country's lack of a manpower policy and plans for the production and employment of health personnel as part of a National Health Plan.

"The situation is complicated by advances in technology that demand intensive care which rapidly drains nurses from community health care," he said.

Nurses in **95** boycott

Southern 22/6/59

ABOUT 400 nurses at Durban's King Edward VIII Hospital embarked on another boycott of meals yesterday — the second in a month.

Last month the nurses boycotted meals for more than a week because they were not happy about the quality of the food served at the hospital's canteen.

Private sector still
pays nurses more

Medical Reporter

95

Nurses in the public sector were still being offered better benefits than those working for private institutions, a report compiled by the South African Nursing Association has claimed.

According to the report, annual and sick leave provision was generally not as generous in the private sector as in the public service and benefits such as housing subsidies were not as readily available.

The report said subsidised institutions and homes for aged tended to pay lower salaries than the public service.

The private sector, which employs about 12 percent of the country's nurses, paid slightly higher salaries.

Howard

867

WEDNESDAY, 26 APRIL 1989

868

Offences concerning drugs
For example dealing in drugs and possession of drugs.

4 260

Offences concerning drugs
Other offences

1 174
3 131

Other offences not yet mentioned
Drunk driving, possession of fire arms and explosives without a licence, arson, offences against the security of the State, Aviation Act, etc.

Analysis of offences concerning the 11 957 prisoners who were serving sentences of more than 6 months up to 2 years on 20 January 1989.

Violent offences
Economic offences

3 283
13 086

Western Cape: 1988 matriculation examination
297. Mr K M ANDREW asked the Minister of Education and Development Aid:
How many pupils (a) (i) wrote and (ii) passed the 1988 matriculation examinations, and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates, in respect of each secondary school falling under the control of his Department in the Western Cape?
B637E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

	(a)	(i)	(ii)	(b)	(i)	(ii)	(iii)	(iv)	(v)
Fezeka secondary school	95	45	—	—	—	—	—	5	9
Inshukumo comprehensive school	56	13	—	—	—	—	—	—	3
ID Mkhize secondary school	74	15	—	—	—	—	—	—	2
Luhaza secondary school	83	63	—	—	—	—	—	10	11
Malizo secondary school	203	87	—	—	—	—	—	4	6
Langa secondary school	70	35	—	—	—	—	—	3	8
Isilimela comprehensive school	66	13	—	—	—	—	—	1	1
Crossroads No 3 secondary school	53	31	—	—	—	—	—	1	3
Sizantle secondary school	121	68	—	—	—	—	—	2	7
Simon Hebe secondary school	67	17	—	—	—	—	—	—	2

Prisons Service: staff shortages

304. Mr D J DALLING asked the Minister of Justice:

Whether the Prisons Service is experiencing staff shortages, if so, what (a) is the extent of the shortages and (b) is being done to remedy the situation?
B644E

The MINISTER OF JUSTICE:

(a) and (b) Yes. Shortages are experienced in the following vocational groups:

- Work study officer
- Integrated information system (computer personnel)
- Agriculturist
- Agricultural technician
- Tradesmen
- Finance personnel (Accounts clerk)

HOUSE OF ASSEMBLY

Howard

869

THURSDAY, 27 APRIL 1989

870

HOUSE OF ASSEMBLY

QUESTIONS

+ Indicates translated version.

For written reply:

General Affairs:

Television satellite dishes: restrictions

138. Mr R M BURROWS asked the Minister of Communications:

- (1) Whether there are any restrictions on private persons and companies owning and/or using television satellite dishes; if so, what restrictions;
- (2) whether any person or authority licenses the private ownership of television satellite dishes; if so, (a) what person or authority and (b) (i) how many have been so licensed and (ii) in respect of what specified period is this information furnished;
- (3) whether any applications have been received for the private use of television receiving installations by private persons and/or companies; if so, how many such applications were (a) received and (b) granted;
- (4) whether he will make a statement on the matter?
B337E

The MINISTER OF COMMUNICATIONS:

- (1) Yes; if such dishes can be used for the transmission and/or reception of signals relayed via satellites;
- (2) yes;
 - (a) the Postmaster General,
 - (b) (i) one, namely the South African Broadcasting Corporation, and (ii) from 12 June 1986 to date;
- (3) yes;
 - (a) approximately 45.
 - (b) none;

(4) not at this stage. In view of the interest displayed in privately-owned earth stations and with due regard to developments in other countries, the Department is studying the entire matter. A statement will be issued when the time is appropriate.

Ellisras: land bought for SADF

200. Mr S P VAN VUUREN asked the Minister of Public Works and Land Affairs:†

Whether the State has purchased certain land in the Ellisras district for use by the South African Defence Force; if so, (a) when, (b) for what price, (c) for what purpose (i) was this land purchased and (ii) is it being used at present (d) (i) what improvements have been made by the State since the acquisition and (ii) what is the cost of these improvements per square metre of such improvements?
B481E

The ACTING MINISTER OF PUBLIC WORKS AND LAND AFFAIRS:

Yes, Portion 1 of the farm Piquetberg No 523, Registration Division L Q, Transvaal, measuring 2,094,398 hectares.

- (a) 30 March 1988
- (b) R104 720,00
- (c) (i) To accommodate the Logistic Element of Group 29 of the SA Army and for the use of the airfield by the SA Airforce.
- (ii) The purpose for which it was purchased.
- (d) (i) Five corrugated-iron stores, each measuring 18 metres X 36 metres.
- (ii) R170,00 per square metre.

Hospitals: posts

207. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many posts had been established as at 31 December 1988 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at the (i) Baragwanath Hospital, (ii) Coronation Hospital, (iii) H F Verwoerd Hospital,

HOUSE OF ASSEMBLY

(iv) Johannesburg Hospital, (v) Kalafong Hospital and (vi) Paul Kruger Memorial Hospital in Rustenburg;

(2) whether any posts at these hospitals were frozen as at 31 January 1989; if so, how many in each category in respect of each hospital;

(3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1988 and (b) how many applications were (i) granted and (ii) refused in each case?

B491E

(d) administrative staff 686
(e) other staff 2 008

(v) Kalafong Hospital

(a) nurses 1 578
(b) paramedics 144
(c) medical staff 293
(d) administrative staff 243
(e) other staff 656

(vi) Paul Kruger Memorial Hospital

(a) nurses 400
(b) paramedics 21
(c) medical staff 57
(d) administrative staff 54
(e) other staff 244

(1) (i) Baragwanath Hospital

(a) nurses 4 105
(b) paramedics 417
(c) medical staff 589
(d) administrative staff 517
(e) other staff 1 977

(2) No.

(3) (a) none,
(b) (i) falls away,
(ii) falls away.

Certain hospitals: number of commissioned beds

234. Dr M S BARNARD asked the Minister of National Health and Population Development:

(ii) Coronation Hospital

(a) nurses 762
(b) paramedics 89
(c) medical staff 166
(d) administrative staff 111
(e) other staff 400

(iii) H F Verwoerd Hospital

(a) nurses 2 125
(b) paramedics 592
(c) medical staff 600
(d) administrative staff 556
(e) other staff 1 334

(iv) Johannesburg Hospital

(a) nurses 1 932
(b) paramedics 536
(c) medical staff 691

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(See table. Cols. 873 and 874.)

Hospital	(1)(a) Number of beds 31/12/88	(b) Average bed occupancy		(c)(i) Total staff establishment 31/12/88	(c)(ii) Detail staff establishment 31/12/88						2(a) Total vacant posts 31/12/88	(b) Number of vacant posts in each specified category 31/12/88					
		1986/87 %	1987/88 %		(aa)	(bb)	(cc)	(dd)	(cc)	Other		(aa)	(bb)	(cc)	Other		
					Medical	nursing	Paramedical	administrative	General			Medical	nursing	Paramedical	administrative	General	
(i) J. G. Strijdom	495	62,0	55,7	1 958	133	892	98	185	650		338	16	183	18	7	114	
(ii) Coronation	558	92,1	84,1	1 528	166	762	89	111	400		187	9	95	8	13	62	
(iii) Johannesburg	897	65,7	78,2	5 853	691	1 932	536	686	2 008		1 145	114	433	176	103	319	
(iv) Hillbrow	795	94,1	88,1	2 987	254	1 165	278	327	963		145	18	0	45	35	47	
(v) Baragwanath	2 629	107,5	108,8	7 605	589	4 105	417	517	1 977		306	17	200	8	2	79	
Grandtotal				19 931	1 833	8 856	1 418	1 826	5 998		2 121	174	911	255	160	621	

Furore after trapped nurse is 'left to die'

95
wmmc 21-27/4/89

THE issue of segregated health services took on tragic dimensions this week when a woman was allegedly left to die after a car accident.

A debate which raged between the Transvaal Provincial Administration, police and members of the public was sparked by the death of Irene Mzizi of Soweto in what was viewed by her family as a clear result of apartheid health facilities.

Mzizi died in a car crash in Winburg this week. Soon after the accident, a ambulance aircraft airlifted two injured whites to hospital, leaving four blacks on the site. Mzizi and her husband were left trapped in their car. When freed some time later, Mzizi was dead.

It has been alleged by members of the family that Mzizi, an Orlando East nursing sister, had been left to die slowly after being ignored by a helicopter crew.

A Johannesburg newspaper reported "the family of the woman had pleaded in vain with the white helicopter crew not to leave them behind but their pleas fell on deaf ears". The family claimed the victims had been left unattended for five hours.

Reacting to the allegations, the Orange Free State's Provincial Administration said this week it did not run separate white and black ambulances and all its ambulances were used for all population groups.

The Mzizis had been left behind, as Irene Mzizi was already dead and the others were not seriously injured, according to the provincial administration.

The police liaison department has also said in a statement that because of the nature of her injuries, Mzizi "must have either died on the spot or soon after".

Mzizi had served for 40 years at Baragwanath and Hillbrow hospitals

Shortly after she was buried in Orlando West, Soweto, on Sunday, her son, Pecc, spoke about it. "My mother would treat people of all races. If a white person won't help a black lady after she had spent her life treating whites, that's very bad. If I need help from you, you need help from me.

"I'm not saying she wouldn't have died if they had helped, but for two hours in the car, she was breathing and screaming for someone to free her."

Pecc was also hurt in the accident,

By **THANDEKA GQUBULE** and
ANDREW CLARK

breaking a leg and his arms so badly that he had to be rolled out in a wheelchair to the funeral.

"Sister Mzizi has gone to a new heaven where there is no discrimination," said a matron at Baragwanath who had worked with Mzizi during her 31 years there. "There is only one helicopter there; there is only one jaws of life there; there is only one doctor there — and that is the Almighty God."

Whatever the details of this case, certain health services remain segregated and available only to members of a particular race group.

According to a representative of the Transvaal Provincial Administration in Pretoria, certain hospitals became "own affairs" when they were transferred to the House of Assembly on the April 1.

The JG Srydom Hospital in Johannesburg is one such hospital. It has been a white hospital for some time; however its transfer to the House of Assembly has entrenched its image as a segregated hospital.

The University of the Witwatersrand, which has used the hospital as a teaching facility, announced this week it would reconsider its contribution to the hospital.

Dr Max Price, speaking on behalf of the Health Workers' Association, said that the university should withdraw its contribution from the hospital as a demonstration of its opposition to segregated health services.

A TPA public relations officer told the *Weekly Mail*: "Blacks would only be admitted to such a hospital in cases of great emergency."

Price — a member of the Centre for the Study of Health Policy Studies and the National Medical and Dental Association — compares child mortality rates in Johannesburg and Soweto to show one effect of the racial segregation of health facilities.

"Johannesburg and Soweto may well be unique in the world," he says, "in that while the child mortality rate for Africans is higher in Soweto than in Johannesburg, the rate of stillbirths is higher for Africans in Johannesburg than in Soweto.

"The difference is due to the fact that while the socio-economic conditions are worse in Soweto, the access to health services is worse in Johannesburg.

"The statistics suggest that the absence of appropriate facilities for Africans in Johannesburg is associated with stillbirths and newborn deaths."

According to the statistics of the Centre for the Study of Health Policy, Johannesburg has a population of half a million whites and about 165 000 Africans. Yet there are no ante-natal facilities in Johannesburg for pregnant African women to deliver their babies under supervised professional care.

Half those accepted for training were whites

CAPE TOWN — Only 2 794 of the 38 028 people who applied in 1987 to train as nurses were accepted, says National Health and Population Development Minister Dr Willie van Niekerk.

More than half those accepted for training — 1 449 — were white.

Van Niekerk, replying yesterday to a question tabled in Parliament by Dr Marius Barnard (PFP Parktown), said 2 745 whites applied for training.

Political Staff

95

This means 52,8% of white applicants were accepted. However, 329 of 9 147 coloured applicants (3,6%), 97 of 227 Indian applicants (42,7%) and 844 of 25 414 black applicants (3,3%) were accepted.

van Niekerk said there were 3 223 vacancies at training institutions.

'Academic hospitals poor'

Health care in SA threatened, says professor

Star 20/4/89

By Toni Younghusband, Medical Reporter

Academic hospitals should serve solely as tertiary referral centres and alternative arrangements must be made for the current uncontrolled influx of patients into these institutions, a memorandum before the South African Medical and Dental Council (SAMDC) has suggested.

The memorandum, drawn up by Professor Andre Coetzee of Tygerberg Hospital in the Cape, said academic doctors were worried about their future in this country.

He said doctors were overworked and the hospitals they worked in were poorly equipped and overcrowded. He said specialists could not be expected to handle huge numbers of uncomplicated cases purely because there was a shortage of doctors in hospitals.

Professor Coetzee said the present uncontrolled flood of patients into academic hospitals had had the following effects:

- The academic hospital's training function was no longer a top priority.
- There was a severe shortage of beds.
- Patient care was below standard.

SHORTAGE

- There was a relative shortage of medical personnel on all levels, particularly nurses.

Professor Coetzee said if training conditions at academic hospitals were being adversely affected, the standard of health services throughout the country would obviously deteriorate.

He pointed out, however, that Government authorities had indicated that conditions at the hospitals were unlikely to change due to a shortage of funds.

"Because an academic hospital is responsible for the quality of health care in this country it should be seen as a unique institution separately financed from other provincial and State hospitals," he said.

OK

Less than 10% taken as nurses

CNE Times 20/4/89 Political Staff

95

ONLY 2 794 of the 38 028 people who applied in 1987 to train as nurses were accepted at nursing training institutions, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

More than half of those accepted for training were white applicants.

Dr Van Niekerk, who was replying to a question which had been tabled by Dr Marius Barnard (PFP, Parktown), said 2 745 whites applied for admission at nursing training institutions.

Of the remainder, 329 of 9 147 coloured applicants (3,6%), 97 of 227 Indian applicants (42,7%) and 844 of the 25 414 black applicants (3,3%) were accepted.

Answers

HOUSE OF ASSEMBLY

THE MINISTER OF EDUCATION AND DEVELOPMENT AID:

QUESTIONS

f Indicates translated version.

For written reply:

General Affairs:

Hostel accommodation

172. Mr K M ANDREW asked the Minister of Education and Development Aid:

- (1) Whether any hostel accommodation is provided at any schools falling under the control of his Department; if not, why not; if so, how many (a) hostels and (b) places for pupils at such hostels are there at (i) high and (ii) primary schools in respect of each departmental region;
- (2) whether any hostel accommodation is planned at any schools falling under the control of his Department; if not, why not; if so, what are the relevant details?

B407E



	Control Number	Church Community	Private	TOTAL
NATAL	11	1	1	13
	Accommodation	2 061	69	38
N TVL	Number	—	—	2
	Accommodation	—	—	78
JOHANNESBURG	Number	1	—	1
	Accommodation	150	—	150

(2) Yes
Hostel accommodation is being planned for the Nancefield township at Messina in the Northern Transvaal Region.

Transportation of pupils: amount spent

198. Mr D S PIENNAAR asked the Minister of Education and Development Aid:

What total amount was spent by his Department in each province in 1986, 1987 and 1988, respectively, on the transportation of pupils from their parental homes to school and back?

B476E

Answers

NOTE:

In reply to a similar question (Question 1444) during 1988 an amount of R1 930 000 was mentioned. The difference between this amount and the above-mentioned amount can be ascribed to the fact that late in 1988 the Department undertook to subsidise the pupils' contributions for the period 13 January 1988 to 31 March 1988 as well.

Nurses: applications 95

208. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, (aa) Whites, (bb) Coloureds, (cc) Indians and (dd) Blacks in 1987;
- (2) How many nurses of each of these race groups completed their training in that year?

B492E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Information as provided by the provincial administrations.

(1) (a)	(i) Received	(ii) Accepted
(aa) Whites	2 745	1 449
(bb) Coloureds	9 147	329
(cc) Indians	722	97
(dd) Blacks	25 414	844
Total	38 028	2 719

(ii) Accepted
(aa) Whites
(bb) Coloureds
(cc) Indians
(dd) Blacks
Total

In addition to the total, 75 accepted applications are not identifiable per population group.
(b) (aa) Whites 1 973
(bb) Coloureds 169
(cc) Indians —

(dd) Blacks 713
Total 2 855

In addition to the total, 468 vacancies are not identifiable per population group.

(2) (aa) Whites	789
(bb) Coloureds	38
(cc) Indians	71
(dd) Blacks	751
Total	1 649

In addition to the total, 263 nurses completed their training but cannot be identified per population group.

Remedial teachers

217. Mr R R HULLEY asked the Minister of Education and Development Aid:

- (1) (a) How many qualified remedial teachers were employed at schools falling under the control of his Department, and (b) what was the (i) pupil: remedial teacher ratio (ii) school: remedial teacher ratio at such schools, in 1975 and 1988, respectively;
- (2) whether the (a) number and (b) ratio of remedial teachers varies from province to province; if so, (i) what are the differences and (ii) why;
- (3) whether there are any schools falling under the control of his Department which cater specifically for children requiring remedial teaching; if not, why not; if so, (a) which schools and (b) where are they situated;
- (4) whether the training and employment of remedial teachers for schools falling under the control of his Department is regarded as a top priority by his Department; if so, what steps are being taken in this respect; if not, (a) why not and (b) what is regarded as having higher priority?

B501E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) (a) 123 in 1988. In 1975 there were no such teachers in the service of the Department. Sixty-nine of the aforementioned 123 teachers fill ordinary

Nurse shortage very worrying

The critical nursing shortage suffered by most provincial hospitals in the country could be alleviated, if salaries were increased and training programmes upgraded.

In a letter submitted before the council, Dr F J van der Merwe of the J G Strijdom's medical advisory committee, said his committee was very worried about the shortage.

There was a 30 percent shortage among all nursing disciplines at his hospital, and the lack of staff was also being felt at many others.

Besides poor salaries, he said training was inadequate with student nurses spent too much time in lecture rooms.

They were not getting enough exposure to patients.

He added that an intensive recruitment drive for nursing staff was urgently needed.

and
ter.

89 276/89

If you believed smoking was dangerous, here's some food for thought

CAPE TOWN — An unhealthy diet is more likely to cause death through cancer than smoking cigarettes, according to the National Cancer Association.

Professor J D Anderson, president of the association, said more than a third of all cancer deaths were caused by diet.

Some foods appeared to confer some measure of protection against cancer while others had been linked to the development of the disease.

The cancer association has launched an information campaign — linked to a

major fund-raising drive — to increase public awareness of the link between cancer and an unhealthy diet.

Professor Anderson said as with heart disease, fat was the dietary factor linked most often to cancer. The more fat eaten in proportion to the size of a population, the higher the incidence of cancer of the breast and the colon, two of the biggest killing cancers.

In South Africa, where the consumption of fat was far higher among whites than blacks, the rate of breast cancer among white women was 34 in

100 000 while it was only seven in 100 000 black women.

A similar pattern was evident with colon cancer. Statistics revealed that the incidence of colon cancer in white males was 7,7 in 100 000 and in white females it was 6,8 per 100 000. In black males the rate was only 0,7 and in black females 0,5 per 100 000.

A low fibre content in the diet has also been linked to a high incidence of colon cancer.

Professor Anderson said white South Africans tended to eat highly refined

diets low in fibre, which could be a contributing factor in the high incidence of the disease.

Another form of cancer associated with dietary causes was cancer of the oesophagus where the incidence among black males was 19,4 in 100 000 compared to 3 in 100 000 white males.

The reason was that this type of cancer was associated with malnutrition, particularly in those whose staple diet was maize, resulting in a lack of essential vitamins and trace elements. The maize was also often contaminated with a carcinogenic fungus.

Nurse axed after her letter to 'racist' council

The Argus Correspondent

DURBAN. — A nurse is still jobless nearly three months after being fired from the Queensburgh clinic after challenging her superiors about their allegedly racist treatment and her working conditions.

Mrs Elizabeth Mbonambi of Umlazi, who had worked for the clinic for about four years, was given 24 hours' notice in January after writing a letter criticising the Queensburgh Borough for its discriminatory attitude.

The borough's town clerk had written to the Medical Of-

ficer asking him to bar black patients from entering through the main entrance. He said they should be admitted via the kitchen.

He also advised that the black clinic's opening times be rescheduled, so that it did not function at the same time as the white clinic.

Mrs Mbonambi said since she started working for the council she had never been invited to a meeting or a party with her colleagues.

She got 14 days leave a year while new white staff members got 25 days, she said.

Private hospitals to help train nurses

The Argus Correspondent

JOHANNESBURG. — Two of South Africa's largest private hospital groups have joined forces with provincial authorities in training nursing staff.

The Healthcare division of Afrox, in conjunction with the BG Alexander College of Nursing, Johannesburg, will offer specialised post-basic training courses for nurses.

SIMILAR COURSES

These will include intensive nursing science and operating-theatre techniques.

The Clinic Holdings Group is offering similar diploma courses through the Nursing College.

Clinical training will be given at their hospitals and at the Johannesburg Hospital.

Each course lasts a year.



CITY

Diet link to cancer greater than smoking

AP 6/5
5/14/89
89

By KAREN STANDER, Medical Reporter

AN unhealthy diet is more likely to cause death through cancer than smoking cigarettes, according to the National Cancer Association.

Professor J D Anderson, president of the association, said more than a third of all cancer deaths were caused by diet.

Some foods and nutrients appeared to confer some measure of protection against cancer while others had been linked to the development of the disease.



Professor Anderson

The cancer association has launched an information campaign, linked to a major fund-raising drive, to increase public awareness of the link between cancer and an unhealthy diet.

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In South Africa, where the consumption of fat was far higher among whites than blacks, the rate of breast cancer among white women was 34 in 100 000 population while it was only seven in 100 000 black women.

A similar pattern was evident with colon cancer. A low fibre content in the diet had also been linked to a high incidence of colon cancer.

Professor Anderson said white South Africans tended to eat highly refined diets low in fibre.

Another form of cancer associated with dietary causes was cancer of the oesophagus where the incidence among black males was 19.4 in 100 000 compared to 3 in 100 000 white males.

The reason was that this type of cancer was associated with malnutrition, particularly in those whose staple diet is maize, resulting in a lack of essential vitamins and trace elements. The maize was also often contaminated with a carcinogenic fungus, increasing the risk of developing cancer.

Diet link to cancer greater than smoking

'SA health services limited'

 GERALD REILLY (95)

PRETORIA — SA could never afford First World health services, National Health Director-General CF Slabber said here yesterday.

Opening the new Council on Nursing, he said SA ranked 21st in the world league table of total GNP. However, when population was taken into account, SA achieved only 50th position in the world GNP per capita table.

According to the World Health Organisation, SA, together with 13 other countries, such as Algeria and Portugal, fell within the lowest range of middle-income countries.

"The obvious conclusion is funds within SA are limited and will remain limited for the foreseeable future," Slabber said.

He said it had to be accepted SA was not a First World country. It was a Third World country with a small First World component.

Slabber said there had been a steady decline in the number of student nurses, since 1984. There were 13 360 student nurses on the council's register in 1984, 11 818 in 1986, 10 435 in 1988, and 9 955 this year. *SDM 4/4/89*

He added there was a double problem — a fall in the actual number of students and a poor distribution. The long-term prospects were bleak and, with an ageing population and a declining birth rate, the situation could only get worse.

10 MINUTE U WORD 7200

Ageing population adds to crisis

SA health services 'can only get worse'

Pretoria Correspondent

Long-term prospects for health services in South Africa are bleak.

This was said at a South African Nursing Council meeting in Pretoria yesterday by the Director-General of the Department of National Health and Population Development, Dr CF Slabber, who added that a decrease in student nurses and poor distribution of registered nurses was a "double problem".

"With an ageing population and a declining birth-rate, the situation can only get worse," he said.

However, he believed South Africa's health services' personnel had the expertise and dedication required to meet the country's needs in the future provided they worked in close co-operation.

South Africa, with 13 other countries, fell within the lowest range of middle-income countries, said Dr Slabber.

Funds in the Republic for health services were limited and would remain so in the "foreseeable future".

The country could not afford First World health services. The quality of services ranged from standards comparable with the best in the world in urban areas to "problematic" in the rural areas.

For his department to provide an affordable health service of an acceptable standard to all South Africans in the future, the service would have to be based on primary health care.

"The nurse is essential to the planning, implementation and evaluation of primary health care in the RSA," Dr Slabber said.

However, despite an increase in nursing personnel

of 31 524 since 1980, the country did not have enough nurses in the "right categories, at the right time and in the right places".

Dr Slabber said many problems related to a lack of a national health policy.

The National Health Policy Council (NHPC) had reaffirmed a need for planned primary health care, he said, adding that the Health Matters Advisory Committee would meet in May to determine national health goals and priorities and to develop a national health plan and a broad implementation strategy.

Other issues that needed attention were the definition of the roles of the different health professionals and an improvement in the working and living conditions of nurses.

star

23/4/57

No word yet from angry nurses

Medical Reporter

Black nurses' complaints about the "degrading, racist" conditions of service at white hospitals had not reached the ears of the SA Nursing Association, the organisation's director, Mrs Susan du Preez, has confirmed.

Mrs du Preez said the association had not received any complaints from its 70 000 black members.

Earlier this month, black nurses interviewed at the Johannesburg Hospital said they had been subjected to unequal conditions of service. These included:

- Creche facilities were available to their white counterparts only.
- Separate medical aid societies.

COURSES

- Restrictions on black nurses' entry to post basic training courses.
- Black nurses were ineligible for accommodation at the nurses' home.
- Promotion for black nurses was not on merit.
- The black nurses said their white colleagues were transported home while they were denied such a privilege.

"We are working at this hospital simply because there are no alternative vacancies. All new posts under the auspices of the Transvaal Provincial Administration have been frozen," the nurses said.

The dean of the medical faculty at the University of the Witwatersrand, Professor Clive Rosendorff, has called on provincial authorities to improve the situation.

Howard.

HOUSE OF DELEGATES

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

R K Khan Hospital: employees

1. Mr K CHETTY asked the Minister of National Health and Population Development:

- (1) (a) How many (i) doctors, (ii) nurses, (iii) administrative officials, (iv) cleaners and (v) other specified classes of employees were attached to the R K Khan Hospital in Chatsworth as at the latest specified date for which information is available and (b) how many vacancies were there in each of these categories as at that date;
- (2) (a) what is the daily average number of persons attended to in the out-patient department of this hospital and (b) in respect of what specified period is this information furnished?

D28E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Latest specified date: 28 February 1989

- (1) (a) (i) 72 Doctors
- (ii) 671 Nurses
- (iii) 121 Administrative officials
- (iv) 280 Cleaners
- (v) Other specified groups:
 - 23 Professional
 - 21 Paramedical
 - 18 Technical

80 General
11 Interns

(b) Vacancies as at 28 February 1989

- (i) Nil
- (ii) 2
- (iii) 3
- (iv) 1
- (v) 1 Professional

(2) (a) 1 572
(b) The specific period: April 1988 to December 1988.

Own Affairs:

Matriculation examinations

1. Mr M RAJAB asked the Minister of Education and Culture:

How many pupils at departmental schools (a)(i) wrote and (ii) passed the 1988 matriculation examinations and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates in these examinations (aa) in respect of each province and (bb) in total?

D24E

The MINISTER OF EDUCATION AND CULTURE:

(1)	(a)	(b)	Total
(i)	13 221		13 221
(ii)	12 577		12 577
(aa)			
(i)	220	23	243
(ii)	633	114	756
(iii)	1 361	229	1 609
(iv)	2 737	417	3 209
(v)	4 347	519	4 952

Howard.

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Contraventions of emergency regulations: SAP action

1. Mr F J LE ROUX asked the Minister of Law and Order:

Whether, with reference to particulars furnished to the South African Police for the purpose of the Minister's reply, he is considering taking action against persons and/or organizations contravening the provisions of the emergency regulations?

*The MINISTER OF LAW AND ORDER: Mr Chairman, the answer is yes, as far as steps fall within the sphere of responsibility of the SA Police.

The SA Police has a statutory responsibility to maintain law and order, and this task is punctiliously performed. The final decision about whether someone should be prosecuted or not does not rest with the SA Police, however, but with the public prosecutor or the Attorney-General. The task performed by the Police therefore ends with the completion of their investigation.

The implementation of security and media emergency regulations also rests with the Police. Every contravention of these regulations which is observed by the SA Police, or brought to their attention, is therefore investigated immediately, with the relevant dossier being submitted to the Attorney-General for his decision at the conclusion of the investigation.

It would appear as if the case at issue here, ie the propagation of a consumer boycott in Carletonville, constitutes a contravention of the regulations. That is why it is being investigated, together with a number of other charges arising from the consumer boycott. *Inzeralia* five charges of intimidation, one of public violence, one of robbery and one of deliberate damage to prop-

erty are also being investigated. A number of suspects have been taken into custody and have already appeared in court.

The SA Police do not prescribe to anyone what he should purchase, who should purchase what or where it should be purchased, but they are nevertheless not prepared to allow the maintenance of public order to be endangered by conduct of this nature. I said recently that the SA Police are impartial in carrying out their activities. When a crime is committed, it is investigated in all fairness, regardless of race, sex or the political ties of those involved.

I want to reiterate and re-emphasise this view today. People who contravene these regulations must therefore be aware that dossiers will be opened and cases against them investigated. Where the interests of the community as a whole or those of individuals must be protected, this will be done honestly and impartially.

*Mr F J LE ROUX: Mr Chairman, does the hon the Minister really wish this House to believe that when this document in connection with the investigation into the boycott came to his attention, it was the first time he became aware of it. Or had he perhaps previously taken note of the fact that something of this nature was happening? Did he not perhaps, at the beginning of November and in December, already know of activities of this nature in Boksburg, Carletonville and several other places in South Africa? [Interjections.]

I now want to make a few statements. Does the hon the Minister agree that the threat to the country, its people and their freedom today is greater in many spheres than ever before? Secondly, that the onslaught is no longer characterised merely by cross-border terrorist activities, but also, amongst other things, by sanctions and boycotts?

*Mr J P I BLANCHE: And CP policy too!

*Mr F J LE ROUX: Thirdly, does the hon the Minister acknowledge the fact that a boycott is a boycott is a boycott, whether incitement to do so originates in Port Elizabeth, East London, Carletonville, Boksburg or wherever? [Interjections.] Fourthly, does the hon the Minister acknowledge that the ultimate aim of these forces promoting the boycotts is a Black socialist one-party government? [Interjections.]

A bitter pill for black nurses

BLACK nurses at the "white" Johannesburg Hospital yesterday confirmed they were working under degrading racist restrictions.

The nurses, who refused to be named for professional reasons, backed the dean of the faculty of medicine at the University of the Witwatersrand, Professor Clive Rosendorff, who disclosed they had been subjected to unequal conditions of service.

Professor Rosendorff, speaking at the B C Alex-

ander Nursing College's graduation ceremony on Wednesday, said that while black nurses had been allowed to work at the Johannesburg Hospital they had been subjected to unequal service conditions.

The nurses confirmed as the norm:

- Creche facilities were available to their white counterparts only.
- Nurses belonged to separate medical aid societies.

8/18/3/89
95
STAN HLOPHE

● Restrictions were imposed on entry to post basic courses.

● They were ineligible for accommodation at the nurses' home.

● Promotion was not on merit.

The black nurses added that their white counterparts were transported home while they were deprived such a privilege.

"We are working at this hospital simply because there are no alternative vacancies. All new posts under the auspices of the Transvaal Provin-

cial Administration have been frozen.

"We were forced to apply at the white Johannesburg Hospital, anticipating that conditions would be much better. They were not better at all. It was a sugar-coated pill.

"The general attitude from the administration to the white staff is negative and racist. We feel we are not part of the hospital."

No comment was available from the hospital.

'Racist, degrading' situation for nurses

The Argus Correspondent

ARC 45 17/3/89 95
JOHANNESBURG. — Black nurses at the "white" Johannesburg Hospital had to work under degrading, racist restrictions, said the Dean of the Medical Faculty at the University of the Witwatersrand, Professor Clive Rosendorff.

Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had at last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

These included: ineligibility for creche facilities available to white nurses; ineligibility for medical care at the hospital; a quota restriction on entry to post-basic courses; ineligibility for accommodation at the nurses' home and problems with transport to work on the racially-segregated Johannesburg buses.

"How humiliating that a black nurse has to suffer these degrading, racist restrictions," Professor Rosendorff said.

Black nurses 'humiliated' at Johannesburg Hospital

Source: 17/12/89

BLACK nurses working at the "white" Johannesburg Hospital are forced to work under degrading, racist restrictions, the Dean of the Medical Faculty at the University of the Witwatersrand, Professor Clive Rosendorff, said on Wednesday night.

Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

These included:

- Ineligibility for creche facilities available to white nurses;
- Ineligibility for medical care at the hospital;
- A quota restriction on entry to post-basic courses;
- Ineligibility for accommodation at the nurses' home; and
- Problems with transport to work on the racially-segregated Johannesburg buses.

"How humiliating that a black nurse has to suffer these degrading, racist restrictions," Professor Rosendorff said.

He said had it not been for these nurses, the hospital would have had to drastically curtail its services.

Professor Rosendorff said the diminishing pool of white nurses and the unfavourable conditions of service for black nurses had resulted in a desperate shortage of nurses at the hospital.

He said the medical school, the hospital board and the council of the nursing college were deeply concerned at the determination of the Transvaal Provincial Administration authorities to keep the college white. — Sapa.



Vital period in taking care of patients



NURSING an Aids patient in a private ward is a vital period that can be used to educate his associates about the disease.

private ward mention must be made of the fact that his immune system has been destroyed. This means that he can be easily infected by other patients and diseases.

loved ones.

- Nurses must keep the patient occupied. The patient can be ensured by providing him with TV and radio sets, books and magazines. The sister in charge should also see to it that the patient's religious needs are satisfied.
- This is also a stage that his visitors can also receive counselling. Whoever visits an Aids infected patient must be

advised as to the dangers and ways of avoiding contracting the disease.

Education would also remove the misconceptions prevalent about Aids.

It may be suitable at this stage to point out certain things that should not be done when barrier-nursing an HIV patient:

- He should not be isolated;

Being told that you are Aids infected is like a judge pronouncing a death sentence on you. A patient will eventually go into a state of depression. He will blame others for his condition. That is when emotional support from nurses and health care workers is vital.

- Health care workers can show the patient that he is still part of society by not wearing masks when dealing

with him except when handling secretions, in that case gloves should be used.

Nurses should also not bar themselves from patients, but from only what can infect them as health care workers.



HEALTH GUIDE
BY MOKGADI PELA

Star 6/3/89
**'Racist'
conditions
for black
nurses** (95)

Medical Reporter

Black nurses working at the "white" Johannesburg Hospital had been forced to work under degrading racist restrictions, the dean of the medical faculty at the University of the Witwatersrand, Professor Clive Rosendorff, said last night.

Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had at last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

- These included:
- Ineligibility for creche facilities available to white nurses;
 - Ineligibility for medical care at the hospital;
 - A quota restriction on entry to post-basic courses;
 - Ineligibility for accommodation at the nurses' home;
 - Problems with transport to work on the racially segregated Johannesburg buses.

He said had it not been for these nurses, the hospital would have had to curtail its services drastically.

Howard

THE MINISTER OF EDUCATION AND DEVELOPMENT AID:

Population Group	Graduates
Blacks	53
Whites	0
Coloureds	0
Asian	0

Group Areas Act applications for exemptions from the provisions of the Group Areas Act, No 36 of 1966, in respect of residential premises did his Department or any provincial administration receive in 1988 and (b) how many persons from each race group applied for permission to occupy premises in areas proclaimed for (i) White, (ii) Coloured, (iii) Indian and (iv) Black occupation in each province?

B181E

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrators of the different provinces and they have furnished the following information:

CAPE PROVINCE

- (a) None
- (b) (i) 424 Coloureds; 109 Indians; 35 Blacks
- (ii) 208 Whites; 130 Indians; 31 Blacks
- (iii) 3 Whites; 9 Coloured;
- (iv) None.

NATAL

- (a) None
- (b) (i) *White Proclaimed Area* 195 applications by members of the Indian population group. 45 applications by members of the Coloured population group. 210 applications in respect of members of the Black population group. (Mainly employees).
- (ii) *Coloured Proclaimed Area* 8 applications by members of the White population group.

Howard

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrators of the different provinces and they have furnished the following information:

TRANSVAAL:

- (a) Two namely Weiler's Farm and Brits Emergency Camp.
- (b) Grassmere Brits
- (c) Weiler's Farm: On 31 December 1987 Brits: On 26 April 1988
- (d) Weiler's Farm: Squatters are settled at Orange Farm and Evaton North on a voluntary basis where 1 200 and 1 000 serviced sites respectively are available. To date 116 families have moved to Orange Farm and 31 to Evaton North.

ORANGE FREE STATE:

- (a) None
- (b) (i) 17 applications from Indians and 2 from Blacks were received in respect of occupation in the White controlled area.
- (ii) None.
- (iii) None.
- (iv) None.

TRANSVAAL

Race group of applicant	Group character of area applied for			
	W	Col	Ind	Blk
(i) *White	—	12	16	0
(ii) Coloured	32	—	20	0
(iii) Indian	145	10	—	0
(iv) Black	239	30	6	—

*In respect of sub-paragraph (b) (i) it has to be mentioned that a further 27 applications were received from various institutions e.g. churches, private hospitals, crèches, organisations, etc. to allow persons of all race groups to occupy in the White group area.

Emergency camp

86. Mr J J WALSH asked the Minister of Constitutional Development and Planning:

- (a) How many emergency camps are there in South Africa, (b) where is each situated, (c) when was each proclaimed an emergency camp and (d) what plans have been made regarding the future of each of these camps?

B188E

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrators of the different provinces and they have furnished the following information:

TRANSVAAL:

- (a) Two namely Weiler's Farm and Brits Emergency Camp.
- (b) Grassmere Brits
- (c) Weiler's Farm: On 31 December 1987 Brits: On 26 April 1988
- (d) Weiler's Farm: Squatters are settled at Orange Farm and Evaton North on a voluntary basis where 1 200 and 1 000 serviced sites respectively are available. To date 116 families have moved to Orange Farm and 31 to Evaton North.

ORANGE FREE STATE:

- (a) None. Rest of questions falls away.

CAPE PROVINCE:

- (a) In the Cape Province there are only 3 emergency camps which have been proclaimed in terms of the Prevention of Illegal Squatting Act, 1931 (Act 52 of 1951) for the accommodation of homeless Blacks.
- (b) — In the Sundays River Valley: Magisterial District of Kirkwood.
- Kei Mouth: Magisterial District of Komga
- Kenton-on-Sea: Magisterial District of Bathurst.

- (c) The first two areas were proclaimed as emergency camps in Government Notice

R.216 of 12 February 1982 and the last in Government Notice 1142 dated 2 August 1963.

- (d) Consideration is at present being given to the deproclamation of the first two areas and the designation thereof as development areas in terms of the Black Communities Development Act, 1984 (Act 4 of 1984).

Regarding the area at Kenton-on-Sea, land known as Marselle has already been acquired and proclaimed as a development area. These Blacks will eventually be resettled there.

NATAL:

- (a) (i) Dannhauser
- (ii) Weenen
- (iii) Winterton
- (iv) Rietvlei near Vryheid
- (b) (i) Government Notice 1018 dated 3 July 1961
- (ii) Government Notice 59 dated 19 January 1968
- (iii) Government Notice 1513 dated 23 July 1982
- (iv) Established December 1988 but not yet proclaimed

- (c) (i) (ii) and (iii) Being converted into a Black Township in terms of Act 4 of 1984
- (iv) No decision has as yet been taken in regard to its future.

95

Nurses resigning in course of training

103. Dr M S BARNARD asked the Minister of National Health and Population Development:

Whether any (a) White, (b) Coloured, (c) Indian and (d) Black nurses accepted for training courses at institutions for the training of nurses resigned in the course of their training in 1988; if so, how many in each case in each specified year of study?

B255E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes,

Howard

327

MONDAY, 13 MARCH 1989

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Howard

	1st Year	2nd Year	3rd Year	4th Year
(a) White	342	147	44	3
(b) Coloured	70	43	23	3
(c) Indian	15	13	7	2
(d) Black	133	70	49	25
Total	560	273	123	33

Nurses resigning from employment

104. Dr M S BARNARD asked the Minister of National Health and Population Development:

Whether any (a) White, (b) Coloured, (c) Indian and (d) Black qualified nurses resigned in 1988 from employment in hospitals falling under the provincial administrations; if so, how many in each case?

B256E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes,

- (a) 2 452
- (b) 245
- (c) 49
- (d) 798

Messages from SP: cost of advertisements in foreign media

135. Mr F J LE ROUX asked the Minister of Foreign Affairs:†

What total cost was incurred by the State from (a) 17 September 1985 to 16 June 1987 and (b) 17 June 1987 up to the latest specified date for which information is available, in respect of advertisements in the foreign media that contained messages from the State President?

B329E

The MINISTER OF FOREIGN AFFAIRS:

The purpose of advertisement in the foreign media is to establish a correct image of South Africa. This includes *inter alia* the explanation of the policy of the South African Government. Points of view of the State President form an integral part of such explanation, but so do points of view of other members of the Government. In my view it would serve no useful purpose to try to work out separately the advertising cost of quoted pronouncements and points of view of individual members of the Government.

Own Affairs:

Natal schools: strikes/work stoppages

24. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether any strikes and/or work stoppages occurred at schools falling under the Natal Education Department during the past six months; if so, (a) (i) when, (ii) at which schools and (iii) in respect of what specified period is this information furnished and (b) what (i) were the reasons for and (ii) was the outcome of each such strike or work stoppage;
- (2) whether the employment of any employee was terminated as a result of these strikes or work stoppages; if so, (a) how many employees were affected and (b) on whose instructions was employment terminated?

B284E

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes,

- (a) (i) 14 to 25 November 1988

(ii) Natal College of Education
Pietermaritzburg Girls' High School

- Maritzburg College
- Limpark High School
- Voortrekker Hoërskool
- Voortrekker Junior Primêre Skool
- Merchiston Preparatory School
- Ridge Junior School
- Durbanse Onderwyskollege
- Durban Girls' High School
- Durban High School
- Port Natal Hoërskool
- Mitchel High School
- Mansfield High School
- Grosvenor Girls' High School
- Durban Music School
- Port Natal Primêre Skool
- Penzance Primary School
- Quail Road Primary School
- Mano Gardens Primary School
- Morningside Primary School
- Port Natal Pre-primêre Skool

(iii) see (a) (i).

(b) (i) demands for salaries, pensions, reclassification, recognition of the National Education and Allied Workers Union and reinstatement of employees as well as intimidation,

(ii) nearly all problems were solved and with the exception of two the employees concerned returned to their normal duties;

(2) Yes,

- (a) two, see (1) (b) (ii),
- (b) Director of Education, Natal Education Department.

Universities: race of students

30. Mr A GERBER asked the Minister of Education and Culture:†

- (1) How many (a) Whites, (b) Blacks, (c) Coloureds and (d) Indians are presently studying at each university under his control;
- (2) in respect of what date is this information furnished?

B392E

The MINISTER OF EDUCATION AND CULTURE:

(1) University	(a)	(b)	(c)	(d)
OFS	8 906	75	151	—
Natal	8 267	1 370	263	1 900
Rhodes	2 880	459	155	157
Rand Afrikans	7 977	130	314	11
Witwatersrand	14 719	1 923	254	1 270
Port Elizabeth	4 062	77	353	29
Portchester	8 749	263	106	13

Pretoria	21 706	44	74	21
Cape Town	9 635	859	1 666	389
Stellenbosch	13 374	35	507	11
South Africa	54 277	33 232	4 975	10 564

The above provisional statistics were obtained from SAPSE table 2.7 and include both undergraduate and postgraduate students;

- (2) 10 April 1988.

Technikons: race of students

31. Mr A GERBER asked the Minister of Education and Culture:†

- (1) How many (a) Whites, (b) Blacks, (c) Coloureds and (d) Indians are presently studying at each technikon under his control;
- (2) In respect of what date is this information furnished?

B393E

The MINISTER OF EDUCATION AND CULTURE:

(1) Technikon	(a)	(b)	(c)	(d)
OFS	2 367	33	11	—
Natal	4 317	151	62	166
Witwatersrand	6 029	195	56	64
Cape Town	5 182	29	377	30
Port Elizabeth	2 661	156	185	55
Pretoria	9 089	24	32	20
Vaal Triangle	3 001	114	6	99
RSA	11 156	2 640	720	881

The above provisional statistics were obtained from SAPSE table 2.7 and include both pre-diploma and post-diploma students;

- (2) 10 April 1988.

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10/3/89

Striking nurses to be disciplined?

Staff Reporter

DISCIPLINARY action could result from Wednesday's strike by 36 Kalk Bay nursing assistants at the New Kings old-age home.

Mrs Hester la Grange, of the SA Nursing Association's W Cape branch, said the association was "extremely upset" about the incident and that it was "totally illegal". Disciplinary action could result, she said.

The strike was called over job allocation for two nursing assistants who had previously been dismissed but were given back their jobs after talks between management and the Health Workers' Union.

After being reinstated, the two nursing assistants refused to work in the occupational therapy department and a strike was called.

Nurses are barred by law from striking and could face disciplinary action.

Another first for Groote Schuur

CAPE TOWN's Groote Schuur Hospital is on track to save millions of rands each year through the implementation of a new system.

The materials management information system, which is the first of its kind in SA and probably the biggest in the world, was developed over nine months by six of SPL's Cape-based project team using Adabas, Natural and Walker, with a VM operating system running on an IBM 93/70-60.

SPL's Mike Heyns explains that the physical materials handling system distributes all expendable and pharmaceutical supplies to 120 different clinical departments on the hospital's 18ha site. The vehicles used for the distribution are mobile exchange carts with customised inventories suiting the needs of each department.

Any one of about 5 000 line items are packed in the unit-of-use on to shelves and containers in the cart. The items are used when necessary, and after a while an identical full cart is exchanged on the ward for the depleted cart, and the depleted cart

returned to stores for sanitising and replenishment.

"Inventories of each cart and the replenishment picking lists provide raw data for the use of every consumable item used at the hospital, and form the basis for cost centre accounting and a hospital management information system," says Heyns.

Module 98

"Also, supplies forecasting, tender details, the effects of surcharges, the allocation of critical items in short supply, expiry dates and batch numbers, and the standardisation of inventories are managed by the system," he explains.

Apart from this, a pharmacy module includes the manufacture of lotions and ointments, pre-packaging of tablets into unit doses and the compounding of intravenous admixtures. Data on doctor's prescribing habits and patient drug profiles will also be collected and analysed.

Heyns says the distribution module allocates the deliveries of 2 000 ex-

change carts according to a set schedule, as well as 110 linen trolleys, 60 catering trolleys and the collection of 140 refuse trolleys. Routes and lifts are allocated per trip type and if a lift fails, alternative routes are identified.

"The system even monitors the productivity of each trolley 'pusher' with respect to route and distance covered. This module can thus cut bottlenecks and congestion in corridors as well, as ensuring meals and medicines arrive on time."

The hospital hopes the system will cut total inventory of consumables and medications so millions will be saved per annum, while stockouts will be kept to fewer than 8% of all items.

Clinical staff will now have more time for direct patient care because functions involved with getting supplies — from requisitioning to stock-taking — have been reallocated to the materials handling department.

With increasing demand for subsidised health care by the hospital's 65 000 in-patients and 1,2-million out-patients each year, the system is seen as particularly valuable as it will give management detailed information about consumable supplies use and expenditure.

"The information system allows hospital management to control the allocation of limited resources," Heyns explains.

Ex-hospital chief to sue CPA over job

DR Jocelyn Kane-Berman, who was sacked as Grootte Schuur Hospital's chief medical superintendent after saying she would like to see ANC leader Mr Nelson Mandela in the cabinet, is intending to sue for her reinstatement.

She could not be contacted yesterday to confirm this but her son, and later her husband, said they understood that papers would be served on various Cape Provincial Administration (CPA) officials today.

The respondents will be the CPA, administrator Mr Gene Louw, MEC Mr André van Wyk, provincial secretary Mr Barry van der Vyver, executive director of hospital services Dr George Watermeyer, a Mr Johan de Beer and Mr J du Plessis.

Dr Kane-Berman was moved from her post in November last year after making the controversial remark about Mr Mandela to a newspaper reporter.

She was made regional medical superintendent of the Western Cape, but it was clear from some official statements that this was in fact a demotion and that it was related to the remark she had made.

Dr Kane-Berman has had an immense amount of support from the medical fraternity. Soon after the controversy erupted, doctors at UCT's Medical School announced that they would contribute to her legal costs.

Questions raised in Parliament last week indicated that some PFP MPs are of the opinion that President P W Botha himself gave the order that she should be removed from her post, though this has not been established.

Kane-Berman to go to court?

95. 18/2/89
W/E ARGUS

Weekend Argus Reporter

DR Jocelyn Kane-Berman was said today to have instructed lawyers to institute action to force the Cape Provincial Administration to reinstate her as chief medical superintendent of Groote Schuur Hospital.

Her attorneys were quoted in a Cape Town morning newspaper today as saying she was considering action in the Supreme Court against the Provincial Administration, the Administrator Mr Gene Louw; Mr Andre van Wyk, member of the executive committee; Mr B van der Vyver, provincial secretary; Dr George Watermeyer, executive director of hospital services; Mr Johan de Beer of the Commission for Administration, and Mr J E du Plessis.

Dr Kane-Berman could not be reached earlier today.

She was transferred from her post in November last year after a remark in a Weekend Argus article about a hypothetical new Cabinet including Mr Nelson Mandela.

It was later alleged in Parliament that President P W Botha himself had ordered her dismissal.

The dismissal resulted in a major controversy, with Dr Kane-Berman receiving widespread support.

She is due to take up her new post as Western Cape regional medical superintendent this month.

This week the row resurfaced after the Minister of National Health and Population Development, Dr Willie van Niekerk said in Parliament he would approve any appointment of Dr Kane-Berman as dean of UCT's medical faculty as she would be "in an environment where the propinquity with the ANC is well known, as with the PFP".

The remarks outraged Dr Stuart Saunders, vice-chancellor of UCT, who met Dr van Niekerk to convey his "deep concern ... about his disgraceful insinuation".

Dr Saunders said he and Mr Len Abrahamse, chairman of the UCT council, had asked for the meeting "in the hope Dr van Niekerk will be able

to put the record straight, in Parliament and in public".

But no explanation for the statement was forthcoming.

Dr Saunders said further representations would be made through the appropriate channels.

Parliament and politics

UCT to take Van Niekerk 'slur' further

By ANTHONY JOHNSON
Political Correspondent

UCT is to take further action following the refusal of Minister of Health Dr Willie van Niekerk to provide an explanation for the ANC "slur" he levelled at the university's medical faculty this week.

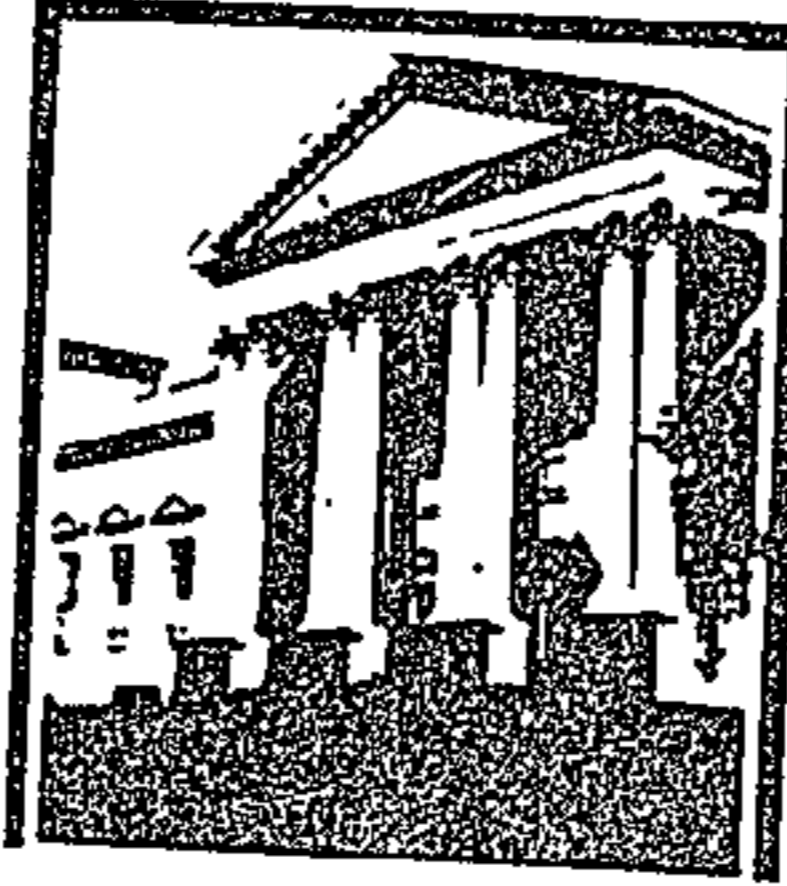
Dr Van Niekerk told Parliament that should the ousted superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, be chosen as dean of the medical faculty at UCT "we (the government) will approve because then she works for students

in an environment where the propinquity with the ANC is well known, as with the PFP".

The chairman of the Council of UCT, Mr Len Abrahamse, and the Vice-Chancellor, Dr Stuart Saunders, met the minister on Wednesday to convey their "deep concern" about his remarks "made under privilege of the House of Assembly".

Dr Saunders said yesterday: "The minister chose to give no explanation.

"The university will now be making representations through ap-



propriate channels."

Approached for comment on what steps the university would take, Dr Saunders said he did not wish to elaborate on his statement.

The PFP's Health

spokesman, Dr Marius Barnard, yesterday condemned Dr Van Niekerk for his "unwarranted slur" and called on the minister to apologise publicly to UCT and its "dedicated professors, lecturers, students and their parents".

Dr Barnard said: "The contribution of UCT to education and the high standards associated with this institution are well known in South Africa.

"The disgraceful attack by Dr Van Niekerk shows the level of National Party ministers to use any weap-

on in an attempt to cover up a political decision (the removal of Dr Kane-Berman from her Groote Schuur post).

"Dr Van Niekerk's reference is extremely unfortunate and shows his total unsuitability as Minister of National Health and Population Development."

⊙ The Cape Times yesterday incorrectly attributed comments by Dr Saunders and Mr Abrahamse on the matter to the university's public relations officer, Mr Eugene Hugo. The newspaper regrets the error.

UCT angered by
Willie's remarks
on Kane-Berman

CAPE TOWN 16/2/89
95 88 261

By ANDRE KOOPMAN

A MAJOR ROW has erupted between the University of Cape Town and the Minister of National Health and Population Development, Dr Willie van Niekerk, following remarks he made about the university in Parliament.

Dr Van Niekerk said he would approve the appointment of Dr Jocelyn Kane-Berman as dean of UCT's medical faculty since it would be "in an environment where the propinquity with the ANC is well-known, as with the PFP".

Dr Kane-Berman was axed as medical superintendent of Grootte Schuur Hospital after she said in a light-hearted newspaper article that she believed Mr Nelson Mandela should be premier.

The Vice-Chancellor and Principal of UCT, Dr Stuart Saunders, met Dr Van Niekerk late yesterday afternoon.

"Disgraceful"

The university hoped Dr Van Niekerk would "put the record straight, in Parliament and in public", UCT spokesman Mr Eugene Hugo said. A further statement would be issued later, he said.

"We consider the insinuations contained in the minister's remarks as disgraceful," said Mr Hugo.

Dr Van Niekerk said in reply to a question from PFP health spokesman Dr Marius Barnard that, were Dr Kane-Berman chosen to be the dean of the medical faculty, "we (the government) will approve because then she works for students and in an environment where the propinquity with the ANC is well-known, as with the PFP".

The present head of the medical faculty, Professor G Dall, is to retire at the end of the year. Dr Van Niekerk would not say whether he knew if Dr Kane-Berman was being considered for the post.

"The university regards applications for vacant posts as confidential until appointments have been finalised," he added.

Probe launched ⁹⁵ ^{12/10}

THE Transvaal Provincial Administration has last week told the *Sowetan* that a memorandum detailing their grievances has been sent to senior officials of the TPA. The move, they said, followed complaints about working conditions.

into an incident in which about 200 nursing assistants were allegedly insulted by a matron at the Westford Hospital in Pretoria West. Sources close to the nursing assistants who went on a one-day strike. A senior official of the TPA confirmed that investigations were on.

Nurses strike over 'insult' ^{24/1/89}

ABOUT 200 Westfort Hospital nursing assistants went on strike in Pretoria West yesterday after they were allegedly insulted by a black matron during a staff meeting.

By ALINAH DUBE

premises to discuss the problems affecting nursing assistants.

The matron is also alleged to have walked out.

The *Sowetan* established that trouble started when staff members

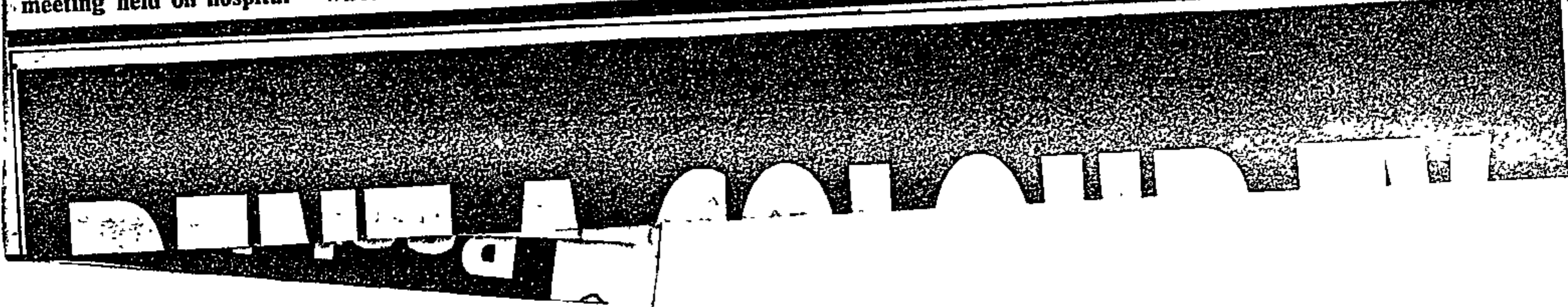
demand to know why they were being treated as "inferior" by the hospital authorities.

"Tempers began to flare as we told the matron that we were unhappy about having to contribute money for the nursing sisters' farewell parties while no one bothered to

raise funds in a case of a nursing assistant leaving the hospital.

"The matron reacted angrily and started calling us stupid nobodies who did not even qualify for ranks in the nursing profession. She said it was high time we looked at the hierarchy and knew our position,"

they said.
Dr A van Zyl, the hospital superintendent who had first told the *Sowetan* that he could not comment as he did not have full details of the incident, later said he was not aware of any strike taking place. He said "things are proceeding normally."



Concern for future of SA nursing

The Argus Correspondent

PRETORIA. — The number of students enrolling for the four-year graduate course in nursing at the University of Pretoria showed a drastic decrease and has caused concern among nursing staff for the future of their profession.

This year only 29 students enrolled for the B Cur course compared with 48 last year.

Chief Nursing Services Manager at H F Verwoerd, Matron Miems Pretorius, said this seemed to be a countrywide occurrence in spite of a 15 percent salary increase for nursing staff which came into operation on January 1 this year.

Matron Pretorius said the drop in interest in nursing was disappointing and an in-depth investigation would be launched to try to discover the reason for this.

One of the reasons is believed to be the reluctance of high schools to allow nursing staff to address pupils and give them guidance about the profession and all it entails.

Another possible cause is the low public profile that nurses have and the negative publicity the profession usually gets.

However, open days had been organised during the course of last year to encourage interested matriculants to choose this profession. These, Matron Pretorius said, were poorly attended.

Matron Pretorius added that during the course of this year far more attention will be given to attempting to give occupational guidance in this field to matriculants.

"The South African nursing profession has a good reputation, especially among colleagues overseas, and we can't afford to lose this due to a lack of staff," Matron Pretorius said.

This is also the first year that this course, previously run over four-and-a-half years, will be conducted in four years.

When nurses abandon their first love

Registered nurses are leaving the profession in droves to take up lucrative positions in commerce and industry. Medical Reporter TONI YOUNGHUSBAND reports.

"I know secretaries who started on better salaries than I was earning after nine years" — the words of an embittered registered nurse who has left the profession in favour of repping for a multinational electronics company.

Nursing was her chosen career but having struggled to keep her head above water for nine years, she finally packed it in and returned to commerce.

She is just one of hundreds of South African nurses forced to abandon their first love for the business world.

"I nursed from 1967 to 1986, the last four years spent teaching nursing to others. My salary then was about R1 500," she says.

Nursing in a private hospital was not much better. "The red tape is unbelievable. All they are interested in is money, money, money. I tried freelance nursing too, but you only get about R200 more than at Province anyway," she says.

There is a general misconception that provincial hospitals are losing their nurses to private clinics.

"Actually, if you consider all things, Province has more perks. You get a housing subsidy and five uniforms instead of two like at the private clinics. But the private clinics pay more," she says.

Poor marketing

Private clinics are battling to hold on to their nurses.

A spokesman for an upmarket Johannesburg clinic says there is a shortage of highly qualified white nurses throughout the industry. "Nurses nowadays have the capacity to go into administration and many are leaving to take up jobs with pharmaceutical companies or as secretaries," she says.

She says it is felt that the marketing of the profession at school level is very poor.

"I don't mean at matric level. That's too late — the pupils have already chosen their subjects. We need to get to them when they are in Standard 6 or 7."

Mrs S J du Preez, of the South African Nursing Association, says it is difficult to speculate on how many nurses are leaving the profession but feedback from the field indicates that morale is getting lower and lower.

"We are getting a lot more complaints than we were five years ago. One of the problems is that nurses are spending 78 per cent of their time on non-nursing tasks.

"The general personnel shortage in hospitals means nurses are required to help out with other jobs too," Mrs du Preez says.

Rigid shifts

Many nurses are happier in the private sector because their hours are more flexible, she adds.

A recent survey conducted by the association revealed that 60 per cent of registered nurses were married.

While provincial hospitals insist that their nurses work rigid shifts, private clinics are more accommodating and therefore more attractive to a working mother.

Mrs du Preez says there are more black nurses than white, although there are more white sisters.

She says the Nursing Association is trying to improve conditions of service, and managed to obtain salary parity for all race groups three years ago.

"To keep them in the profession we must keep them happy. If we can reflect happiness in the profession we will recruit more."

She says the association receives about 400 letters a week from schoolchildren wanting more information on nursing.

The personnel manager of a pharmaceutical company says his firm employed several former nurses because of their paramedical experience.

"They are used to working in a hospital environment, they are not terrified of doctors and they know their anatomy and physiology quite well. We give them a bit of training in pharmacology and public relations and they do very well."

Married women

He says the pharmaceutical industry employs quite a number of nurses.

"Probably the biggest reason for them coming to us is finance. They can earn quite a lot of money repping for us. We will start a registered nurse on about R2 000 and she can eventually earn up to R4 000 and more. We are also quite happy to take married women," he says.

The superintendent of the Johannesburg Hospital, Dr Reg Broekmann, says patients admitted to his hospital are usually very sick, placing great demands on the nurses.

"Nurses are highly responsible people; many are trained to operate personal computers. Commerce has more appeal for them at present," he says.

In a report released by the Nursing Association earlier this year, it was revealed that the cost of basic training for one student nurse was more than R18 000 a year (training lasts four years). The nurse must pay a R40 annual registration fee and R22 towards Nursing Council membership, and must buy books. The balance is borne by the State.

"It's a tragedy when you think how much money is spent on training nurses, yet they are all leaving the profession because their salaries are so poor," a former nurse says.

Ethical hurdle in nursing crisis

Hospital 'help us' plea to 5th year students

95

Star 5/11/89

Medical students at the University of the Witwatersrand have been asked to help at the Johannesburg Hospital which is suffering a critical nursing shortage.

Fifth-year students were approached by the hospital's superintendent, Dr Reg Broekmann, last Friday and asked to fill in for senior nurses in some wards. A private nursing agency has been hired to alleviate the nursing shortage but is only due to start in two weeks' time.

"The students, both black and white, felt that it was important to go in and help in this crisis but they had other ethical considerations," student spokesman Mr John Parker told The Star.

He said students felt they would only work at the hospital if the work conformed to the principles of the Hippocratic Oath.

"This includes the provision of equal health services to all people, regardless of race, colour or creed. This would imply that admissions and transfers of patients are not done on the basis of race," Mr Parker said.

However, the hospital's superintendent, Dr Reg Broekmann, said the students had refused to provide the assistance requested in spite of stating that they were willing to help.

"It is deeply regretted that our medical students did not see their way clear to assist us and our patients in this crisis," Dr Broekmann said.

Inadequate pay

He said one student had turned up to help yesterday and another had promised to assist at the end of the week.

Mr Parker said students had asked that the work they were expected to do was in no way discriminatory and that the authorities acknowledged the difficult conditions under which nurses had to work.

"We have expressed a willingness to help the hospital but only under these conditions," said Mr Parker.

"We believe that the major cause of this crisis was inadequate pay and we want the authorities to acknowledge this crisis. We also want them to look

at the nurses' grievances. Black nurses, for example, are prohibited from using the hospital's creche facilities or accommodation," Mr Parker pointed out.

He said the students had met Dr Broekmann on Monday and listed their demands. These demands have apparently been referred to Pretoria.

● A private company has been called to staff wards and theatres at Johannesburg Hospital.

The company is recruiting nurses for four wards, the intensive care unit and four theatres and is in search of staff for 12 night posts and staff nurses.

Dr Broekmann, said the company was approached because the hospital was struggling to recruit staff.

The hospital's medical and surgical wards are over 100 percent full and many nurses are leaving each month.

The private company has staffed a surgical ward and the Johannesburg Hospital's paediatric intensive care unit for the past two years. "It has worked very well," Dr Broekmann said.

He said there had been a lot of unhappiness among provincial nurses when the private nurses had first been recruited.

"But that settled down when they realised their jobs were not being threatened," he said.

Mr David Hoffman, managing director of Hofcor Holdings, said his nurses were invited to choose the hours they wished to work, and as 60 percent of qualified nurses were married women this was an extremely attractive proposition.



Hospital struggling to recruit staff

Bid to end crisis infuriates nurses

By Toni Younghusband, Medical Reporter

Provincial hospital nurses are furious that private nurses are being employed to staff the Johannesburg Hospital, nurses told The Star yesterday.

One sister employed at the hospital said the private company was advertising salaries of between R1 800 and R3 000 for the same work performed by the provincial nurses who earned a great deal less.

The company has been asked to staff four wards, an intensive-care unit, four theatres and other posts. Its nurses are due to start in two weeks' time.

Handful of students

The hospital's superintendent, Dr Reg Broekmann, said the company had been approached because the hospital was struggling to recruit staff.

The nursing shortage at the hospital has reached crisis point.

One nurse said the stresses placed on those who were left were enormous.

She said often an intensive-care unit would be left in the charge of only one trained ICU sister and a handful of students.

"The responsibility is enormous and the stress terrible. A patient who is in ICU and pays the

exorbitant rates charged for this treatment deserves ICU-trained staff.

"Sometimes they don't even have a trained sister on duty — it's just not ethical," she said.

The private company has already staffed one surgical ward and the hospital's paediatric intensive care unit for the past two years.

According to Dr Broekmann, there was no essential difference between the package that the private company offered its nurses and what the province employees were given. Provincial nurses yesterday angrily disagreed.

"Our basic salary is a lot lower than theirs but we get medical aid and pension benefits and a housing subsidy.

"When we get married we lose these benefits, which we had no choice but to take in the first place.

"Once you are married you are left with no benefits and a low salary. You are penalised because you are getting married.

"The private nurses get cash instead of these so-called benefits. It really isn't worth our staying on," one sister said.

She said the private nurses also had no loyalty to the hospital. "Many of them are part-timers so if equipment is broken they don't care. They won't be back the next day and won't be held responsible. It's the provincial nurses who take the flak."

We didn't refuse to help ⁹⁵ students

By Toni Younghusband,
Medical Reporter

At no stage had medical students refused to help at the Johannesburg Hospital, which is suffering a critical nursing shortage, students said last night. *Skw 6/7/89*

Fifth-year students said that a statement by the hospital's superintendent, Dr Reg Broekmann, that "students had unfortunately refused to provide the assistance requested" was a misrepresentation of the facts.

Dr Broekmann approached the students last week and asked them to fill in for senior nurses in some wards. A private nursing agency has been hired

to alleviate the hospital's critical nursing shortage but is due to start only in two weeks' time.

In a statement issued on Tuesday, Dr Broekmann said: "It is deeply regretted that our medical students did not see their way clear to assist us and our patients in this crisis".

The students said that during a class meeting it was generally agreed, in principle, to help provide medical services during the crisis. "It was felt that it was ethically correct, as future health workers, to provide what services they could and when called to do so," one student said.

"We clearly stated that we

would not treat patients on the basis of race, creed or colour and this implies that the admissions and transfers of patients are not done on the basis of race, creed or colour," he said.

He said students believed the crisis at the Johannesburg Hospital was a reflection of an ongoing crisis in all hospitals, Baragwanath and Hillbrow hospitals included.

"We recognise that the Johannesburg Hospital is in a crisis but we consider the value of life to be equal at all hospitals, both black and white."

He said students were waiting for a reply from Dr Broekmann regarding their demands.

Medics in dispute over hospital's call for help

By Toni Younghusband,
Medical Reporter

A dispute has broken out between medical students at the University of the Witwatersrand over the Johannesburg Hospital's call for assistance during a nursing crisis.

And while students argue whether to go in and help or not, the hospital has asked neighbouring provincial institutions for emergency staff.

Nurses from other hospitals have been asked if they would like to work at the hospital on an overtime basis until the present crisis is relieved by a private nursing agency.

SA Nursing Association president Miss OH Muller said yesterday that the Government should review its curbs on health spending as the position at the large academic hospitals was now "really acute". She said the cut in hospital budgets was partly the reason these institutions were having critical nurse shortages.

On Tuesday, representatives of the Medical Students' Council told The Star it had been generally agreed in principle to help provide medical services during this time of crisis.

However, they considered it important that the work conformed to the principles embodied in the Hippocratic Oath, which included the provision of equal health services to all, regardless of race, colour or creed. They said they

STW 7/7/89
were waiting for a statement of intent from the Transvaal Provincial Administration and wanted the authorities to acknowledge the difficult conditions under which nurses worked.

The dean of the university's medical faculty, Professor Clive Rosendorff, said yesterday that some students were prepared to nurse patients at the hospital and some had already volunteered their services. Others would do so soon.

"The statement and position of a group of students in fifth year, namely that they would not help unless their demands were met, was not shared by all medical students and certainly not by medical school staff or the dean.

PATIENTS

"We would feel that the welfare of patients, black or white, was the only consideration in such a situation, he said."

Referring to the critical nursing shortage, Miss Muller said the inflexibility of working conditions for nurses should also be reviewed.

"We should be more flexible and offer nurses the choice of cash in the hand or long-term benefits.

"I think what the director of hospital services is doing at Johannesburg Hospital is the only short-term solution. I don't know that there is anything else he can do but call in a private nursing company," she said.

8/27/89 - 95

Medical services in a crisis — and there's no cure in sight

WHAT do you do in a crisis — just lie down and die?

That's more or less what pensioners, the unemployed and the poor, not to speak of the hard-pressed working classes, are going to be expected to do soon when ill-health strikes.

While hospitals in South Africa's most densely populated areas teeter and health authorities dither, the Transvaal Provincial Administration blindly raises its fees. The sick man in the street could literally land there when his money runs out.

Blaming rising running costs and expensive medical equipment, the Administrator of the Transvaal, Mr Danie Hough, added last week that South Africa could no longer afford apartheid in its health services.

"It is not only morally offensive, but also very expensive," was his reported comment.

Apart from being short of cash, the hospitals have suddenly discovered that nurses are leaving the sinking ship. One nurse said this week that, often, in the Johannesburg Hospital, an intensive-care unit would be left in the charge of only one trained ICU sister and a handful of students.

Their solution? To call in a private company to staff empty wards and theatres.

Naturally, those nurses still valiantly manning their posts up at what we used to call "The Gen" are angry. The private nurses are getting better money, for a start. But what really gets their goat, and mine, is that, while the provincial

Between the Lines

MARGARET DE PARAVACINI



authorities have penalised nurses for marrying, the outside firm has tapped an enormous source of labour to everybody's benefit.

"We specifically encourage women who stopped nursing to look after their families and would like to get back into the job market," said Mr David Hoffman, MD of the firm concerned. Bearing in mind that 60 percent of qualified nurses are married, he said, his staff were invited to choose their working hours.

So, rather than allow a little flexibility into its rigid policy, especially in a time of crisis, the TPA finds itself able to afford outside services. How strange! Are they afraid or incapable of making snap decisions?

If cutting red tape could get them out of the red, why don't they get on with it, in triplicate if they insist? Or has the State a special grudge against married women?

The fifth-year medical students asked to help out are also guilty of pigheaded inflexibility. They are willing to do so, if certain conditions are met, including opening hospitals to all races. One appreciates their sentiments, but in a crisis, medical help is surely not dependent upon politics?

Would Hippocrates have hesitated?

Segregation is blamed for burgeoning nursing crisis

PAT DEVEREAUX

RACIALLY segregated medical and nursing staff establishments are ultimately to blame for the current nursing shortage and a major overhaul is urgently needed at provincial level to solve the problem, said a number of medical groups this week.

The South African Health Workers Congress yesterday said it was appalled at the Johannesburg Hospital's attempt so brazenly to co-opt medical students into an ethically compromising position simply because "a white hospital" was suffering a nursing shortage.

Ethical code

The group emphasised that a nursing crisis of major proportions had existed at Baragwanath Hospital and at the Hillbrow Hospital for the past year.

"To their credit the students stood by their ethical code which means equal health care must be given to all irrespective of race, creed or colour," said SAHWCO spokesman, Dr A Dasoo.

"At times in my medical ward at the Hillbrow Hospital there are five nurses attending to up to 59 critically ill patients in a 27-bed ward," said Dr Dasoo.

The State's duplication of health facilities for race groups was also slammed. "How much extra does it cost the state to have 14 departments of health and four provinces all involved in the provision of health care instead of a single authority?" queried Mr Cedric de Beer of the University of the Witwatersrand's department of community health.

The Medical Students Council at the University of the Witwatersrand yesterday urged the Transvaal Provincial Administration to do "more than simply patch over the current nursing crisis which had finally spread to the Johannesburg Hospital".

"The nursing shortage at Johannesburg Hospital is prevalent all over the country in the rural areas and hospitals which do not serve whites," said Medical Students Council representative Mr John Parker.

"Nurses can't strike. The only outlet they've got is to resign.

"The appalling nursing conditions at Baragwanath Hospital were first raised two years ago by doctors working at the hospital. Now the on-going crisis has simply spread to a white hospital," said Mr Parker.

He pointed out that, unlike Johannesburg Hospital, Baragwanath could never have called in a private company.

A liaison officer for Johannesburg Hospital refused to give estimates of the number of nurses to patients. "It varies according to each unit," she said.

Spokesman for the National Medical and Dental Association (Namda) Mr Max Price said: "It is disturbing that Johannesburg Hospital is going to private companies to solve the problem rather than addressing the problem of racially segregated health facilities directly."

There Dos Santos and Savinini gave their hands and agreed to a June 24 cease-

five meeting, and I believe we'll be

● SAVININI

● DOS SANTOS

1974

Patients turned away from hospital in crisis

95 DAVE LOURENS

SERIOUSLY-ILL patients have to wait hours for attention from nurses stretched to breaking-point at the chronically understaffed Johannesburg Hospital.

Patients who should be in hospital have been turned away because of the bed shortage there, said Cassally Department head Dr Rick Wallace.

"We are exceeding the limits of patient safety and I don't see the situation improving," he said.

More than half the hospital's beds lie empty as there are not enough staff to tend patients. Last week the hospital appealed

to fifth-year Wits medical students to help out, but the students refused to pitch in unless certain conditions were met, including a bar on racially discriminatory policies at the hospital.

Transvaal MEC for Hospital Services Daan Kurstein replied that the provincial administration would not be "threatened by students into changing decisions taken by the executive committee years ago". Consequently, few students turned up to help.

Further pressure is being put on the Johannesburg Hospital by J G Strijdom Hospital's problems. More than 50 nurses and 30 doctors resigned when it was announced that the J G Strijdom was to become an "own affairs" hospital.

The Johannesburg Hospital has contracted 90 nurses from a private firm to help fill its 120 vacant nursing posts.

The hospital is losing about five nurses a month. Most have left for financial reasons.

Private nurses earn far more than provincial nurses who perform the same duties. The provincial nurses are entitled to housing and medical aid benefits, but lose these when they marry.

Many private nurses are married. If they wish they can work only 18 hours a week, compared with the 40-plus hours put in by provincial nurses.



A nurse attends to a critically ill patient in a trauma ward filled with patients who should be in an intensive care unit. The trauma wards have 12 patients and only two nurses. Ideally, a patient in intensive care should have five nurses. Picture: ROBERT BOTHA

Report sent

...however, ... the local market, falling HK\$9.

Market falls

North was ... last week and

BUSINESS DAY, Monday

Flexitime brings nurses back

Hospitals' countrywide are experiencing a serious shortage of nurses. For many years poor salary packages have been blamed.

But one very important factor which prevents qualified sisters taking up vacant hospital posts is the inflexibility of working hours. According to the South African Nursing Association, 60 percent of this country's nurses are married women. Women with husbands and families, and homes to run.

Nurses interviewed by The Star said the rigidity of shifts at provincial hospitals made it impossible for them to continue working.

"We had to make a choice — home or career. Obviously there are times when your home has to come first," one said.

"I kept on working when I had my first child but I found it hell. When they get sick you cannot do anything. You just put them in a creche, sick or not," said a woman who worked at the Johannesburg Hospital.

Cream of the crop

An ICU-trained sister who left the hospital six months ago and is now working in commerce said she earned a gross salary of R1 900 a month plus a R150 non-pensionable allowance for specialised work.

"ICU sisters are the cream of the crop yet province was giving me a salary of R1 900 a month after 10 years. Private agencies are offering R3 000 for the same job at the same hospital," she said.

"I left the hospital because I could not work the inflexible hours and could not come out on that salary. The inflexibility of hours means you are forced to make a choice between your marriage and career. It was soul-destroying to leave and I thought long and hard about it," she said.

The sister said nurses deserved competitive salaries plus additional payment for responsibility and hard work.

"An ICU sister has to work shifts and weekends and has an enormous amount of responsibility, yet she is paid the same as a nurse working in the blood room whose

The inflexibility of provincial administration rules has meant thousands of qualified nursing sisters sit at home unemployed while hospitals battle to cope with a severe nursing shortage.

TONI YOUNGHUSBAND, The Star's Medical Reporter, reports.

major responsibility is not to bruise a patient," she pointed out.

"If we were properly paid we would not mind working extra hours or at weekends."

Many nurses are choosing private work.

"I worked in a provincial hospital for many years, then went on maternity leave. Knowing that the unit I was working in was short of nurses, I was in a turmoil about whether to go back or stay home with my kids. I resigned. My kids are my highest priority.

"When I approached the hospital some months later prepared to work part time they said they did not have any work for me. I scanned the newspapers and found a private nursing agency," a young mother said.

The agency, run by Hofcor Holdings, has staffed a surgical ward and the paediatric intensive care unit at the Johannesburg Hospital for the past nine years. It has now been asked to staff four wards, four theatres, an intensive care unit and to fill at least 12 other posts.

Managing director of Hofcor Holdings Mr David Hoffman said the shortage was not a shortage of heads but a shortage of active participation.

According to his nurses, their wards are the only ones fully staffed at the Johannesburg Hospital at present.

"Because they are able to work whatever shifts they choose, we are able to find staff. By accommodating each person we may find one post filled by three people, each working a different shift," he said.

One nurse, now employed by Mr Hoffman's company, said she had been out of nursing for 12 years.

"I left the profession to have babies and stayed at home for 12 years. I thought I would never come back because of the shift situation at the hospitals and the pressure under which nurses have to work."

A mother of two teenage children came back to work after 22 years.

"I was divorced and decided I wanted to go back to work. I was very nervous at first but the other nurses were very supportive. I started working just two days a week and am now working four days," she said.

One important feature of the flexitime programme is that there is less pressure on the nurses and they therefore have more time for training.

Come back

"You are not promoted to any position of responsibility for at least a year and you always have someone senior above you who can teach you. You don't have the fear that you won't cope with modern technology," one sister said.

The agency encourages mothers or women who have not worked for a while to come back into the job market.

The private nurses, like their provincial counterparts, work six-hour shifts but can choose how many shifts they would like to work and when.

"I work on Sunday nights and one afternoon a week. We also have the opportunity to swop so if my child is ill I can call on a colleague to take over my shift," another sister said.

Provincial nurses' employment packages include medical aid and pension benefits and a housing subsidy.

"But once you get married these fall away. You don't have a choice. You have to take them when you start out, then you lose them. But you are still earning the same low salary.

"At least the private nurses have a choice. They aren't forced to take these benefits and they get cash instead," a dissatisfied provincial sister said.

Flexitime brings nurses back

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An ICU-trained sister who left the hospital six months ago and is now working in commerce said she earned a gross salary of R1 900 a month plus a R150 non-pensionable allowance for specialised work.

"ICU sisters are the cream of the crop yet province was giving me a salary of R1 900 a month after 10 years. Private agencies are offering R3 000 for the same job at the same hospital," she said.

"I left the hospital because I could not work the inflexible hours and could not come out on that salary. The inflexibility of hours means you are forced to make a choice between your marriage and career. It was soul-destroying to leave and I thought long and hard about it," she said.

The sister said nurses deserved competitive salaries plus additional payment for responsibility and hard work.

"An ICU sister has to work shifts and weekends and has an enormous amount of responsibility, yet she is paid the same as a nurse working in the blood room whose

The inflexibility of provincial administration rules has meant thousands of qualified nursing sisters sit at home unemployed while hospitals battle to cope with a severe nursing shortage. **TONI YOUNGHUSBAND, The Star's Medical Reporter, reports.**

major responsibility is not to bruise a patient," she pointed out.

"If we were properly paid we would not mind working extra hours or at weekends."

Many nurses are choosing private work.

"I worked in a provincial hospital for many years, then went on maternity leave. Knowing that the unit I was working in was short of nurses, I was in a turmoil about whether to go back or stay home with my kids. I resigned. My kids are my highest priority.

"When I approached the hospital some months later prepared to work part time they said they did not have any work for me. I scanned the newspapers and found a private nursing agency," a young mother said.

The agency, run by Hofcor Holdings, has staffed a surgical ward and the paediatric intensive care unit at the Johannesburg Hospital for the past nine years. It has now been asked to staff four wards, four theatres, an intensive care unit and to fill at least 12 other posts.

Managing director of Hofcor Holdings Mr David Hoffman said the shortage was not a shortage of heads but a shortage of active participation.

According to his nurses, their wards are the only ones fully staffed at the Johannesburg Hospital at present.

"Because they are able to work whatever shifts they choose, we are able to find staff. By accommodating each person we may find one post filled by three people, each working a different shift," he said.

One nurse, now employed by Mr Hoffman's company, said she had been out of nursing for 12 years.

"I left the profession to have babies and stayed at home for 12 years. I thought I would never come back because of the shift situation at the hospitals and the pressure under which nurses have to work."

A mother of two teenage children came back to work after 22 years.

"I was divorced and decided I wanted to go back to work. I was very nervous at first but the other nurses were very supportive. I started working just two days a week and am now working four days," she said.

One important feature of the flexitime programme is that there is less pressure on the nurses and they therefore have more time for training.

Come back

"You are not promoted to any position of responsibility for at least a year and you always have someone senior above you who can teach you. You don't have the fear that you won't cope with modern technology," one sister said.

The agency encourages mothers or women who have not worked for a while to come back into the job market.

The private nurses, like their provincial counterparts, work six-hour shifts but can choose how many shifts they would like to work and when.

"I work on Sunday nights and one afternoon a week. We also have the opportunity to swop so if my child is ill I can call on a colleague to take over my shift," another sister said.

Provincial nurses' employment packages include medical aid and pension benefits and a housing subsidy.

"But once you get married these fall away. You don't have a choice. You have to take them when you start out, then you lose them. But you are still earning the same low salary.

"At least the private nurses have a choice. They aren't forced to take these benefits and they get cash instead," a dissatisfied provincial sister said.

Nursing crisis: students heed stayaway call

95

13/7/89 . Medical Reporter

The majority of the University of the Witwatersrand's fifth-year medical students appear to have heeded a call by the Medical Students Committee (MSC) to stay away from the Johannesburg Hospital until patient services are desegregated and nurses granted better working conditions.

A hospital spokesman said yesterday only one student was expected to report for duty today.

The hospital called on the students for help a fortnight ago when it was hit by a nursing crisis. Sources told The Star about 30 nurses resigned on one day.

Poor salaries and the inflexibility of working hours have been blamed for the nurses' dissatisfaction.

President of the MSC Mr Andrew Don-Wauchope said last week the decision to work at the hospital depended on whether the work conformed to the Hippocratic Oath which included the provision of equal health services to all. The students also want health authorities to acknowledge the unsatisfactory working conditions of nurses.

'Some moonlight to make ends meet'

Nurses' association seeks urgent talks

Own Correspondent

DURBAN — The SA Nursing Association has called for urgent talks with the Government to discuss the crisis in the nursing profession.

The association yesterday disclosed that 20 percent of nurses' posts are empty in government hospitals throughout South Africa because of dissatisfaction over salaries and working conditions.

"The situation is serious and we must have talks with the Government now," association president Miss Odelia Muller said from Pretoria.

"We are very concerned about patient care in South Africa. They are the ones who will suffer."

Her comments follow reports about growing dissatisfaction among nurses at Durban's Addington Hospital. There have also been problems at the Johannesburg Hospital.

"The events of the past week at these two hospitals have increased our concern about the nursing situation in this country," Miss Muller said.

She described the 20 percent vacancy level as "bad" and said she could not remember when it had ever been as high.

Can't afford food

"We will be making strong representations for better salaries and an improvement in post structures. Our nurses are working under difficult conditions and they are not being paid for it."

She said allowances were inadequate. "After paying tax on these, nurses comes out with virtually nothing. I know of cases of real hardship and some nurses can't afford to buy food.

"What makes it worse is that there are such administration delays. I have been told that some

nurses at Addington and King Edward VIII have had to wait up to a year to get their overtime pay. This is unacceptable."

When asked to comment on claims that nurses could get housing subsidies, she said: "About 65 percent of nurses in South Africa do not qualify for these so this means less than nothing to us."

Nurses had to be breadwinners to qualify.

Because of the grave situation, many nurses were forced to moonlight at private hospitals to make ends meet.

"In many cases, provincial hospitals are giving their approval for nurses to work at private hospitals part-time where they are being paid at an hourly rate or at a special rate."

Some provincial hospitals were so short-staffed that they were employing nurses from private agencies and paying them at a higher rate, Miss Muller said.

20% staff vacancies in hospitals

Crisis looms in nursing profession

20% 13/1/74
ONT 712/15
14/7/81
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By CHRIS BATEMAN

THE nursing profession faces a threatening crisis with an estimated 20% of staff vacancies in hospitals country-wide causing long patient waiting lists, a reduction in essential services and the closure of wards.

In a hard-hitting statement yesterday the president of the Nursing Association, Miss Odelia Muller, said this was caused by uncompetitive salaries, poor overtime payment and inflexible hours.

These factors contributed to a demoralised nursing corps and "inevitably" increased the danger of medico-legal risks, she added.

A recent survey had shown that 80% of nurses left state service within three years of completing their training. While working, they were "of necessity" undertaking off-duty private work to meet their financial obligations.

Immediate correction of the salary packages, increased overtime payment and other "actual steps" to solve grievances would go a long way towards improving the profession, Miss Muller said.

Responding yesterday, Dr George Watermeyer, executive director of Cape Hospital and Health Services, said he was aware of unhappiness in nursing ranks.

He said a national co-ordinating body was currently investigating all aspects of the nursing profession and that he would respond more fully once he had seen the full text of Miss Muller's statement.

Medical sources yesterday said that "moonlighting" by nurses was in contravention of their conditions of employment but that it took place on a large scale. Local hospital seniors were either unaware of this or were diplomatically ignoring the practice.

Groote Schuur Hospital medical superintendent Dr Jocelyne Kane-Berman said she wished the positive aspects of nursing received more media coverage.

"There are exceptional rewards for many members of the profession in a variety of challenging careers in education, for specialist nurse practitioners and in research.

"Nursing is not done justice by constantly emphasising the problems and difficulties; nurses are highly regarded members of the health-care team."



Call for talks on nursing crisis

ARGUS
14/7/89 95

The Argus Correspondent

DURBAN. — THE South African Nursing Association has called for urgent talks with the government to discuss a country-wide crisis in the nursing profession.

The association said that a massive 20 percent of nurses' posts were empty in government hospitals throughout the country because of dissatisfaction with salaries and working conditions.

"The situation is serious and we must have talks with the government now," Miss Odelia Muller, the president of Sana, said in Pretoria.

"We are very concerned about patient care in South Africa. They are the ones who will suffer."

Her comments follow reports in the press about growing dissatisfaction among nurses at Addington Hospital in Durban and problems at the Johannesburg General Hospital.

"The events of the past week at these two hospitals have increased our concern about the nursing situation in this country," Miss Muller said.

She described the 20 percent vacancy level as bad and said she could not remember when it had ever been as high.

"We will be making strong representations for better salaries and an improvement in post structures. Our nurses are working under difficult conditions and they are not being paid for it."

She said allowances were inadequate: "After paying tax on these, nurses come out with virtually nothing."

"I know of cases of real hardship and some nurses can't afford to buy food."

Moonlighting

"What makes it worse is that there are such administration delays. I have been told that some nurses at Addington and King Edward VIII in Durban have had to wait up to a year to get their overtime pay. This is unacceptable."

When asked to comment on claims that nurses could get housing subsidies, she said: "About 65 percent of nurses do not qualify for these so this means less than nothing to us." Nurses had to be breadwinners to qualify.

She said because of the grave situation, many nurses were forced to moonlight at private hospitals to make ends meet.

"In many cases, provincial hospitals are giving their approval for nurses to work at private hospitals part-time where they are being paid at an hourly rate or at a special rate."

Some provincial hospitals were so short-staffed that they were employing nurses from private agencies and paying them at a higher rate.

TYGERBERG



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Nurses in new pay crisis

By KAREN STANDER
Weekend Argus Reporter

THE nursing profession has been plunged into a new crisis with an angry South African Nursing Association making sweeping demands for an immediate pay rise, higher overtime pay and procedures to handle grievances.

The government has been warned that this is the only way to stop nurses leaving the profession.

Dr George Watermeyer, executive director of the Cape provincial department of hospitals, reacted by criticising the nursing association for an "over-simplified approach" by singling out salaries as the major problem.

He confirmed his concern over shortages and the resultant "negative effect on the quality of patient-care as well as the underlying medico-legal implications".

His department was constantly negotiating with the commission for administration for the improvement of total service conditions, including salaries for nursing and other personnel.

Management

"There is concern within management for the singling out of salaries as the major cause of fluctuation in nursing numbers. Wide-ranging social, educational and employment-opportunity related issues also contribute to a complex pattern of recruitment and retention."

"An oversimplified approach to the problems might not address many of these contributory factors."

Hospital authorities said the impact in the Western Cape was not as severe as elsewhere in the country.

Somerset Hospital reported 15 percent vacancies for registered nurses, while Groote Schuur Hospital said only about nine percent of all nursing posts were vacant. Tygerberg Hospital had no vacancies.

President of the South African Nursing Association Miss Odelia Muller said in Johannesburg the shortages were "a threatening crisis".

She said: "The Association has for some time tried to solve the problems in a responsible manner through existing channels. The members however are now becoming impatient and are no longer satisfied with the lack of progress."

Impatient

"Surveys indicate there is about a 20 percent vacancy position in hospitals countrywide. The delivery of quality patient care becomes an almost impossible task with such a serious shortage of nursing personnel."

"The danger of medico-legal risks inevitably increases with a demoralisation effect on overworked nursing personnel."

Miss Muller confirmed earlier speculation that 80 percent of nurses leave state service within three years of training, and "A direct result is a closure of wards and a reduction in services, in some cases essential services, and long waiting lists of patients."

That nurses could not manage on their salaries was borne out by the number who did private work in off-duty hours.

While the association was pleased housing subsidies had been increased, they would help only a few.

A spokesman for Groote Schuur Hospital said shortages had not "as yet" caused wards to be closed.



Picture DANA le ROUX, Weekend Argus.
West German students invited to "get to know" South Africa in six weeks by Lions International arrived in Cape Town yesterday. They are the first of a number of groups the Lions will host this year while students here will go abroad on similar trips. Back row, from left: Margit Twehues, Jessica Schattne, Heinrich Frielinghaus, Alexander Jehn, Niklas Arens, Lions International representative Mr Derick Wilson and Claus Collet. Front, from left, Christine Braun, Julia Gieseler and Rudiger Ackermann.

Nursing crisis talks today

95

Jan 11 1981

Political Staff

CAPE TOWN — Minister of National Health, Dr Willie van Niekerk, is to meet the executive of the South African Nursing Association today to discuss the growing crisis in State hospitals.

Dr van Niekerk also announced in an interview that he was to ask the Minister for Administration, Dr Dawie de Villiers, to investigate nurses' salaries.

The Government has come under fire for the crisis. Many wards have been forced to close as nurses resign.

Democratic Party health spokesman Mr Mike Ellis said the Government was responsible for the situation because of poor pay scales for key workers such as nurses, teachers and policemen.

Dr van Niekerk said he would be seeing the president and executive committee of the Nursing Association later today.

"I am concerned that public hospitals have lost many nurses to the private sector and as a result many of our hospitals are having difficulties keeping up standards," he said.

Nurses, Minister meet today over crisis

Political Staff

DR Willie van Niekerk, Minister of National Health, is to meet the executive of the South African Nursing Association today to discuss the growing crisis in State hospitals.

Dr van Niekerk said in an interview that he was to ask Dr Dawie de Villiers, Minister for Administration, to analyse the salary structure and job satisfaction.

However, the government has come under fire for allowing the crisis, which has included a flood of nurses leaving the profession and wards closing down, to develop before taking action.

"IGNORED"

Mr Mike Ellis, MP, Democratic Party health spokesman, said the government had for years ignored nurses' appeals for full recognition of their important role.

Dr van Niekerk said he was meeting the executive committee of the nursing association today.

"I am concerned that public hospitals have lost many nurses to the private sector and as a result many of our hospitals are having difficulties keeping up standards."

(Report by B Cameron, 122 St George's St, Cape Town)

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PRETORIA. — Two men were gunned down in separate — and police believe possibly related — attacks in central Durban at the weekend, and faction fighting is believed to have been the motive.

In the first incident at a crowded Victoria bus terminus in Market Street, Mr Nqabakayi Tsheligana Mthembu, 60, died when he was shot four times by an unknown gunman.

He was struck in the left temple, the stomach and twice in the back.

Crowds scattered as the gunman opened fire at pointblank range in an area where thousands of commuters were waiting for buses to take them home from work.

In the second shooting, an unidentified man was shot in the right shoulder, the waist and the head near Berea Road railway station about midnight on Saturday.

The shooting was reported to the police

Men gunned down in centre of Durban

Cap. Tumb 17/7/89

by the manager of the Tropicale Restaurant, Mr Silvan Moodley, according to Lieutenant Bala Naidoo.

Four employees of the restaurant had been on their way to the station when the gunman approached them. Three men es-

caped, but the fourth fell in a hail of bullets.

Meanwhile, two men who are alleged to have killed one man and injured two others have been arrested in Mpumalanga, Natal, according to the weekend police unrest report.

● Chief Mangosuthu Buthelezi yesterday urged blacks in Maritzburg to work tirelessly for peace.

Addressing a mass prayer rally at Imbali, the Kwazulu Chief Minister said Inkatha would strive for peace "because it is determined to uphold the time-honoured ideals of the black struggle for liberation".

Chief Buthelezi again read the letter written to him by jailed ANC leader Mr Nelson Mandela and said: "We will not disappoint our heroes and our martyrs who went before us." — Sapa

Nurses to submit demands to minister

OWN Correspondent (95)

THE nursing crisis has reached unprecedented proportions and urgent corrective action is needed to prevent further deteriorations, senior members of the profession said at the weekend.

A delegation from the SA Nursing Association will submit demands for an immediate 15% increase to the Minister of National Health and Population Development, Dr Willie van Niekerk, later this week.

Meanwhile, association executive director Ms Susan du Preez said: "The shortage is affecting nursing services throughout the country.

"It is clear that at the root of the shortage is pay." Ms Du Preez also said the growth of the private hospital industry had lured nurses away from provincial and state services with higher pay and more flexible and shorter hours.

Police name dead lecturer

JOHANNESBURG. — A University of Fort Hare lecturer who died at the Potchefstroom offices of the SAP narcotics branch at the weekend has been named.

Police said Mr Tobias Benajmin van Niekerk, 36, was being questioned in connection with allegedly luring, molesting and committing an indecent act. While being questioned, he fell over backwards in the throes of an apparent heart attack, police said.

Preparations for an inquest are under way. — Sapa

Blackwell slashes at women's TV fashion

NEW YORK. — Designer Mr Norman Blackwell says there are some serious fashion problems on television.

His list of the worst-dressed women on the tube, compiled for TV Guide, includes Roseanne Barr ("takes thrift-shop chic to the terrifying limit"), Vanna White ("mall fashion at its worst"), the women of "Dallas" ("glamour by excess") and Bea Arthur of "Golden Girls".

He gives qualified praise to Melanie Mayron, saying her "Thirtysomething" character "makes her own kind of Bohemian-flavoured fashion music".

There are some nicely-dressed prime-time women, specially Candice Bergen of "Murphy Brown". He also praises Angela Lansbury, Barbara Walters, Nicollette Sheridan of "Knotts Landing", Jane Curtin and Susan Saint James of "Kate and Allie" and Jane Wyman of "Falcon Crest". — UPI

of the summit in Paris yesterday.

Nursing crisis puts pay pressure on govt

GERALD REILLY **95**

PRETORIA — The worsening nursing crisis — a 20% shortage nationwide — will compel government to make an early adjustment to nurses' salaries, sources here say. *81 Day 171789*

At the weekend Deputy Health Minister Michael Veldman said government would use its limited funds to do everything possible to stop the flow of staff to the private sector.

Later this week the SA Nursing Association (Sana) is to submit a 15% increase demand to Health Minister Wille van Niekerk.

Sana executive director Susan du Preez said the association had warned of the looming crisis repeatedly during the past decade. Adjustments made to pay and service conditions had never gone far enough, she said.

□ Johannesburg Hospital has not been brought to the point of collapse by the shortage of nurses, hospital superintendent R G Broekman said at the weekend. Hospital management was, however, gravely concerned.

private meeting before the
Picture: REUTERS

Voters' rolls condemned

81 Day 171789
SPOKESMEN for the DP, NP and CP have all condemned the state of voters' rolls for the September 6 election as a shambles, filled with the names of dead and missing voters.

Johannesburg NP councillor Robert Rousseau said he had written to the Department of Home Affairs about the Bezuidenhout constituency roll.

He said there were many cases where people on the roll had been dead for more than five years, or had gone overseas.

He said there were also those on the roll who still used the old ID cards with a different digit count.

EDYTH BULBRING

He said after consulting with Johannesburg Council municipal voters officials, a meeting with senior Home Affairs officials had been arranged.

It was suggested that people overseas be flagged (their names bracketed on the roll so they may not vote) until they returned and funeral directors be asked for data on all deaths in Johannesburg since 1986.

But a new roll would only be ready for the next general election, he said.

A DP spokesman said in Hillbrow, for example, about half of the 19 000 registered voters had moved away.

Committee looks at Soweto rent crisis

ISOLATING the more emotional content of issues such as rent payment would be the first step in addressing Soweto's financial difficulties, Development Bank of SA (DBSA) CE Simon Brand said yesterday. *81 Day 171769*

"The issue of home ownership should be isolated from current payment of service charges," said Brand, who has been asked to chair a committee which will supervise Soweto's financial adjustment.

ANITA LEVY

Brand said he was sure that in the process of the financial adjustment Soweto's R210m rent debt would be looked into.

The committee, which comprises council and provincial administration members, will look at ways to cover Soweto's immediate deficits. In the long term the committee will plan expenditure on an ongoing basis.

Govt to probe nursing conditions

CAPT TINKS
18/7/89
(95)

Staff Reporter

THE government will urgently investigate the working conditions of nurses.

This announcement was made yesterday by the Minister of Health, Dr Willie van Niekerk, after he met a delegation from the South African Nursing Association (Sana) headed by its president, Miss Odelia Muller.

The meeting follows a threatened crisis in the nursing profession with an estimated 20% of staff vacancies in hospitals country-wide causing long patient waiting lists, a reduction in essential services and the closure of wards.

This was caused by uncompetitive salaries, poor overtime payment and inflexible hours, Sana has said. They suggested an urgent 15% pay rise towards alleviating the problem.

In a statement yesterday, Dr Van Niekerk said the association had stressed issues concerning the recruitment and retention of staff, backlogs with regard to remuneration and difficult working conditions.

"It is clear there has been an exacerbation of problems since my previous meeting with the association. I fully appreciate the extent of the problems and the association's concern. However, these are



Dr Willie van Niekerk

complicated and interwoven issues for which no instant solution exists."

Dr Van Niekerk said requests regarding the employment dispensation of nursing staff would be conveyed to the Minister of

Administration and Privatisation, Dr Dawie de Villiers.

The Commission for Administration would also be requested to conduct an inquiry "as a matter of urgency".

Dr Van Niekerk said he had instructed the Health Matters Advisory Committee to urgently investigate and report on the promotion of a more efficient nursing service.

Miss Muller said last night that the meeting had been "very positive".

"I do believe he will do his best to assist us. We expect positive results although we cannot say that we will get everything we have asked for."

She said they had discussed "inadequate salaries, nursing structures and internal problems".

Asked whether the minister had given any indication of an increase in salaries, she said: "He could not promise us this. He does not hold the purse strings since there are a number of other state departments involved."

She said that Sana had expressed concern about the number of experienced nurses who were leaving the profession.

About 80% of nurses left state service after about three years, leaving inexperienced staff to nurse the wards, she said.

"We told the minister that we believe that promotion possibilities are at present not adequate," she added.



Nurses' pay and conditions: Urgent inquiry

PKGS
18/7/89 95

By KAREN STANDER
Medical Reporter

SALARIES and working conditions of nurses in government service are to be investigated after a meeting between the Minister of National Health and representatives of the South African Nursing Association.

The commission for administration is to investigate salaries and the health matters advisory committee will probe working conditions, said the Health Minister, Dr Willie van Niekerk.

He said the nursing association had emphasised issues concerning the recruitment and retention of staff, backlogs re-

garding remuneration and difficult working conditions.

Dr van Niekerk expressed appreciation of the extent of the problems, which had exacerbated since his previous meeting with the association.

"However, these are complicated and interwoven issues for which no instant solution exists," he said.

Requests regarding the "employment dispensation" of nursing staff would be conveyed to the Minister of Administration and Privatisation with the request that the commission for administration conduct an inquiry as a matter of urgency.

With regard to working conditions, he had instructed the

health matters advisory committee to urgently investigate and report on the promotion of a more efficient nursing service.

The investigation would include:

- The full participation of senior nursing service manager in the overhead management processes;

- The promotion of primary health-care services;

- Optimal use of staff; and

- Efficient liaison between employer and employee.

The results of the inquiry would be submitted by Dr van Niekerk to the national health policy council and, where applicable, the Cabinet.

Minister orders probe for better nursing service

18/7/89 By Kalzer Nyatumba (95)

A health matters committee will soon "urgently" investigate and report on the promotion of a more efficient nursing service, the Minister of National Health and Population Development, Dr Willie van Niekerk, said last night.

After discussions with the South African Nursing Association (SANA) in Pretoria yesterday, Dr van Niekerk also said he would convey SANA's request to the Minister of Administration and Privatisation that the Commission of Administration conduct enquiries into the employment dispensation of nursing staff and general working conditions "as a matter of urgency."

Dr van Niekerk said SANA was concerned mostly about the recruitment and retention of staff, backlogs with regard to working conditions and difficult working conditions.

He said it was clear that problems encountered by nurses had worsened since his last meeting with the association, and he fully appreciated the extent of, and the association's concern about, the problems.

COMPLICATED

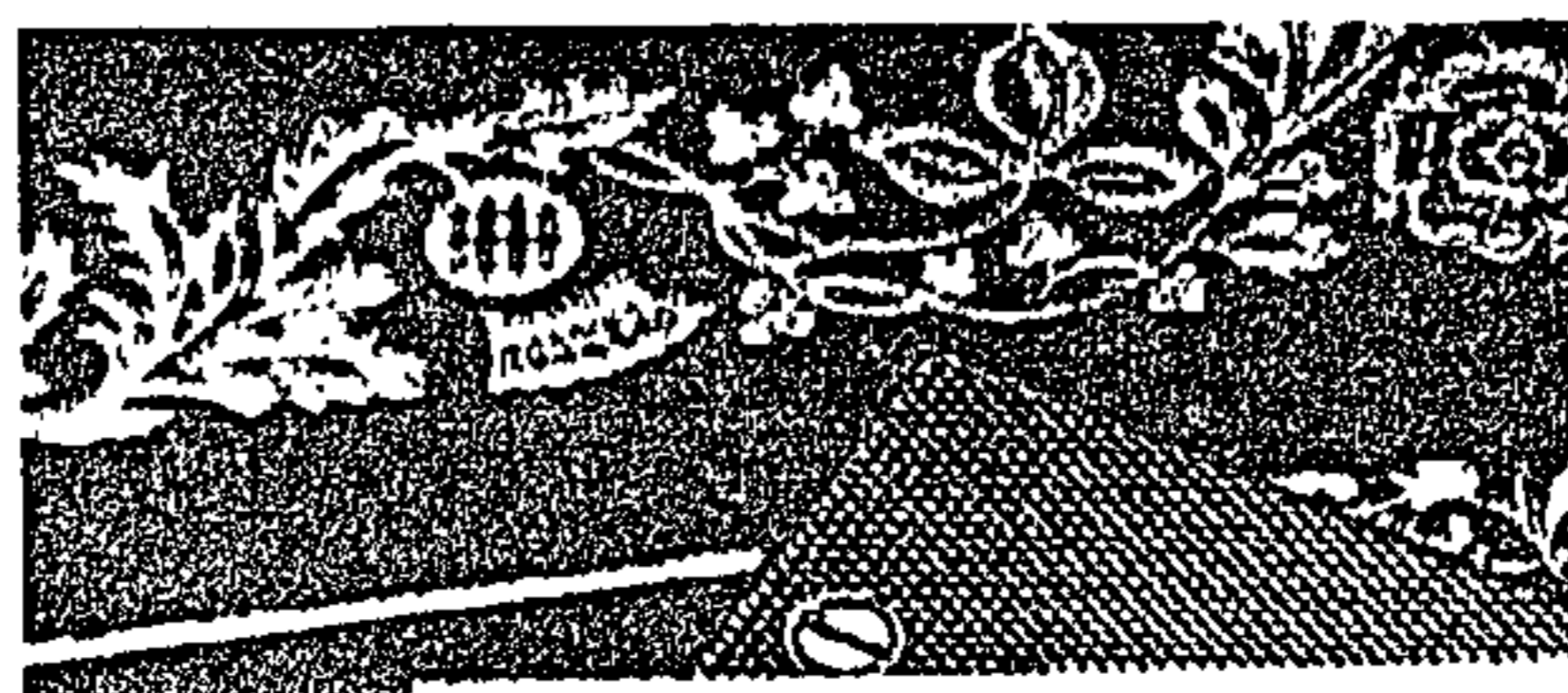
"However, these are complicated and interwoven issues for which no instant solution exists. Evidently, these problems should be addressed urgently," Dr van Niekerk said.

He said he had instructed the Health Matters Advisory Committee to investigate urgently and report on the promotion of a more efficient nursing service with special reference to:

- The full participation of senior nursing service managers in the overhead management processes at every level of health management.
- Ways in which emphasis on personal primary health care services can be promoted.
- Bringing about a balance in the rendering of services to all population groups.
- The optimal utilisation of staff.
- Efficient liaison at all levels between the employer and employee.

The results of the enquiry would be submitted to the National Health Policy Council and, where applicable, to the Cabinet, Dr van Niekerk said.

SANA would identify further aspects to be investigated by the committee, and would be given "ample opportunities" to contribute to the enquiries, the Minister said.



'Dallas-style rule' in SA

B(Dan 19/7/89)

CAPE TOWN — Crisis after crisis, such as the latest nursing crisis, may have worked wonders for Dallas's TV ratings but it had been disastrous for SA to be governed this way, the Democratic Party MP for Gardens, Ken Andrew, said last night.

"The nursing crisis is just the latest crisis in the longest running drama series in SA," he said at a DP meeting in Green Point.

"Yet, we still have an education crisis, a sharply increasing crime rate, an old age pensioner crisis, rampant inflation and a poverty crisis of frightening proportions."

There were two reasons for this: the NP government had ruined the economy so there was less money available for almost everyone, and when money was available, it was often misspent and allocated to wasteful and unproductive products.

"We need fewer Ministers of Health and more nurses — properly paid and with reasonable working conditions.

"We must stop taxing illness and remove

95
Political Staff

GST from medicines," Andrew said.

Sapa reports the chairman of the Green and Sea Point Ratepayers Association and insurance consultant Annette Reinecke, is to be the NP's candidate in the Claremont constituency. She will oppose DP MP Jan van Eck.

The procedure for the official nomination of candidates for the coming general election begins today.

Smaller

Independent candidates must submit the required 300 signatures to electoral officers by 4pm today so that their nominations can be considered on Monday.

Candidates in smaller constituencies need only 150 signatures.

Candidates who belong to registered political parties do not have to submit signatures.

A first in black nursing

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Sweetan
19/7/89



Mrs L. T. Phore was recently appointed first black principal at a nursing college. She is principal of the Natalispruit Nursing College. Together with the basic nursing diplomas she holds a BA degree in nursing and an honours degree in nursing science from Unisa. She is presently studying towards her masters degree at the University of the Witwatersrand.

Nurses 'trust crisis will be ended' 95

Medical Reporter

The South African Nursing Association (Sana) "had complete trust" that the steps undertaken by the Minister of Health, Dr Willje van Niekerk, regarding the country's nursing crisis would bring relief.

Dr van Niekerk has ordered an urgent investigation into the countrywide nursing crisis brought on by mass staff resignations in many of the country's provincial hospitals.

The president of the Sana, Miss Odelia Muller, said that at a meeting yesterday Dr van Niekerk had shown understanding of the difficult conditions under which nurses worked.

She said although Dr van Niekerk had indicated that specific attention would be given to the problems at the academic hospitals, his investigation would address problems over a wide spectrum.

Savetam 20/1/84

Nurses have faith in Govt

95

THE SA Nursing Association said it had "complete trust" that the Government would bring relief to the nurse's crisis.

Miss O H Muller, president of Sana, discussed the crisis with the Minister of National Health, Dr Willie van Niekerk this week.

"The nursing problems brought to his attention will now receive in-depth attention.

Problems

"Although specific attention is given to the academic hospitals, for example, Baragwanath, Johannesburg General, Addington, King Edward and Groote Schuur, the investigation which will be launched, will address problems over a wide spectrum.

"The SA Nursing Association has complete trust that the steps the Minister has undertaken regarding the current difficult situation will bring relief."

Overhaul

Van Niekerk said yesterday that after his talks with nurses, a major investigation would start next week.

A complete overhaul of the profession could be expected, to halt the crisis in State hospitals, he said.

The Minister for Administration, Dr Dawie de Villiers, has been asked to look into nurses pay, including their request for a 15 percent pay hike.

Van Niekerk said there were three major problems causing the nursing crisis - pay, work conditions and liaison.

Nursing crisis hits ICU service

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20/7/89
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By YVETTE VAN BREDA

ONLY half the beds in the Intensive-Care Units (ICU) at Grootte Schuur Hospital are being used because of a shortage of trained nurses, a senior intensive-care consultant at the hospital said yesterday.

Professor P D Potgieter added that if the salaries and working conditions of nurses were not improved, the situation would worsen.

"Nurses leave the profession constantly because of low salaries, stress, the huge responsibility and the physically and mentally demanding nature of their work — especially in intensive care," he said.

GSH medical superintendant Dr Jocelyne Kane-Berman said a 30% increase in beds in ICU had been planned in the "new hospital" but they would not be put to use immediately. She hoped they would be operative in the following two years.

Professor Potgieter said: "We have to do something to improve the nurses' lot otherwise we'll be left without any of them."

He said GSH was a "very good" training hospital and had about 10 ICUs. Ideally there should be one nurse to a patient at all times (which meant three nurses to a patient).

At GSH there was about 25 nurses to 10 beds and sometimes "one nurse to two or more patients at one time", which reduced patient care, he said.

"It takes about six to seven years before nurses are fully trained to

work in ICU and they are not adequately remunerated," he said.

"There is an increase in ICU facilities in private hospitals and not enough trained nurses to run them.

"Private hospitals offer significantly better salaries — about 25% more than state hospitals — and nurses leave teaching hospitals to work there," Professor Potgieter said.

Nurses also left the profession to study further, have babies and start new occupations. Long hours, low salaries and night duty contributed to the exodus.

Dr Kane-Berman said that ideally there should be 4,25 nurses to one patient in ICU. Although she could not say how many nurses tended one patient at Grootte Schuur, it was not that many.

Asked whether it was unusual for 20 nurses to leave the hospital in one month, she said it would not surprise her. Many nurses left in one month but as many replaced them.

She was unaware of nurses' salaries at private hospitals but felt they were only "slightly" higher than at state hospitals.

● Salaries and working conditions of nurses in government service are to be investigated, following a meeting between the Minister of National Health, Dr Willie van Niekerk, and representatives of the South African Nursing Association.

The commission of administration is to investigate salaries and the health matters advisory committee will probe working conditions, Dr Van Niekerk said.

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S/Tues 23/7/89

Race bars crash as hospital runs out of nurses

By ANDREW GILLINGHAM, TERRY VAN DER WALT and HAMISH McINDOE

AS South Africa's nursing crisis escalated this week, race bars tumbled in a desperate bid to save the life of a critically ill woman.

The woman — whom hospital authorities have refused to name — was moved to Soweto's Baragwanath Hospital when Johannesburg Hospital could not accommodate her in its intensive care unit.

Suffering from pneumonia, she had been taken to Johannesburg Hospital from a private clinic in Germiston on Thursday.

With two other patients waiting for admission to the ICU, the hospital decided to move the 28-year-old woman to Bara.

"We didn't have enough nurses to cope," said chief superintendent Dr Reg Broekmann.

The incident has highlighted the critical shortage of nursing staff at provincial hospitals throughout SA.

This week Dr Willie van Niekerk, Minister of National Health and Population Development, ordered an urgent probe into the shortage.

Pressed

The Johannesburg Hospital has a 33 percent shortage of nursing staff.

Dr Broekmann said: "We have 833 beds open but the hospital's capacity is twice that."

"If we had more staff we would open the other beds, but we are hard-pressed to just maintain existing services."

In Cape Town, half the beds in the Groote Schuur ICU are closed and there are vacancies for 359 nurses at five provincial hospitals in the Peninsula.

At Durban's Addington Hospital, the surgical ward in the paediatric department has already been closed and patients with chronic renal failure are being turned away from the life-giving dialysis unit.

Dr Dirk van Rooy, chief superintendent at Pretoria's H F Verwoerd Hospital, said pressure on staff was being controlled by limiting admissions.

Salaries

"We won't turn away anyone in real need, but we are losing nurses every month to the private sector," he said.

Mr Graham Anderson, executive director of Clinic Holdings, denied that private hospitals were to blame.

"Salaries in the private sector are not that much better. Nurses who have worked in state hospitals for some time — with perks such as housing subsidies — are often better off."

"Nursing is all too often run on military lines. Rules which state what time a nurse must return to the hostel don't help recruitment," he added.

A Baragwanath Hospital spokesman said: "Among black people, nursing is regarded as a high-status profession. We have no problem finding suitable applicants."

"Here, the shortage is beds, not nurses."

(95)

Black nurses save white hospitals

GERALD REILLY

PRETORIA — Without black nurses at Johannesburg Hospital the bed shortage would become even more critical.

This is clear from information given at a media conference here yesterday by MEC in charge of hospitals Daan Kirstein.

He said only 830 of the 1 800 beds were in use because of the nursing crisis. Currently more than half — 50,6% — of qualified nursing staff was black. The hospital was "capacity full" and every day patients had to be referred to other hospitals.

Kirstein said some years ago he had refused to allow black nurses to work in white hospitals. At the time there was a shortage of black nurses.

"I could not prejudice patients in black hospitals by draining away black nurses to help staff white hospitals."

"We now have a surplus of black nurses and the overflow is being used to relieve the problem in white hospitals."

Kirstein said National Health Minister Dr Willie van Niekerk had launched a broad investigation into nurses' grievances, including salaries, and hopefully the problem would be solved.

Asked if the admission of blacks to half empty white hospitals would be on the agenda, Kirstein said, "possibly, they'll think again about this aspect".

He said the J G Strijdom Hospital should be treated as a general affairs hospital until its status was finally determined.

Overcrowding at Baragwanath could be solved overnight if greater use was made of township clinics. It was no place for people with minor complaints. Community clinic nurses could handle 80% of cases.

JHB Hospital graft probe

By MONK NKOMO

THE Government has appointed a commission of inquiry into allegations of corruption and on the acute shortage of nurses at the Johannesburg Hospital, it was announced yesterday.

Speaking at a Press conference in Pretoria, Mr D P Kirstein, MEC in charge of Hospital Services in the Transvaal, said they only had enough nurses for 830 of the 1 800 beds at this hospital.

complained of various irregularities. Kirstein said a committee has been set up to inquire into the functioning of the Johannesburg Hospital as an academic hospital.

He added that the allegations of corruption were also going to be investigated.

Prompted by the disclosure made by Mr Adriaan Vlok, Minister of Law and Order, on Tuesday - that large numbers of people were

going to turn up at hospitals on August 2 for so-called medical treatment in order to disrupt medical services. Kirstein stressed that hospitals and clinics were there for the treatment of sick people and they were allocated staff according to the scope of their patient care.

"All persons should realise that we cannot by any means allow harm to come to our patients," said Kirstein.

He also announced

• To Page 2

Jhb hospital graft probe

• From page 1

that the working conditions and salaries of the nursing profession countrywide were at present receiving urgent

attention from the Government and a decisive answer could soon be forthcoming.

This followed last week's meeting between the Minister of Health and the executive committee of the South African

Nursing Association. The meeting centered on the exodus of nurses from government hospitals to the private sector because of dissatisfaction over salaries and the inflexibility of working hours.

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Nurses hurt in Alex fire

SIX nurses were injured and an Alexandra activist narrowly escaped death during two separate incidents in the township in the early hours yesterday.

Witwatersrand's police spokesman Colonel Frans Malherbe dismissed

By MATSHUBE MFOLOE

allegation of petrol bombings and said one incident was an arson attack while the other was caused by an electrical fault.

He said an arson case

has been opened and police were investigating.

The nurses suffered shock, cuts, smoke inhalation and bruises before they were rescued at the Alexandra Health Centre.

They claim that a petrol bomb was thrown

into their home at about 3.45am

The injured nursing sisters are Eugene Ngwekazi, Augustine Mavis Mocketsi, Mary Bukana, Beauty Tsounyana and Violet Ramohitshana.

• To Page 2

Nurses hurt in fire

• From page 1

They were treated for shock and cuts. Ramohitsana is still in a critical but stable condition at the health centre.

The director of the centre, Dr. Tim Wilson said Ramohitsana had inhaled poisonous gas.

In a second incident, an apartment shared by the restricted chairman of the Alexandra Youth Congress, Mr Paul Mashatile, (27) and his secretary, Mr Jacob Mtshali (25), was set on fire by unidentified men at about 4am while the two were asleep. They were woken-up by breaking glass and a fire had broken out.

No one was injured and damage was estimated at R5 000.

According to an eyewitness who refused to be named, two white men were seen running away from the premises and later sped off in a car. A container of petrol was found next to the window from where the fire started. It was removed by police.

Police and fire department officials who were called to investigate the clinic blaze said they suspected the fire was caused by an electrical fault.

'Thanks very much for the boxes of chocolate and 'you girls deserve a medal', but that doesn't put bread in my breadbin'

TO their patients they're still known as Sister, but officially they're now called Professional Nurses.

The name change doesn't impress them, though South Africa's nurses are angry and bitter — and they're leaving the profession in their hundreds. Some financial recognition of their professionalism, the unsocial hours, and the responsibility they live with might help.

"Thanks very much for the boxes of chocolates and the 'You girls deserve a medal' messages — but that doesn't put bread in my breadbin," said a theatre sister in a private hospital.

"And the saddest thing is that I believe the country's best nurses — experienced, valuable and expensively trained — are now medical reps, or housewives, or doing something which has nothing to do with nursing, because they're not prepared to put up with the hours, the money and the working conditions."

There is a 20 percent shortage of nurses nationwide, according to Miss Odelia Muller, president of the South African Nursing Association. At Groote Schuur Hospital only half the intensive care beds are being used because of a shortage of trained nurses.

This means people could die because they cannot always get an intensive care bed when they need it.

DOCTORS are worried. Says Professor Peter Potgieter, an intensive care specialist: "We are concerned that the demand for intensive care beds and sophisticated medicine is outstripping the supply of adequately trained nurses. We're admitting only the sickest patients.

"Some people being treated in general wards would probably be better off in intensive care — and some people are being admitted from general wards when they would have done better if they had been in intensive care from the start."

Professor Potgieter said a recent local survey had shown low salaries was nurses' number one complaint. "It's not all negative — there are a lot of rewards in nursing, and a lot of job satisfaction. But eventually, without adequate remuneration, job satisfaction wears thin.

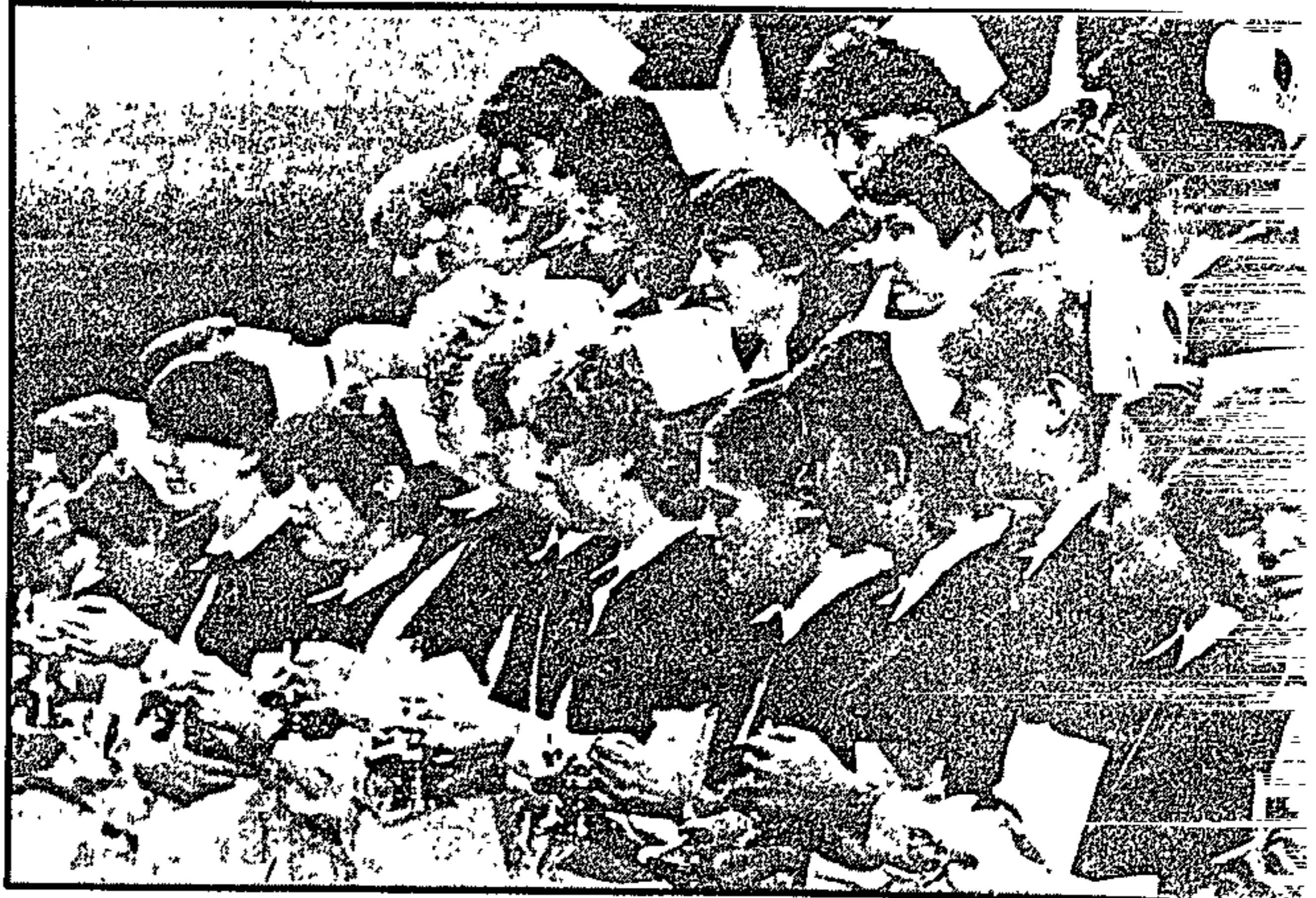
"Nurses end up paying for the privilege of doing a tougher job."

The public should be worried too. Not only do you and I depend on the competence and dedication of nurses when we are at our most vulnerable — sick, in pain, frightened, unconscious — but we, as taxpayers, are footing the bill for expensive training which some nurses barely use.

According to Miss Muller, a recent survey showed that 80 percent of nurses left state service within three years of completing their training.

One nurse who left the profession entirely after 12 years — at 30 she was earning just R2 000 a month — was described by her former matron as "A superb nurse, and a great loss to the profession. She was matron material, that one."

DR George Watermeyer, executive director of the Cape's department of hospitals, has said singling out salaries as the nursing profession's main problem represents an "oversimplified" approach. And Dr Jocelyne Kane-Berman, medical



Special report
by
VIVIEN HORLER
Weekend Argus Reporter

superintendent of Groote Schuur Hospital, said: "Nursing is done an injustice by constantly emphasising the problems and difficulties. Nurses are highly regarded members of the health-care team."

But it doesn't feel that way to the nurses.

Mary is a senior theatre sister in a private hospital in Cape Town. She is 28 years old, began her training in 1979 and qualified, with a midwifery diploma, four years later. She earns R1 700 a month gross, plus R150 theatre allowance. She earns extra if she is called in for an emergency operation.

"My job is very responsible. I'm the scrub sister. That means I'm the surgeon's assistant and am responsible for just about everything that happens in the theatre.

"I'm responsible for the swab count, for the right instruments being at hand, for making sure the nurses who are assisting the anaesthetist and me are doing their job properly. I also look after sophisticated and expensive equipment.

"We're doing a job that's vital to the community. We put in a lot of years and we make it our business to be responsible and competent. I think the money we earn is disgusting, absolutely appalling.

"In terms of what we're expected to do and the responsibility we carry, our salaries are not even vaguely close to what they should be.

"If you look at someone with 10 years' experience in computer science, I guarantee they're not earning R1 700 a month.

"People are always talking about nurses' job satisfaction. It's true, nursing is a stimulating and interesting job, but job satisfaction also entails earning decent money. I don't want to sit back and do nothing for a big fat cheque — I'm prepared to work my butt off, but I want to be paid for it."

THE fact that dissatisfied nurses are leaving the profession placed an even greater burden on the ones who remained. "Some places are working with a skeleton staff, which means people work unbelievably long hours, doing unbelievably draining work.

"In an eight-hour operation I can't stop for a five-minute smoke-break. I can't even go to the lavatory. And I don't know of any other profession where people can work for eight hours solid without a break, concentrating hard all the time, and earn R1 700 a month for it.

Jane is 29 and a sister in an intensive care unit at a provincial hospital with 10 years' nursing experience but no specialised ICU training. She has worked in both private and state hospitals, but returned to state hospitals mainly because of

NUR PAY FOR PRIV

the housing subsidy offered to single women. She earns R1 700 a month, plus R150 a month ICU allowance, and gets a housing subsidy of almost R600, bringing her gross earnings to R2 415.

"Nursing is not a vocation any more, we're professional people with a lot of responsibility. Overseas you get specialised teams who will take blood samples or do ECGs, here we do it

"The selection for nurses is becoming incredibly strict. You need a matric exemption these days if you're going to cope academically with the new four-year course. But you're not financially compensated.

"How many nurses can afford to pay off a car? Yet with the hours we work, a car is essential from a safety point of view."

"Compare the responsibility of a secretary who has to organise a cocktail party to that borne by us, who literally deal with life and death every day.

"I come home completely washed out."

Weekend

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Bad pay made 'matron material' nurse give up

VANESSA, 30, left nursing this year because she was sick and tired of unsocial hours and too little money. She had 10 years' experience, and her departure was described by a former matron as: "A great loss to the profession. She was a superb nurse — matron material, that one."

She finished her three-year training in 1979 and a year later was earning R266,25 a month. By May 1984, with a midwifery diploma as well, she was earning R790 a month at a private hospital.

In October 1987 she joined a major Cape clothing manufacturer as an industrial nurse at a salary of R1 400 a month. By February this year, when she left nursing altogether, she was earning R2 000 a month. Her responsibilities included: recruitment and selection of all weekly paid staff, running and co-ordinating three clinics, the maintaining company discipline, monitoring sick leave records, controlling labour turnover, counselling and administering the company's safety programme. She was involved in disciplinary boards and had to be familiar with labour legislation and industrial relations.

Now Vanessa has joined a recruitment agency in Johannesburg. One of her colleagues is 22-year-old Bridie, who joined the agency as a receptionist straight from matric. Bridie is a top recruitment consultant, ambitious and hard-working, and her earnings reflect this. She gets a monthly retainer of R1 500 and her average commission this year has been R4 000 a month. Her hours are 8.30 to 5pm Monday to Friday, although she occasionally takes work home.

This is the sort of deal Vanessa can now work towards. It is a far cry from nursing.

NURSES PAYING FOR THE PRIVILEGE

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"The selection for nurses is becoming incredibly strict. You need a matric exemption these days if you're going to cope academically with the new four-year course. But you're not financially compensated.

"How many nurses can afford to pay off a car? Yet with the hours we work, a car is essential from a safety point of view."

"Compare the responsibility of a secretary who has to organise a cocktail party to that borne by us, who literally deal with life and death every day.

"I come home completely washed out."

VANESSA, 30, who has left nursing altogether, trained in state hospitals in Cape Town but after she qualified, worked in private hospitals because of the more relaxed atmosphere. She had 10 years' experience.

"Night duty is compulsory in state hospitals, but at private hospitals they usually have a permanent night staff, although you could be called in to help out. The hours are better arranged too.

"At one stage the money used to be better in the private hospitals, but now the gap has narrowed considerably — and you don't get housing subsidies in private hospitals.

"But one of the things that make state hospitals less attractive to work in is that the pettiness is astronomical.

"After a stint as an industrial nurse I finally left the profession altogether, because I was tired of working weekends — on our weekends on we worked 12 hours days — and I wanted to earn more money. My training lasted four years, yet I was earning the same salary as my sister,

seven years younger than I, who works for an oil company.

"Nursing is a wonderfully satisfying job, but the pay and the hours drain you. I miss it, though — my new work in a recruitment agency is important, of course, but somehow it doesn't seem quite as vital."

NURSES all belong to the South African Nursing Association, a statutory body designed to look after their interests. But it is not recognised by the state as a staff association, and while it may make recommendations on salaries and conditions, it has no formal power to negotiate. It is illegal for nurses to go on strike.

In terms of current state salary scales a newly qualified sister — with four years' training behind her — will start at R1 250 a month. If she has about 10 years' experience she will be earning about R1 900. As a chief professional nurse, which is a sort of junior matron, with about 15 years' experience, she will earn R2 400.

Nurses earn similar salaries in private hospitals. Mr Kobus Coetsee, spokesman for Mediclinic, a company which owns the Medipark, Constantiaberg, Mitchell's Plain, Leeuwendal, Louis Leipoldt and Panorama clinics, said their salaries "compare well" with state salaries although private companies could not match the perks such as housing subsidies.

Asked if he did not think R1 700 a month for a senior theatre sister was low, he replied: "You'll have to ask the personnel chaps that — I'm just the public relations spokesman. The market determines the salary, it would be senseless to go out of the way as far as the market is concerned. We follow the guide laid down by the state hospitals, and if they put their salaries up we have to follow suit.

"In 1987 our nurses' salaries rose by between 35 and 40 percent. Okay, I know 100 percent on one is still one, but salaries and wages represent 60 percent of the total operational costs of private hospitals. We have to maintain a balance."

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Emergency ward crisis as more nurses leave

CAPE TIMES
7/10/89
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By DI CAELERS

GROOTE SCHUUR Hospital's intensive-care units (ICU) crisis continues to deepen with the closure of beds in one unit, the postponement of "elected" operations and the "occasional" turning away of emergency patients.

And the immediate future looks even more bleak with several senior ICU sisters planning to leave the hospital in the next few months, senior hospital staff members have confirmed.

Dr Lance Michell, head of the surgical ICU at Groote Schuur, told the Cape Times two of the 12 beds in his unit had been closed since the beginning of July with a third bed becoming a border-line case.

The closure of the beds came as a direct result of a shortage of ICU nurses, he said.

"We haven't yet gone to three beds but we very nearly did the other night when one sister was ill and we couldn't find a replacement. Luckily, at the last minute we did.

"We are living from hand to mouth at this stage as far as nurses go and I anticipate things will deteriorate further in the next few months with several senior sisters planning to leave."

Situations often arose where "elect-

ed" operations — those that did not need to be conducted for emergency reasons — were postponed because of the shortage of ICU bed space, according to Dr Michell.

He said the only solution to the problem was that nurses' salaries needed to be increased "radically" and quickly.

"Our qualified ICU sisters would often love to stay with us but their financial situation just doesn't allow it.

"Once ICU sisters qualify they become very valuable to private hospitals and as long as there is a shortage, these hospitals will offer them better salaries."

Dr Michell said Groote Schuur could recruit and take new nurses out of training to replace those who left, but they unfortunately came "very inexperienced".

"The ratio of juniors to seniors is a lot worse in our situation and this puts a lot more stress on the experienced sisters."

Groote Schuur superintendent Dr Frank Bowie said the recent closure of ICU beds reflected the critical situation in nursing services throughout the country.

Groote Schuur's medical superintendent, Dr Jocelyn Kane-Berman, said she had no further comment to make.

Nursing in Natal on its 'deathbed'

W/C Naidoo
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[Signature]

Weekend Argus Correspondent
DURBAN. — As the Natal health crisis grows, and a virulent strain of influenza takes a severe toll — 20 elderly people have so far died from the disease — a nurses' spokesman disclosed that 35 nurses had resigned from Addington Hospital at the beginning of this month amid increasing fury about poor working conditions in government hospitals in Natal.

The Senior Medical Superintendent at Addington, Dr Patrick Fitzgerald, confirmed the resignations and added that "the more nurses leave, the more work there is for those left behind".

The alarming loss of so many nurses, and the strong possibility of a go-slow campaign, is aggravating the crisis.

Wards have been joined because of the chronic staff shortage, nurses are unable to take time off for overtime worked, and could even have their leave cancelled.

"Nothing seems to have been done to improve the situation and morale is the worst it has been. The girls are so desperate they want to form a union," a senior sister and a spokesman for the nurses said.

Emergencies

"Nurses don't want to strike because patients will suffer, but they're talking about organising a go-slow and dealing only with emergencies."

According to reliable sources, many nurses have promised politicians their votes if they do something about the crisis, and the matter looks set to become a major election issue.

The sister said the situation was constantly deteriorating because of staff shortages. "Cold surgery" — not emergency cases — were being cut back or delayed at Addington.

"It's unfair that the public should have to wait weeks, or even months, for an operation because the hospital is short-staffed."

She said the ante-natal and labour wards had had to be joined because of shortages of staff.

Also, nurses could no longer take time off for overtime worked, and had been told that their leave might be cancelled.

"After all the publicity and outcry about the chronic situation at government hospitals, there is still no light at the end of the tunnel for us," she said. "We are very angry with the way we are being treated. Will something

be done only when there are no nurses left in government hospitals?"

Meanwhile, nurses at the chronically short-staffed R K Khan Hospital in Chatsworth are also angry.

"Nursing care has gone to the dogs. We just cannot give patients the attention they need," a sister said. "Our medical wards are overflowing and we have to send critically ill patients to surgical and private wards. We spend so much time transferring them that we can't nurse them properly," she said.

She said one nurse was doing the work of three: "In the mornings, there are an average of two sisters, one staff nurse and two students to cope with between 40 and 45 patients."

"In the afternoons, it is worse because staff finish their shifts."

She said nurses were demoralised and frustrated.

A senior sister, who is in charge of a busy ward, said she had only two or three students, a nursing sister and a staff nurse to nurse 50 or 60 patients. "Sometimes it is impossible."

Earlier this week, the medical superintendent, Dr P K Naidoo, confirmed the average longest stay for a patient was only three days — regardless of whether he had undergone major surgery.

He said the teaching hospital was chronically understaffed, and probably the worst-off in the country.

According to the nurses, the South African Nursing Association had asked for a 15 percent pay increase to come into effect in September, "but we don't know what's happening."

They had been told salary structures would be reviewed by the government only by July next year.

Discussions

Addington's Dr Fitzgerald said the situation could not be resolved in one day, and he was to have discussions with his seniors about the situation.

Meanwhile, a recruitment drive is under way to attract new nurses to Addington and Dr Fitzgerald says until the situation improves, staff there are "doing what they can."

Nurses' working conditions are to be addressed by the Department of National Health and Population Development at a meeting in Pretoria soon. The department's Health Matters Advisory Committee is to meet the SA Nursing Association and the SA Nursing Council. Individual nurses will have the opportunity to express their views.

Probe into
nursing
conditions 95

MEMBERS of the Health Matters' Advisory Committee are to investigate the working environment of nursing staff, according to the Department of National Health and Population Development.

In Durban a nurses' spokesman disclosed yesterday that 35 nurses had resigned from Addington Hospital at the beginning of this month amid increasing fury about poor working conditions in government hospitals.

"Nothing seems to have been done to improve the situation and morale is the worst it has ever been."

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Govt working group to tackle nurses' problems

GOVERNMENT has set up a working group to address the urgent question of complaints made by the nursing fraternity on their working conditions.

The issue of salaries, identified as a main grievance, is already receiving urgent attention from the Commission for Administration.

A Department of National Health statement said the Health Matters Advisory Committee's (HMAC) working group, under the chairmanship of department director-general Dr C F Slabber, would include representatives from the SA Nursing Association and the SA Nursing Council.

Their findings will be submitted to the HMAC and the Minister of Health.

Up to 80% of state-trained nurses left the public sector for the private sector within three years of completing their training, said nursing association president Odelia Muller.

This was because of non-competitive, non-market salaries, poor overtime payment and inflexible duty hours.

DIANNA GAMES

She said the association had attempted to solve the problem in a responsible manner through existing channels for some time, but members were becoming impatient with the lack of progress.

Most of the bigger private hospitals have instituted their own training programmes, either for the full four-year training or other options. These include specialist training in areas like intensive and neo-natal care and cardiology.

Not subsidised

Mediclinic MD and head of the umbrella body National Association of Private Hospitals (NAPH) Dr Edwin Hertzog said, however, that training of nurses by private hospitals had to be seen in perspective.

Private hospitals were not given tax concessions or subsidised for such training.

"As taxpayers, we are entitled to

draw from a government training institution," he said.

Where the private sector paid for training, that money would be added to overheads and eventually recouped from the patient.

Despite the drain to the private sector, it employed only 12% of all working nurses, he said. Government presently employs 160 000 nurses.

The SA Nursing Council said student registration for professional nurse training had decreased in the past three years.

On December 31, the following numbers were on their register: 1986 — 11 873; 1987 — 10 925; and 1988 — 9 955.

Afrox Healthcare division GM Dick Williamson said the problem was not in finding recruits but money to train them, a situation worsened by extending the registered nurses' course by one year.

He said that about 33 000 applicants had applied for training in SA last year, but finances dictated that only 3 000 could be accepted.

95 chwen 20/2/89.

Conditions killing off the nurses

THERE was a time, not long ago, when nursing was a highly respected profession among black women.

Indeed many a black schoolgirl yearned to be seen in the spotless white uniform of a nurse and being able to administer injections - preferably as painfully as possible on an unpopular teacher or an indifferent boy-friend's tail one day.

But ask any black nurse today and they'll tell you nursing has gone to the dogs - or the dogs have come to it, depending on your point of view.

Firstly their mouth-piece, *Nursing News*, which is compulsory to the nurses by the way and whose circulation would make many an editor die with envy, is forever trumpeting something about parity between black and white salaries.

But alas and alas the truth of the matter is that such parity is as much a reality as ex-President Botha's reforms.

Then we are told that there is a shortage of nurses, but the truth of the matter is that the maphapha they get is laughable for the work they are doing, the hours they put in and general working conditions.

The nursing bigwigs say they haven't got

enough money in the kitty to pay them realistic salaries, but then there is always enough money to pay white nurses and subsidise whites-only hospitals.

If they did not have to build two hospitals, instead of one since disease knows no colour, they would not only make a helluva saving and would be able to attract more nurses.

Now comes a new one.

The body that controls hospitals has decreed that guys who get sick at night had better put off the whole thing until next morning, in short no more night operations.

You see, bleats the Hospital Services, we have not enough theatre sisters for night duty, they ignore the fact that at some hospitals there is no night duty allowance.

In addition I can well understand the reluctance of black women leaving the ghettos in the dark to go on duty when there are witwolwe lurking all over the place.

Hokaii, we come now to the much-vaunted private hospitals and clinics. Admission as a patient in these expensive institutions became a status symbol long ago among the monied class.

Similarly, male black nurses streamed to them



MUSIN'

With Obed Musi

leaving the provincial hospitals in the vain hope that the grass was greener there and that they were the lesser of two evils.

Why, complained some nurses, you go for further training and on completion find you are still subordinate to a white colleague with lower qualifications.

Yep, they learnt the hard way that the grass is not always greener on the other side - there might be a bed of weeds. They found that some of these places were donkey's miles from the townships, the manners of some verkramppte mlungu doctors left much to be desired and the pay was not that much better anyway.



STANDING TOGETHER . . . Professor Bruno Reichart (left) and members of his heart team with transplant patient Mr Basil Keet, 41, of Monte Vista. The team includes (from left) Sister Monika Rybak, Sister Else Eriksen, Matron Mariam Dalvie, Sister Veronica Jason and Sister Veronica de Kock.
Picture: ANNE LAING

Reichart hits out over nurses crisis

By DI CAELERS

PROFESSOR Bruno Reichart, head of Groote Schuur Hospital's heart team, yesterday lashed out at the government and people of South Africa who he said took "for granted" nurses who worked 24 hours a day and at weekends.

A "severe crisis" faced Groote Schuur and the time would come soon when patients were turned away "because there simply won't be staff to look after them", he said.

Prof Reichart was speaking at a press conference to introduce the "unsung heroes" of the cardiac unit and said the nursing cri-

'Sisters need more money now'

sis had to be addressed immediately.

"Up to now we haven't turned patients away but that's because we ask nurses to work longer hours, ask our colleagues to look in on patients and send patients from intensive-care units back to the wards.

"But this cannot continue. Soon we're going to find ourselves

making horrible decisions about which patient has the most chance of recovery and should therefore take precedence."

Ms June du Preez, deputy director nursing at Groote Schuur, confirmed that the shortage of nurses in the cardiac ICU was more than 25% and the figure was only slightly lower in the theatre ICUs.

Prof Reichart said: "We are facing a crisis and we need help. Salaries need to be increased, more senior posts created to give nurses some incentive to remain in the profession, and more money needs to be put into education.

"And these moves need to be made now — or it may be too late."

(95) SW 24/8/89

'Nursing profession can solve problems'

Medical Reporter

South Africa lacked a manpower policy and plans for the production and deployment of health personnel as part of its overall national health plan, Dr Coen Slabber, director general of the Department of National Health and Population Development, said last night.

Speaking at a South African Nursing Association function in Pretoria, Dr Slabber said this basic shortcoming was responsible for the shortage of nurses in this country.

He said there were not enough nurses in the right categories at the right time and right places to cope with the demands placed on them by increasingly advanced medical technology.

"At a time when the nursing profession faces unprecedented new responsibilities and demands for its services, the pool of well-qualified nursing personnel is diminishing," he said.

He said there had been a steady decline in the number of

student nurses since 1984. This figure had dropped by more than 3 000 in four years.

"The whole situation is further complicated by new advances in medical technology which demand intensive nursing care rapidly draining available nursing manpower from community health care," he said.

Dr Slabber said the nursing profession's destiny and the heights it could reach depended on the profession itself.

AWARD

"The profession has the ability to solve its problems, chart its own course and fulfill its destiny with courage and dignity," said Dr Slabber.

He said the nurse must be willing to accept the restraints imposed by her profession.

● Miss Odelia Muller, President of the South African Nursing Association, was last night awarded the Association's gold medal in recognition of her outstanding contribution, loyalty and dedication to the nursing profession.

'Options' for Strijdom staff

Medical Reporter

Staff at the J G Strijdom Hospital, who were appointed jointly by provincial authorities and the University of the Witwatersrand, have been offered "various options" with regard to their future careers, a statement issued from Pretoria said yesterday.

The carefully worded statement said staff members would soon receive personal letters with proposals for their consideration. No further comments were given.

The hospital no longer enjoys academic status as a result of its transfer earlier this year from "general affairs" administration to whites-only "own affairs". Staff are also therefore no longer jointly appointed.

More than 80 staff members,

many of them joint-appointees, have already resigned and Wits University is to sever its association with the hospital by the end of the year.

Lengthy discussions between the university and health authorities were held in Pretoria yesterday to discuss the staff predicament at the Strijdom.

Professor Robert Charlton, vice-chancellor of Wits University, said it had been agreed that a joint statement would be issued and no further comment given until staff members had been fully informed of their positions.

"We don't want them reading about their futures in the media," he said.

He would not reveal the "various options" which would be put to staff members.

Nursing crisis 'is NP's fault'

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25/8/89

Political Correspondent

THE nursing crisis at Groote Schuur Hospital was a direct consequence of the economic mismanagement and misplaced priorities of the government, the DP MP for Gardens, Mr Ken Andrew, said last night.

Mr Andrew told a meeting in Tamboers Kloof that the nursing crisis illustrated the crisis facing SA.

Either the country had to get rid of apartheid and build a strong economy or face an ongoing deterioration of standards.

"Many of our essential services — such as health, education and police — are in desperate need of intensive care, but the government lacks the ability to nurse them back to full strength because the NP has plundered and squandered our resources."

Mr Andrew said the NP had enough money to instruct scores of police to keep black people off beaches but not enough to stop people from being murdered, mugged and raped.

The NP had enough to pay 14 ministers of health, but not enough for nurses or to remove GST from medicine.

The NP wasted billions of rands on empty spaces at white schools and colleges while it forced parents to pay increasing fees and millions of children received an inferior education.

Mr Andrew said the cost of apartheid was "horrendous". It was widely accepted that the SA economy should be able to grow at 6% to 7% annually — but since 1981 it had been growing at less than 1%.

(Report by A Johnson, 122 St George's Street, Cape Town)

350 nurses dismissed

Soufan 22/9/89

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THE 350 student nurses at Garankuwa Hospital who have been on strike since Monday over food were dismissed yesterday afternoon after failing to heed an ultimatum to go back to class and work.

Strike over hospital food

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By MONK NKOMO

ful demonstration."

The students held talks with officials of the TPA on Wednesday on how to improve the system at the dining hall. According to Dr L van Heerden, a superintendent of the hospital, the TPA officials were to have reported back today or on Monday.

Van Niekerk yesterday confirmed the presence of the police inside the hospital and said they only asked the students to leave the premises "and come back on Monday."

Van Niekerk said it was imperative under the circumstance to take disciplinary action against the students. He did not know if the 350 student-nurses would be reinstated.

Van Niekerk said he did not know who had called the police. He suspected, however, that they were summoned by the TPA security guards "after they became frightened by the marching student nurses."

Dr R van Niekerk, medical superintendent of the hospital, said the male and female students failed to heed an order that they resume their duties at 2.00pm yesterday.

Van Niekerk said the decision to fire the students was a disciplinary measure following their disruption of medical services at the hospital.

The students went on strike after some of their colleagues could not get food on Monday evening. The students then asked hospital authorities to introduce a coupon system which would enable them to eat at a place of their choice if food was not available in the dining hall.

A spokesman for the students yesterday denied that they disrupted medical services and accused the hospital authorities of having called riot police who "provoked a peace-

Bank eshego



CMC File 23/989
35

Boycotting nurses sacked

PRETORIA. — The chief superintendent of Garankuwa Hospital, Dr Louis van Heerden, has confirmed that 270 student nurses at the hospital have been dismissed following a boycott of classes and work since Tuesday.

Student nurses back

By ALINAH DUBE

95

SEVENTY of the boycotting Garankuwa Hospital student nurses who were dismissed on Friday are back at work after heeding an extended deadline to return on Monday.

Chief medical superintendent Dr Louis van Heerden said the remaining 200 nurses had their services terminated after they failed to meet the deadline.

The nurses, he said, were given more time to consider their involvement in the continued boycott of academic activities after they had failed to heed an ultimatum to return to work by Friday at 2pm or face dismissal.

He said the deadline was extended to 7am on Monday.

Only 70 student nurses heeded the warning. Later in the day the 200 others were given letters terminating their services.

"But to management's surprise, the dismissed nurses turned up for duties this morning (Tuesday).

"The bad news for them is that there was nothing we could do as their fate had already been decided," he said.

The superintendent, however, said those who wished to could still reapply.

The nurses have until tomorrow to leave the hospital premises.

The nurses started boycotting a week ago in protest against poor food.

They were demanding "properly prepared food" and the introduction of a coupon system in the dining hall.

powers work together on a global ban for such arms.

CAPt Link 27/9/81

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Student nurses sacked

PRETORIA. — A total of 151 student nurses have been sacked from the Garankuwa Hospital following a strike. The students have been striking since September 19 because they were allegedly dissatisfied with their food.

Student nurse ^{ARGUS} ^{28/9/89} shortage 'complex problem'

The Argus
Correspondent

PRETORIA. — The shortage of student nurses has nothing to do with the four-year training programme, according to the president of the South African Nursing Council, Professor Wilma Kotze.

Reports which attributed the decline in nursing students to an extended training course over-simplified "a complex problem that has developed over many years."

The programme was introduced by the council in 1984 to replace three and 3½-year courses. Professor Kotze said that newspaper reports which said nurses were no longer as available for ward work because they were under the old training systems were incorrect.

"STILL INTERESTED"

The "steady and disturbing decrease" in the number of student nurses began two years before the new course was made compulsory, she said, adding that many school-leavers were still interested in nursing as a career.

However, many did not meet entrance qualifications or could not be accommodated due to a lack of training posts.

She said the position was aggravated by the fact that manpower planning in general training hospitals, particularly public hospitals, had traditionally relied on a disproportionate number of students for the nursing workforce.

She stressed that most people received health care outside hospitals, which made practical experience in the community a necessity in modern nurse training.

This practical experience removed students from the general hospital and the percentage of substitute staff in the past 20 years had not been appropriately adjusted.

Day 2 of defiance. A fight for fair health care

The hospital defiance day last month was only partially successful. Now the defiers will focus on discrimination against black nurses and call for a free health service. By PHILIPPA GARSON

HEALTH groups fighting to end hospital apartheid say they are planning a second day of defiance in their fight to desegregate health facilities.

Organisations including the National Medical and Dental Association (Nanda) and the South African Health Workers Congress (Sahwco) met this week to discuss a follow-up to the last defiance day held on August 2, when black patients admitted themselves to white hospitals throughout the country. A similar day defiance is now planned for late October.

Cas Coovadia, a spokesman for the Mass Democratic Movement, said the campaign will call for free national health service and focus on the lack of facilities for black health workers.

"We want to tackle the discriminatory way in which black nurses are treated — they lack the accommodation and creche facilities their white colleagues enjoy," Coovadia said.

"Furthermore, within the context of the unemployment crisis and increased hospital tariffs, medical attention is becoming unaffordable for the majority," he said.

The organisers feel that the previous hospital defiance campaign did not have enough follow-through, because of a lack of information.

Dr Max Price, a spokesman for Nanda, said: "The problem is not so much that patients are being turned away, but that too few are presenting themselves.

"Many are unaware of the campaign. Others are afraid to go in case they get turned away.

"People cannot afford the added transport costs of having to go from one hospital to another. And if they are sickly, the idea of trekking from one place to another is even less attractive."

But in some areas, the campaign has met with a measure of success, and far more black patients are being attended to than before.

"In the Johannesburg area, things have been going well," says Price. "The vast majority of patients have been attended to at the Johannesburg General Hospital, and I know of only three instances when people have been turned away."



Some hospital functions have always been open to all races PICTURE: Gisele Wulfsohn

tion to the hospital, and found the doctors there reluctant to treat her.

"We had to wait 45 minutes before anyone would see her. The hospital is usually very efficient, but there is no doctor working full-time in the 'black' section," he said.

"The doctor who did eventually see her didn't even conduct a proper pregnancy test because the 'black' section lacked facilities. He said that even if my diagnosis was correct, the hospital did not have facilities for her.

"Finally, after much protesting, they admitted her to the Indian cancer ward and she was operated on that evening."

The same doctor says attempts to combat racially segregated health facilities are hampered by apartheid ambulance services.

"Whenever one telephones for an ambulance, one has to name the race of the patient. This kind of entrenched segregation endangers people's lives." But ambulance services deputy director Alan

A doctor at the hospital describes the change as "slight" and said patients admitted to casualty were not "racially screened" as before.

The medical superintendent at the hospital, Dr Reg Broekmann, denied the defiance campaign had changed anything and said the hospital always treated "patients as patients".

"Anyone who presents himself here is given the best treatment possible. But because we have a critical shortage of beds, patients may be referred to other hospitals."

Most departments are not officially open to all races however, but Broekmann said there was "a fair percentage of all population groups in every department". But the overall figure of black patients at the hospital stands at only 11 percent.

Because Johannesburg General is an academic hospital it falls into the category of "general affairs". The "own affairs" hospitals tend to stick to the rules.

But at the "own affairs" JG Strijdom hospital administrators fill in a forms for black outpatients stating these people cannot be treated elsewhere, one doctor said.

"So the patients are treated, but in a sense nothing has really been broken down."

He said laws were not broken as loopholes existed to avoid the negative publicity resulting from turning people away, although JG Strijdom's medical superintendent, Dr CJ Visagie, denied this was happening.

Visagie's counterpart at Durban's Addington Hospital, Dr P Fitzgerald said Addington admitted whites only, unless the patient was in a "life-threatening" condition and needed emergency treatment, or needed admission to a specialised department.

He said patients of all races were treated on the August 2 defiance day, but that this relaxation of policy had only lasted on that day.

He added that a busload of Indian patients had been turned away from the hospital this week and referred to King Edward Hospital instead.

Some hospitals seem oblivious to the prospect of "negative publicity" and even emergency patients have been referred elsewhere.

A doctor in private practice who frequently refers black patients to HF Verwoerd Hospital in Pretoria says his patients are always transferred to Kalafong Hospital 10km out of town.

He recently accompanied a black woman suffering from a dangerous pregnancy complica-

Cloete said ambulances were not segregated. "In an emergency, the nearest ambulance takes the call — be it white, black, pink or yellow."

But the fact remains that different ambulances are designated for different race groups. Cloete said this was so that patients could be helped by people speaking their own language.

He described the fact that ambulances serve specific "own affairs" hospitals as "unfortunate". "It is not in our hands. We take people to the hospital we are told to take them to. Our job is apolitical and non-racial. We are here to serve the people, not become involved in racism."

In the Cape, where segregation in the hospitals is less pronounced than elsewhere in the country, Nanda's regional chairman Dr Stanley Levenstein said "it would be a mistake to say that segregation doesn't exist".

The defiance campaign did not target Cape hospitals, where there has been pressure over the years to open hospitals. Though this has met with a measure of success, Levenstein said hospitals such as Somerset, Victoria and the Red Cross Children's hospitals still had segregated wards.

The new Groote Schuur Hospital, which is open to all races, has introduced a subtle form of discrimination by reserving wards for "patients of high socio-economic status".

STRIKE.

Deadline for ⁹⁵ fired nurses

By PHIL MOLEFE

MORE than 150 student nurses who were expelled last week from Ga-Rankuwa Hospital, near Pretoria, for protesting against bad food have until noon today to apply for re-admission.

Transvaal Provincial Administration liaison officer Marieta Knoetze said this week all expelled students will have to submit applications for re-employment to hospital authorities.

The entire nursing student body decided to boycott the dining hall, lectures and going to wards on September 19, in protest against "badly prepared" food. Added to that was the frequent shortage of food.

The students also protested that R174 is deducted from their salaries every month to cover food and accommodation.

"Our present demand is for the use of a coupon system which will leave us with an option and a refund in case the food is unpalatable," they said.

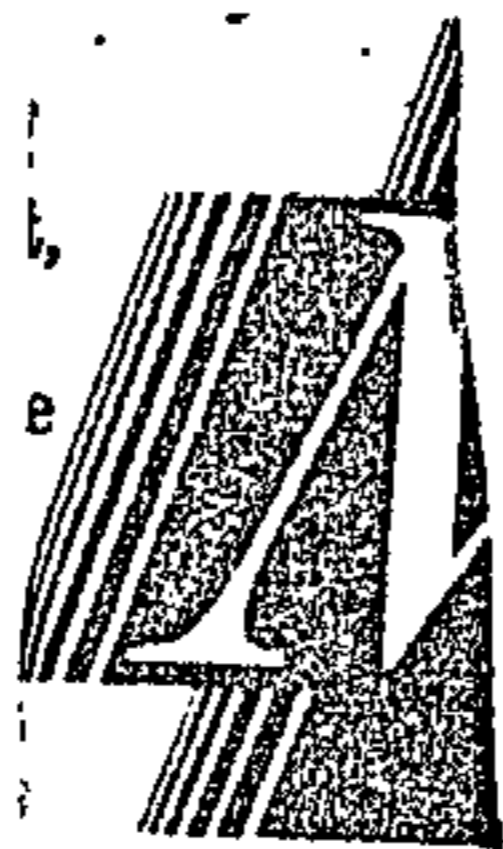
The two-week boycott was triggered when the students came to the dining hall for supper on September 18 and found there was a short supply of food. The next day the students staged a protest march.

On Wednesday the students were given an ultimatum to return to their wards and classes by September 25.

The 151 students who ignored the ultimatum to report for duty last Monday were informed through letters on Wednesday that they had been expelled.

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Nursing course to close gap in ranks

The Argus
Correspondent

PRETORIA. — A Two-year training course has been introduced to bridge the gap between staff nurses and nursing sisters.

It has been launched at the S G Lourens College of Nursing in Pretoria.

CAREER CHOICES

The deputy director of nursing services for the Transvaal Provincial Administration, Mrs Jienie Potgieter, said at the launch that the demand for nursing staff had increased in the past few years but the number of career choices for matriculants had widened.

Nursing drew only about one percent of white matriculants, 1,8 percent of black matriculants and 14 percent of Indian and coloured school-leavers.

This made it imperative to make the most use of available nursing staff.

MORE EFFICIENT

The first group of 74 students would complete two years of study that would equip them to be far more efficient in the profession, Mrs Potgieter said.

There had been many occasions that demands outside their area of responsibility had been placed on nurses and the bridging course would enable them to cope with these.

Mrs Potgieter emphasised the importance of patient/nurse relationships and encouraged students to pay more attention to the emotional rather than the medical needs of their charges.

The college was the first to introduce the course in the Transvaal.

Nursing shortages keep GSH rooms shut

By MARIUS BOSCH

CERTAIN sections of the new emergency ward at Grootte Schuur Hospital are not in use because of a nursing staff shortage, the medical superintendent of the hospital, Dr Jocelyne Kane-Berman, said yesterday.

This has resulted in the new hospital having the same amount of beds as the now unused old part of Grootte Schuur had, she said.

Dr Kane-Berman said that though provincial authorities had done the best they could in the country's difficult financial situation, she felt it would be more cost-effective if there was one unified health service under control of one health authority.

"There could be better health care at better cost if there were not so many different departments."

There were not sufficient secondary hospitals resulting in Grootte Schuur — a teaching hospital — being treated as a "service hospital", she said.

She also stressed the need for more primary health services, especially on the Cape Flats.

The hospital would like to encourage black nursing staff, she added, saying that aspirant nurses should get in touch with the hospital.

Members of the media were taken on a guided tour of the new trauma and emergency wards at the hospital yesterday.

Staff shortages

About 80 000 patients will be treated yearly at the two sections, the head of the trauma unit, Dr John Knottenbelt, said.

The Cape Times, however, was also taken on an "unofficial" tour of the emergency section by a doctor. He said many rooms had been closed because of staff shortages.

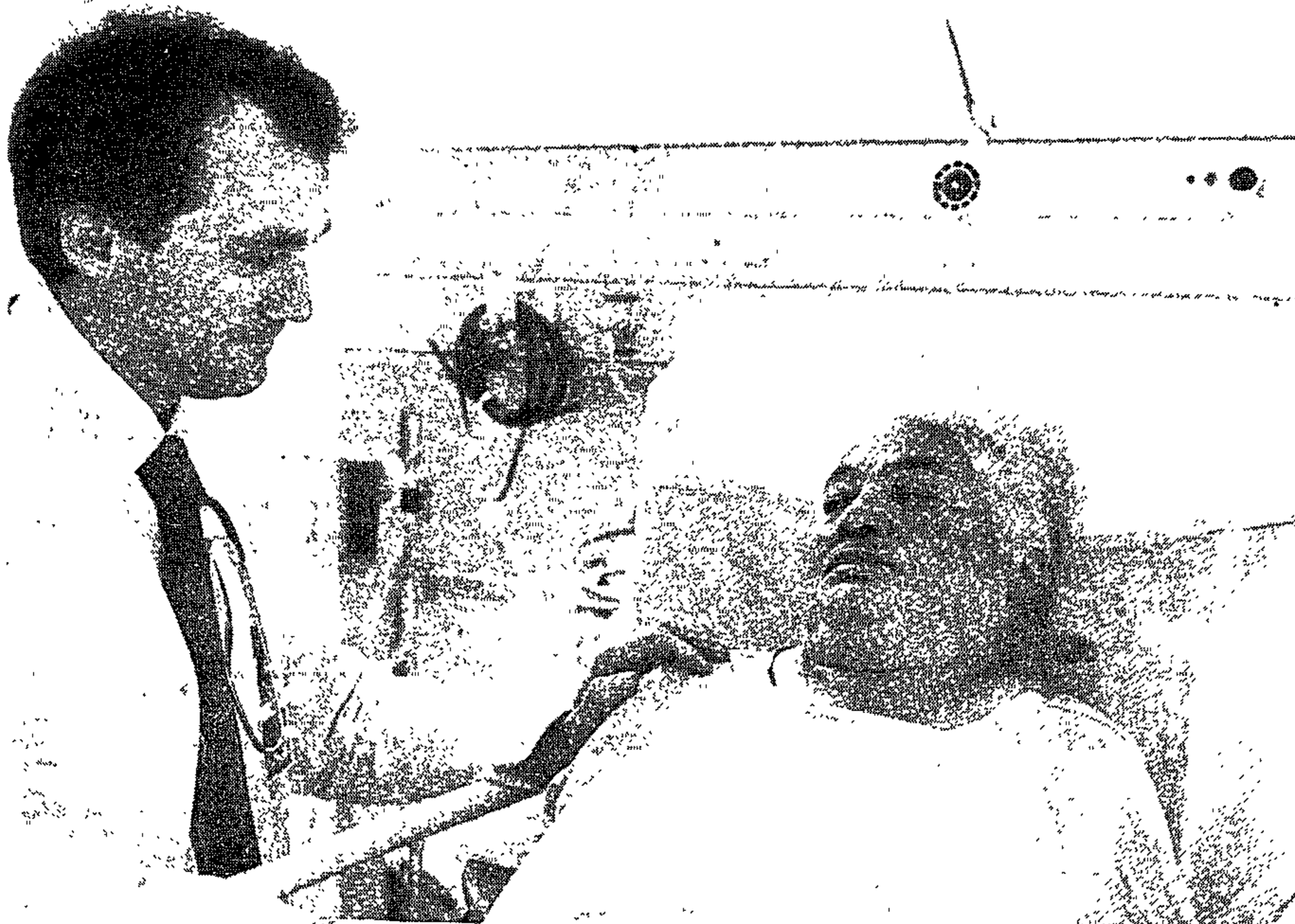
"Many sick people are not admitted," he said.

The trauma ward is self-sufficient with an examination room where injured patients could be examined and X-rayed without having to move them to a X-ray room.

An operating theatre — in which more than one surgical team can work — is another feature of the section.

Yesterday staff were still busy with moving equipment from the old part of the hospital to the new trauma section.

The emergency section had been moved about a week ago and several patients were being treated when the Cape Times visited the section.



EMERGENCY TREATMENT An asthma patient, Mrs Peggy Swart, receives treatment in the new emergency section at Grootte Schuur Hospital.

GROOTE POROJE doctors' hours

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Court told of doctor's 25-hour shift at Groote Schuur

Schools out for the medicines



By MONICA GRAAF and MARIUS BOSCH

THE Minister of Health will investigate the "unreasonably long" working hours of hospital doctors following the death of a patient at Groote Schuur.

The announcement by the minister, Dr Rina Venter, came after a Cape Town inquest court recommended that the Medical and Dental Council examine conditions where "young doctors are expected to work unreasonably long hours".

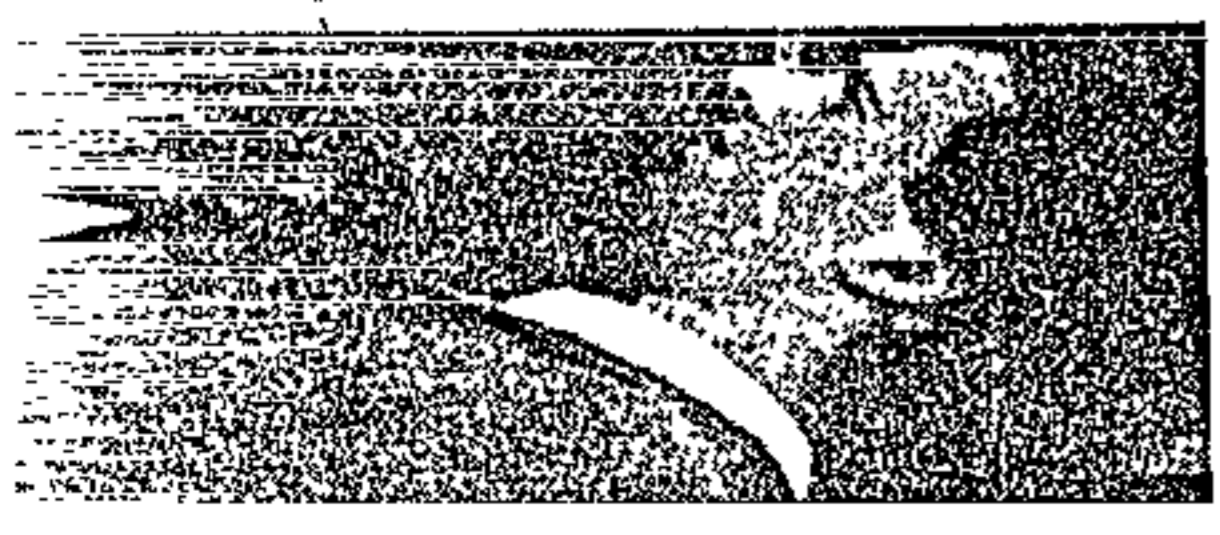
Magistrate Mr P L May made the recommendation yesterday after finding that the death of a woman at Groote Schuur Hospital on June 29 last year "amounted to an offence".

He also ordered that a copy of the proceedings be sent to the Medical and Dental Council as "the public would find it shocking" that young doctors were expected to work such long hours.

The 70-year-old patient, Mrs Edith Barden, who was known to be allergic to penicillin, died less than two hours after being administered the drug in Groote Schuur on June 29 last year.

Mrs Barden, a diabetic, had foot gangrene and was due for a half-leg amputation.

Junior houseman Dr Ian Katz, who had been on duty for 25½ hours at the time, had "forgotten" about her allergy when he



pected to work such long hours.

The 70-year-old patient, Mrs Edith Bardien, who was known to be allergic to penicillin, died less than two hours after being administered the drug in Groote Schuur on June 29 last year.

Mrs Bardien, a diabetic, had foot gangrene and was due for a half-leg amputation.

Junior houseman Dr Ian Katz, who had been on duty for 25½ hours at the time, had "forgotten" about her allergy when he wrote out the prescription.

The file containing this crucial information was not at the bedside to prompt his memory or alert the nurse, Ms Louisa Mary Appolis, who prepared and administered the drug.

Mr May, who found that penicillin was the "likely primary cause of death", said it was "not an easy issue" on which to make a finding.

Her death was "brought about by an act or omission involving or amounting to an offence on the part of a person . . . but I would be unhappy to see a prosecution take place", he said.

Mr May also "emphasised" that Dr Katz's "memory lapse" was due to the many hours of duty without sleep and that this was "compounded by a breakdown in communication from file to prescription chart as an aid to memory".

Earlier an expert witness, Dr Mike Silber, a consultant neurologist who supervises a "sleep laboratory" at Groote Schuur, said international studies on housemen had shown that some of the effects of sleep deprivation were memory loss, mood change, fatigue and depression.

The system of long hours was, however, adhered to as there were not enough doctors to do all the work required.



Dr Ian Katz who worked a 25½-hour shift at Groote Schuur Hospital

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nit people and the potential for im conditions will be opened," he d.

● The chairman of BP Southern rica, Mr Ian Sims, said the move nfirmmed "a willingness to heed the y to end racial discrimination" by e government.

However, BP's stand was for major ening of residential areas, an open pe Town and the repeal of the oup Areas Act, Mr Sims said.

● In Pretoria CP spokesman Mr J H n der Merwe said that it was signifi- nt the State President had not an- nounced his series of integration mea- res before the general election ecause then the National Party ould "surely not have obtained a ma- rity".

● Cape Town city councillor Mr Ar- ur Wienburg said that the govern- ent's decision was "totally unaccept- ble" and would put pressure on ousing and lead to slum conditions.

Arguing on behalf of Dr Katz, advocate Mr Pat Gamble said it was the system that was on trial and not his client, who had been obliged to work long hours without being allowed to go home when he got tired.

Advocate Mr P van Zyl, for Groote Schuur, questioned Dr Katz's blame-worthiness, saying a junior doctor was not in a position to refuse to work long hours.

"It is the imperfect system that needs to be dealt with," he said.

Last night Medical Association of South Africa (MASA) spokes- man Dr John Steer said the magistrate's com- ments "were very wise . . . he will help the pa- tients and the doctors".

He said young interns were "grossly under pressure" and the work- ing conditions of interns and registrars were "al- most inhuman".

Dr Venter said young doctors should be pre- vented from working such long hours.

SAMDC president Pro- fessor F G Geldenhuis refused to comment on Mr May's remarks, say- ing the council would in- vestigate the matter if the report, was sent to them.

The head of UCT's de- partment of medicine, Professor Solly Benatar, said the problem of long working hours was an in- ternational one.

By MONICA GRAAF and
VETTE VAN BREDA

ACCIDENTS happen on an almost daily basis as a result of doctors' sleep deprivation and appalling working conditions, a senior registrar and an interns' representative at Groote Schuur Hospital said.

The admissions followed the recent undertaking by Minister of Health Dr Rina Venter to look into the "unreasonably long working hours" of interns.

The senior registrar said registrars — the middle-management hospital doctors who take most of the "life and death" decisions — work even longer hours than the over-worked first-year housemen who are known to work up to 48 hours at a stretch.

"Almost all of us have bumped someone off by mistake and had the whole thing covered up," he said.

He said that registrars in the obstetrics and gynaecological ward at Groote

Doctors make slips 'almost daily'

Schuur officially worked a 57-hour weekend shift starting at 8am on a Saturday and knocking off at 5pm on a Monday.

"Other countries legislate against the life-threatening system of over-working doctors," he said, citing Germany's eight-hour limit and Australia and Canada's 12-hour limit for shifts.

An official interns' representative at Groote Schuur said that most first-year hospital doctors work six full days and three full nights a week.

Interns usually go on duty at 8am on Monday, knock off at 6pm on Tuesday and start another 34-hour shift at 8am on Wednesday.

The representative, who asked not to be named, welcomed the inquiry, saying the hours were "inhuman" and

"compromised patient care".

"Exhaustion causes accidents almost every day. Fortunately most of them are not fatal," he said, expressing solidarity with an intern who recently caused the death of an elderly woman at Groote Schuur.

A Cape Town inquest court found last week that the intern, Dr Ian Katz, had been on duty for 25 1/2 hours.

"It should be illegal to work these hours, particularly since it is illegal and unethical to form a union or to strike," he said.

The representative, who speaks for interns at Groote Schuur, Red Cross, Mowbray Maternity, Peninsula Maternity and Somerset Hospitals, called for the appointment of more interns to spread the work load. "We need more

doctors and nurses, not bigger and better hospitals," he said.

Like the system to "a form of inflation" where senior doctors expected juniors to "suffer" in the same way as they had, he said: "What policymakers seem to forget is that the patient load has increased substantially since most of them were interns."

A former intern, who also declined to be named, said the system was "geared to exploit young doctors" who were not licenced to practice until they had done their internship.

"The doctors are dependant on the hospital for getting a license to practice and that's why they put up with this," he said.

Dr George Watermeyer, the executive director of the Cape Provincial

Department of Hospitals, said he was investigating the matter in conjunction with the South African Medical and Dental Council.

"The whole question of the workload of interns has come to a head now, but has been going on for a number of years."

A spokesman for Tygerberg Hospital said the normal duty hours of interns were eight hours a day plus 15 hours overtime a week. They were also expected to be on 36-hour call every third day, though "this does not mean they work 36 hours".

Complaints lodged by many callers to the Cape Times included: ● The "inhuman and dangerous" working hours of interns; ● The lack of night-time canteen

Medics 'being pushed beyond limits'

Staff Reporter

AN intern has written to the Cape Times questioning whether it is ethical for exhausted young doctors to be forced to make decisions which could devastate patients' lives.

"Several of my colleagues have made potentially serious mistakes when tired, and all agreed that what happened to Dr Katz could very easily have happened to any one of us," the intern writes.

The intern, who wants to remain anonymous, says it is "a pity that the tragic death of Mrs Edith Bardien was necessary to bring to light the way in which young doctors are pushed to and beyond their limits in South African hospitals.

An inquest found last week that Mrs Bardien had died in Groote Schuur hospital after an intern who had been working for nearly 26 hours "forgot" about her allergy to penicillin.

"My 60 to 100-hour week usually includes two virtually sleepless nights between normal working days on either side," he wrote.

"One wonders how many people would board an aeroplane if the pilot had been awake for 24 hours?"

"So how is it possible that the public can continue to accept that most interns and registrars are continually subjected to these conditions?"

"Most people going into medicine do not do so for materialistic reasons, but as working conditions cause their idealism to fade they become more money-orientated.

"I realise that the problem is essentially one of inadequate finance, but am not sure this constitutes an excuse for masking the state of our health services.

"The hopelessly inadequate salaries of trained nursing staff carrying heavy responsibility compound the situation."

facilities and vending machines for interns to "at least eat properly while working long hours".

● The lack of a stated maximum of working hours in the employment contract (the stated minimum was 56 hours);

● No over-time pay for over-time work;

● The "out-of-touch" attitude of Groote Schuur's chief medical superintendant, Dr Jocelyn Kane-Berman, who said "there is no viable alternative" to the system;

● A clause in the employment contract which required doctors to do "whatever" was required of them;

● The lack of time to study in the final year prior to full qualification, and

● Inadequate facilities for sleeping during quiet hours at the hospital.

Dr Kane-Berman said yesterday that she had nothing to add to her earlier comments, but that the hospital was preparing a report for the minister.



139 new doctors in UCT medical exam results

THE University of Cape Town yesterday announced the names of 139 new doctors who qualified in the final MB ChB examinations.

The names of qualifiers in the professions allied to medicine (B Sc Nursing, B Sc Physiotherapy, B Sc Occupational Therapy, B Sc Logopaedics and B Sc Pharmacy) were also released.

All qualifiers in the Faculty of Medicine will receive their degrees at the graduation ceremony at 6.30 pm on Tuesday, December 12.

Following are the successful candidates

- | | | |
|---|--|--|
| <p>MB ChB
 ABDULLAH, I
 ABDURHAMAN, F
 AUBREY, M A S V
 ALEXANDER, P D
 ANDERSON, M J
 AYLS, G M
 AYTHUR, G W
 ACHURNER, B B
 ATLAS, S
 BAARD, A J
 BADERHOFF, H L
 BAINES, S M M
 BAINFORD, L J
 BANDERKER, D
 BANTOLE, S M
 BERKUS, J N
 BERGOTTON, T
 BIGBY, S M
 BOONZAGER, A M
 BOWEN, L F K
 BURNS, A D
 CHANERIN, G
 CLARKE, J W B
 CLAYTON, R P
 COTTON, S A
 DALGLESH, D
 DE DECKER, H P
 DE VALLIER, L
 DOUGHTY, C E
 DOLE, W J P
 DOWER, B J
 DUFOUR, M M B
 DURWARD, A D
 DWYER, S W
 EDWARDS, L E S
 FASLAK, B L
 FASLAKUS, J B
 FORBES, L R
 FUGLER, S R
 GARDNER, I B
 GAUD, A W
 GOLDBERG, P H
 GREIN, C M
 GRIVV, R D S
 GUTUZA, B F I
 HADAR, O
 HALL, S E
 HANBERSON, D B
 HARRISON, M J
 HATFIELD, T D
 HATHRELL, M
 HAYMAN, G R
 HENDERSON, G B
 HENRY, A A
 HERSON, P E
 HEYNE, E
 HIRSCHFELD, M L
 HODGE, K C A
 HOFFMAN, P G
 HUSTLER, N P
 INGLIS, A C
 JENKINS, S P
 KERDEL, D G
 KETTLES, D I
 KINGDOM, C C
 KLEBERG, C B
 KLUM, B D
 LANDMAN, I K
 LAW, H C
 LAZARD, T N
 LUKK, P M
 MACKENZIE, G D O
 MACKENZIE, R M
 MACLEOD, A H
 MARAIS, D I</p> | <p>MARSHALL, D
 MARSHALL, M G
 MARTIN, G
 MATHER, M A
 MCELDERMID, H M
 MCELDERMID, B M
 MORGAN, B J
 MURRAY, D P
 MYBURGH, G
 NEL, S W
 NEWMAN, C A
 NICOLIN, G L
 NOBLE, C J
 NORLE, J A
 O'NEALEY, B D L
 OMAN, O
 PARKER, Z
 PEIMER, J E
 PISANO, E M
 POLTON, B B
 RAFFHAM, H A
 REED, A R
 ROBINSON, T A
 ROOPE, P J H
 RUMMAN, K S
 ROUSSEAU, G F
 RYAN, S I
 SAHIAN, S
 SARAKHOS, H E
 SATTAR, F
 SAUNDERS, J H
 SCHON, A B
 SHELTON, S L
 SINGH, K
 SKILL, P J
 SMIT, A
 SMITH, D A
 SAMPSON, D L
 STEIN, G
 STUCH, S A
 STOFF, J C
 STOOPE, E H
 SWANER, A E
 SUTCLIFFE, S
 TAVARES, M J
 TLAQUE, P A
 THERON, L
 THOMPSON, J C A
 VAN DER VYVER, M
 VAN MEERK, M
 VAN WYK, A J
 VOGLER, R J
 WATLING, G M
 WELSH, D D
 WEDDING, P D
 WILLIAMS-JONES, H S
 WILLES, C L
 WILSON, S H
 WOOD, A D S
 WYSON, A
 YATES, P A
 YELLAND, S R
 ZALGADRON, M A
 ZAMPARINI, A M</p> | <p>GAMMON, M J
 GARDNER, A J
 HADLEY, W
 HERR, C E
 HULLY, W J
 KEV, F J
 JOUBERT, A E
 JAMSTRA, G
 LE GIBBER, D M
 LUND, A K
 MCELLEIN, K A
 NEWMAN, C E
 QUARTERMAN, M J
 RAJNKOVIK, L
 RAJNKOVIK, E H
 SHARBRATT, C L
 SMITH, A J
 SMITH, K E L
 STRYDOM, A
 VAN DEET, T
 WALKER, A J
 WEDDERBURN-MAXWELL, S E
 WHITEFIELD, S
 WYTHE, M L
 WILLES, L K</p> <p>B Sc Logopaedics
 BOTULAS, T
 DEVINE, A
 NARAYAN, M
 POLLOCK, T A
 SCHOFIELD, C
 STEFFEN, L E
 WICKS, N J</p> <p>B Sc Pharm
 ANEMOSE, J G
 BANKS, R J
 CHRISTOPHER, K J
 CLINTON, G
 CLUNING, L D
 HUGL, J
 OOSTHUIZEN, S E
 RICH, Y
 RUTHER, G A
 SEGAL, O S E
 SOUTHWALL, A P
 TILL, B G
 WILD, J L
 WILLIAMSON, L N</p> <p>B Sc Nursing
 CROXFORD, J A
 DEAN, C J
 FIDLEY, G H
 FRASER, C L
 HARVEY, S J
 JAGER, D A
 MERRING, N J
 OXFORD, P A
 SMITH, C
 SUTTON, K L
 WINT, A J</p> <p>B Sc Med
 BOEDDINGHAUS, H
 HULTZER, E C
 LEVIN, S A</p> <p>B Sc Physiotherapy
 BAILEY, J P
 BANDERKER, S B
 BUTLER, N L
 DU TOIT, P F
 FOSTER, T
 FULLER-GOOD, S L</p> <p>B Sc Occupational Therapy
 BLUMSON, L
 BOYD, J M
 BROUGHTON, S A
 CHAMBERLAIN, G
 GOLDSMITH, M K
 HERLE, L B
 JOHNSON, L A S
 SCHNEIDER, G H
 SILVERMAN, A
 WARD, M</p> |
|---|--|--|

SPEECH THERAPISTS ALL ... There was much cause for celebration yesterday when the University of Cape Town's medical faculty released the names of successful candidates. Among them were (from left) Anne Devine, Linda Steffen, Claudia Schofield and Tania Botoulas, who obtained B Sc (Logopaedics) — or speech therapy — degrees. Picture: ALAN TAYLOR

Probe into barring of nurses from hospital residence

95

TRANSVAAL MEC in charge of health services Fanie Ferreira said yesterday a departmental investigation would be launched to ascertain why hospital staff affected by Wednesday's fire at Hillbrow Hospital were initially denied accommodation at the Johannesburg Hospital nurses residence.

About 70 black staff members left homeless by the fire were only allowed into the Johannesburg Hospital at midnight when acting superintendent Dr Trevor Frankesh disregarded instructions from the department and gave them shelter for the night.

Ferreira said at a Press conference: "As far as I am concerned Dr Frankesh

DAVE LOURENS

was correct to allow the people in."

Hospital Services chief director S.J. Coogee could not identify the official responsible for issuing the order to halt the evacuees from Johannesburg Hospital and send them to Baragwanath.

He said at the conference: "With everything happening so fast decisions were made by various people. In the confusion these decisions were not properly co-ordinated."

A spokesman for the 40 black nurses who work at Johannesburg Hospital, but have to live at Hillbrow Hospital, said: "People who work in a hospital

should be accommodated there. But the black nurses who work in the Johannesburg Hospital are by law not allowed to live there."

MDM spokesman Cas Coovadia said the MDM was not surprised at the decision not to allow entrance.

He said: "It is ironic that at a time when President de Klerk is talking about reconciliation black health workers are barred from being accommodated at a hospital residence purely on the basis of apartheid."

"It is all very well releasing black leaders and saying apartheid is dead but it is obviously alive and well at the grassroots level where it affects people

on a day to day basis," he said.

He said the authorities' action left the MDM no choice but to intensify their campaign to eradicate racist laws and the campaign against segregated health services would resume in the new year.

Ferreira responded: "It is unfortunate if people are going to use this fire to make an issue. We are not going to get anywhere by making issues of the situation."

He condemned Johannesburg Hospital residences were for whites only.

Ferreira said: "As far as the residents are concerned everything is now under control. We are convinced they will be properly taken care of."



Fanie Ferreira, left, and Dr. Trevor Frankesh at yesterday's Press conference on the hospital fire row.

ROBERT BORN

MDM promises to step up defiance campaign

TPA to investigate bar on black nurses

By Dawn Barkhuizen

Transvaal provincial health authorities have launched an internal investigation into events which led to black staff from the Hillbrow Hospital being refused accommodation at empty whites-only Johannesburg Hospital residences on Wednesday after a fire.

The MEC for Health Services, Dr Fanie Ferreira, yesterday bowed to demands by Hillbrow Hospital staffers that they again be accommodated in the Johannesburg Hospital's Fitzpatrick Residence — although he said most of the burnt building was safe for reoccupation.

Dr Ferreira said a current investigation into the running of the Johannesburg Hospital and its policies would be speeded up.

A representative of the SA Health Workers Congress (Sahwco), Dr Aslam Dasoo, said yesterday the incident had prompted the Mass Democratic Movement to extend their defiance campaign in the health sector. Mass support was being generated under the banner of the National Education, Health and Allied Workers Union (Nehawu) and Sahwco.

Mr Cas Coovadia, a spokesman for the southern Transvaal Defiance Campaign Committee, said: "This latest folly on the part of the authorities proves our point that

the struggle must be intensified and the defiance campaign will thus be intensified at all levels in the new year."

This year the MDM staged acts of defiance across the country against segregated hospitals, parks and swimming pools.

The Hillbrow Hospital staffers, who were rendered homeless by Wednesday's fire, threatened to march on the Johannesburg Hospital yesterday should they again be barred from using empty rooms.

Dr Oupa Mpe, chairman of the Hillbrow Hospital Residents' Committee, accused hospital authorities of being blatantly racist.

Refused

After the fire staffers refused an offer of accommodation at Baragwanath or the suggestion that Hillbrow Hospital patients be reshuffled and wards be made available.

Only after staging a sit-in did they manage to persuade the Johannesburg Hospital acting superintendent, Dr Trevor Frankish, to give them beds.

Yesterday Dr Dasoo dismissed as "ludicrous and inhuman" a statement by Dr Ferreira that most of the residence was safe and could be reoccupied by 132 of the 150 residents. "The residence is a death trap with no fire escape. It should have been condemned a long time ago — it is amazing

there was no loss of life."

Dr Ferreira however, said the building was sturdy and only the top section of block E, housing 18 people, would be closed off.

Electricity and water to the adjoining blocks B, C and D had been restored and the rooms were safe and had not been damaged.

At a press conference yesterday Dr Ferreira would not deny or acknowledge claims that a high-ranking official had refused to allow the homeless to stay in empty rooms in the Fitzpatrick Residence after the fire and had insisted that they spend the night at Baragwanath Hospital.

He said: "I am aware of the shock caused, but hope with co-operation we can restore things to normal. It would be very unfortunate if a fire were to result in MDM action."

"On the surface things might seem bad, but at the end of the day the people were accommodated." The authorities wanted to help.

Most residents had been inconvenienced for one night.

Only five in E block had lost possessions. Accommodation had been arranged for them and the 13 others living in that section.

Hospital authorities would also attempt to assist those who had lost possessions in the fire.

Dr Ferreira said initial investigations pointed to the fire starting in a bedroom.

Why I let black nurses sleep in white hostel, by hospital chief

THE hospital chief who said no to officialdom this week reckons it was "no big deal".

Dr Trevor Frankish, acting superintendent at Johannesburg Hospital, ignored an order banning black Hillbrow Hospital staff from sleeping at his hospital's "white" staff quarters after their own rooms had been gutted in a R200 000 fire.

"It was late at night, there were people without homes and we gave them rooms," he said.

The order came from the Transvaal provincial hospital authorities, and staff at Hillbrow Hospital believe it was given because blacks sleeping in white residences would be against the Group Areas Act.

Earlier in the day the TPA authorities had agreed that the homeless doctors, nurses, radiographers and other vital health workers could sleep in empty rooms at the white hospital residences.

Later provincial authorities said staff members had to sleep at Baragwanath, a 30-minute ride away from work. They refused.

High-ranking staff at both Hillbrow Hospital and at the TPA claim not to know who was responsible for that in-

By GWEN GILL

struction. *Star 31/12/87*

But the Transvaal's MEC in charge of hospitals, Mr Fanie Ferreira, said "it was probably a deputy director who'd already made arrangements for staff to be accommodated at Bara.

"When they've made that kind of decision, they tend to stick to them."

About 40 of the staff refused beds at Johannesburg Hospital before Dr Frankish stepped in actually work at the "white" hospital!

Angry 95

But they are not allowed to live there because the provincial hospital authorities enforce the Group Areas Act.

"Here I am with nothing but the clothes I stand up in, and the place where I work won't even let me sleep there after going through this terrible ordeal," said one sister who did not want to be named.

She was speaking at an angry staff meeting at Hillbrow Hospital on the night of the fire.

Staff who have long complained about their living

conditions and are now calling them "unsafe and uninhabitable" staged a sit-in at the hospital cafeteria because they still had nowhere to sleep and had not been able to bathe or change after coming off duty.

At about 11pm Dr Frankish agreed to let them stay at his hospital.

Mr Ferreira later admitted that he had done the correct thing.

Many of the staff are now saying they won't leave the Johannesburg Hospital residence.

On Friday the TPA said

they could stay for only a further seven days.

But, says, S A Health Workers' Congress spokesman Dr Aslam Dasoo: "If they want us to move out, they will have to use force."

Mr Ferreira has promised a look at the who-stays-where policy.

"We're living in a new atmosphere in this country and I hope we'll resolve all the problems of accommodation."

Democratic Party leader Zach de Beer said the hospital issue was "a test of the Government's sincerity."

Star 30/12/89

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We stay put say defiant 'Brow nurses

Blacks displaced by fire declare hostel nonracial

MEDICAL personnel and health workers from Hillbrow Hospital have announced their intention to occupy the white nurses' residence at Johannesburg Hospital on a permanent basis — but the Transvaal Provincial Administration says accommodation is available for them at Hillbrow Hospital.

Following Wednesday's fire that destroyed parts of the nurses' quarters at Hillbrow hospital, about 70 people were accommodated at the Johannesburg Hospital on a temporary basis.

A joint statement from the SA Health Workers Congress (SAHWCO) and the MDM said they took the attitude the residences were *de facto* desegregated.

All the residents from Hillbrow Hospital would be moving into the Johannesburg Hospital quarters — with the "fullest support" of whites already residing there. A petition was also circulating in the Johannesburg Hospital to this effect, a SAHWCO spokesman, Dr Aslam Dasoo, said.

He added that they would "resist strenuously" any attempts that were made to remove them from the Johannesburg Hospital premises.

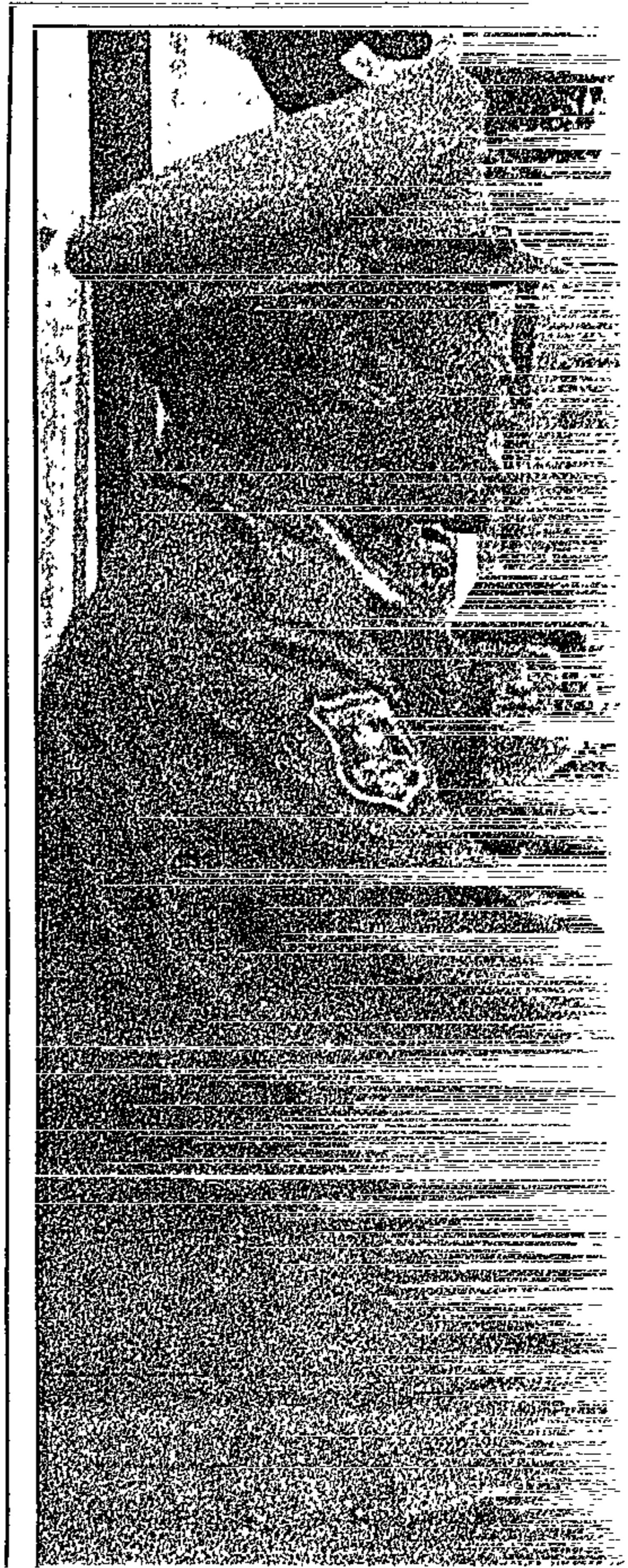
'No right'

MEC for TPA hospital Services in the Transvaal, Mr Fanie Ferreira, said yesterday the residents were using the fire to create a political issue and they "have no right to to be there (at the Johannesburg Hospital quarters)."

"It is unfortunate they have adopted this attitude because the Hillbrow facility is there for them.

"As soon as we are officially informed of their attitude we will go through official processes of talking to them — but they will be illegally occupying the residence. There is no reason for them insisting they stay there."

The SAHWCO/MDM statement said it was a political issue from before the fire "from years of being



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'No right'

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“It is unfortunate they have adopted this attitude because the Hillbrow facility is there for them.

“As soon as we are officially informed of their attitude we will go through official processes of talking to them — but they will be illegally occupying the residence. There is no reason for them insisting they stay there.”

The SAHWCO/MDM statement said it was a political issue from before the fire “from years of being forced to live in sub-standard accommodation while our white counterparts were accorded the luxuries of the finest, safest and most modern residences”.

Mr Ferreira said there were clerks and others amongst the health workers who were not entitled to stay in the Johannesburg Hospital residences.

“We will have to speak to them ... if resistance does carry on, we will have to convince them of the rules.”

'Utter contempt'

He said the Johannesburg Hospital was under investigation and any action taken now may prejudice the findings of a report which is expected early in the new year.

The MDM and SAHWCO said they “reject with utter contempt” the TPA assurances that the issue of hospital apartheid was under review.

“Our demands will not be buried in some departmental subcommittee, but the challenge will be open, forthright and uncompromising.”

Asked if there was a possibility the residents might be evicted from the Johannesburg Hospital residences, Mr Ferreira said it would be premature to say so now as it might prejudice future negotiations.

He added he would like to give both sides — administrators and health workers — a chance to put their case and solve the issue amicably.

Democratic Party co-leader and MP for Parktown, Dr Zach de Beer, said yesterday that if the authorities refused to open the nurses residences at Johannesburg Hospital to all nurses regardless of race, then President F W de Klerk and his Government remained committed to apartheid.

Test of sincerity

He believed the hospital issue was a practical test of Government's sincerity.

“Pik Botha (the Foreign Minister) says apartheid is no longer their policy. If he is correct, then every consideration of humanity, equity, good medicine, and financial sense demands that the residences be made available to all nurses regardless of race.”

Meanwhile, a Johannesburg Hospital spokesman confirmed the hospital superintendent, Dr Trevor Frankish, has been handed a petition from white hospital staff in support of demands that nurses from Hillbrow Hospital be accommodated at residences at the Johannesburg Hospital. — Sapa.

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~~#~~ HEALTH & DISEASE - NURSES

1990

At least 70 black nurses are being accommodated at the "white" Johannesburg Hospital nurses' residence after a fire destroyed their rooms at the Hillbrow Hospital last Wednesday.

A hospital spokesman said the nurses had spent the weekend at the whites-only Johannesburg Hospital Fitzpatrick Residence and would stay as long as was necessary.

The fire destroyed the top

Homeless black nurses staying at white hostel

STATE (95) 3/1/90

floor of the Hillbrow residence, leaving occupants with little more than the clothes they were wearing. Nurses who spoke to The Star yesterday said those rooms that were not destroyed by fire were waterlogged and stinking.

"I cannot go back there for a long time. It will take a lot to clean up the mess," one nurse said. She said she was sleeping at the Johannesburg Hospital where she worked.

She and her colleagues refused hospital authorities' offer

of accommodation at Baragwanath Hospital in Soweto, demanding they be allowed to stay in the white Johannesburg Hospital residence. Only after they staged a sit-in was permission granted.

The MEC for hospital services in the Transvaal, Mr Fanie Ferreira, said yesterday an investigation launched some time ago into staff conditions at the Johannesburg Hospital would encompass the hospital authorities' refusal to allow black nurses to stay there.

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70 nurses break red tape

AT least 70 black nurses are being accommodated at the "white" Johannesburg Hospital nurses' residence after a fire which destroyed their rooms at the Hillbrow Hospital last Wednesday.

SOWETAN REPORTER

A hospital spokesman said the nurses had spent the weekend at the whites-only Johannesburg Hospital Fitzpatrick Residence and would stay

as long as was necessary. The fire destroyed the top floor of the Hillbrow residence leaving occupants with little more than the clothes they were wearing. Nurses who

spoke to *The Star* yesterday said rooms that were not destroyed by fire were waterlogged and stinking. "I cannot go back there for a long time. It will take a lot to clean up the mess," one nurse said. She said she was sleeping at the Johannes-

burg Hospital where she worked. She and her colleagues refused hospital authorities' offer of accommodation at Baragwanath Hospital in Soweto demanding they be allowed to stay in the white Johannesburg Hospital

residence. Only after they staged a sit-in was permission granted. The MEC for Hospital Services in the Transvaal, Mr Fanie Ferreira said yesterday an investigation launched some time ago into staff conditions at the Johannesburg Hospital would encompass hospital

authorities' refusal to allow black nurses to stay there. The condition of the Hillbrow nurses' residence, which was an old building, was also being looked into. He said he expected a report on his desk by the end of the week.

We'll go, on certain conditions, say the nurses of Hillbrow

By DESMOND BLOW

95
Hillbrow Hospital black nursing staff who are occupying "white" quarters at Johannesburg Hospital this week agreed to move out on certain conditions including that the "whites-only" Johannesburg Nurses College be opened to all.

Following a fire last week in the staff quarters at Hillbrow Hospital which left 90 of the nursing staff homeless, the Transvaal Provincial Administration agreed to allow them to stay for seven days in Fitzgerald House at Johannesburg Hospital, but SA Health Workers' Congress (Sahwco) spokesman Dr Aslam Dasoo announced that the staff could refuse to be moved.

After the seven days expired this week, Johannesburg Hospital superintendent Dr Trevor Frankish told Sahwco the hospital staff occupying Fitzgerald House could stay if they agreed to move when their quarters at Hillbrow were rebuilt.

The health workers rejected the offer, saying they were making a political stand against apartheid in hospitals.

Dasoo said the staff were supported overwhelmingly by the MDM and health workers of all races.

He said the health workers had agreed to leave Fitzgerald House on the following conditions:

- That the rebuilt accommodation at Hillbrow Hospital be on a par with that at the Johannesburg Hospital;
- All facilities at the Johannesburg Hospital be desegregated;

■ That Johannesburg Hospital creche be made available to the children of all health staff; not just white; and

■ That the registration and training of nurses at the Johannesburg Nurses College be made available to all.

A petition was handed to Frankish last week from the staff of Johannesburg Hospital who overwhelmingly supported the demand by the Hillbrow staff to be accommodated there.

A new petition is being circulated in the Southern Transvaal and possibly further afield demanding that discrimination be eliminated at all hospitals.

Sahwco has also issued a challenge to President FW de Klerk through his Minister of Health Dr Rina Venter saying: "We find that the State President's stated policy is not in accord with those practised by his administration, and if he wants to be taken seriously we urge him to seize this opportunity to declare all facilities open to all."

Dasoo criticised the TPA for what he called its token offer to compensate staff who lost belongings in the fire.

"They have been offered only about 5 percent or 10 percent of the value of their loss, but will have to sign a sworn affidavit to substantiate their claim. This is a perverse kind of generosity.

"As an employer we believe the TPA is entirely responsible for the losses because the staff have complained for years about the poor and dangerous condition of their living quarters and that it was a fire trap."

Dasoo said Sahwco had taken legal advice and was prepared to take the TPA to court on this issue.

would prefer to see ordinary patrol vans in the

here four days.

MOGALE: You have been describe

Heart disease still the major killer

Motor vehicle accidents claimed more lives than heart disease in the below 40 age group, but heart disease remained the greatest cause of death and was responsible for 46,9 percent of deaths in all age groups, according to Old Mutual general manager Mr Bobbie Jooste.

The statement said the figures came from a review of Old Mutual's payouts for death claims in 1989, based on 33 576 claims.

Old Mutual Individual Life received 15 death claims due to Aids in 1989 compared to eight in 1988 which included the first death claim from the killer disease.

MOTOR ACCIDENTS

An alarming 40,6 percent of the policy holders under 25 who died between 1986 and 1989 died as a result of motor accidents.

Motor accidents were responsible for 26,2 percent of the death claims in the age group 25 to 40 and represented 11,5 percent of the total death claims Old Mutual handled.

More policy holders under the age of 40 died as a result of violence during the last eight years than any other age group, according to the report.

Cancer was responsible for 12 percent of death claims.

RESPIRATORY TRACT

During 1989 death claims due to diseases of the respiratory tract represented 7,8 percent and those due to diseases of the digestive tract 3 percent of the total death claims.

The claims following suicide increased by 246 cases and form 2,3 percent of the total number of death claims by policy holders the report said.

"Although there was a marginal decrease in the prevalence of both heart disease and motor accidents, the impact that it has on the most productive age group gives grave cause for concern," said Mr Jooste.
— Sapa.

Call for nonracial nurses residences

By Mckeed Kotlolo,
Pretoria Bureau

The South African Nursing Association yesterday announced its support for multiracial nurses' residences

In a statement, it commented for the first time on the accommodation of staff from Hillbrow Hospital after their residence was gutted about three weeks ago.

The statement said that while the association was not convinced that integrating facilities by force was the correct approach, its central board believed facilities for training of nurses should be opened to all races.

The association further said nurses' residences should be open to all nurses employed at that specific hospital, or at a neighbouring hospital in an emergency case.

Nurses should be able to apply for a post wherever they want to work and "it is the employer's prerogative to select staff according to merit".

Black nurses' battle for residence rages on

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Star 6/11/90

WHILE a battle over the accommodation of at least 70 Hillbrow Hospital nurses rages between the Transvaal Provincial Administration and MDM-affiliated health worker unions — the six-floor B G Alexander residence previously used for "white" nurses in Johannesburg's Smit Street stands almost empty.

And this is how it has stood for at least 10 years since trainee nurses were moved to Johannesburg Hospital's residences from the TPA-owned building between Banket and Claim streets — which has at least 34 rooms on each floor.

Aside from a family planning clinic and a few rooms being used by rural nurses in training, the building is unoccupied, according to TPA staff at the residence. Black TPA staff on the premises said they at one time asked the TPA if they could be accommodated there but were refused. The Saturday Star went to look at the condition of the building and found that its rooms are clean and clearly habitable.

Meanwhile, Hillbrow Hospital nurses whose rooms were destroyed by a fire 10 days ago are now staying at the whites-only Johannesburg Hospital's FitzPatrick Residence and have refused to budge.

Their refusal to move has developed into a defiance demonstration against apartheid practices in the health services, said Dr Aslam Dasoo, speaking

PAT DEVEREAUX

on behalf of the MDM-affiliated South African Health Workers' Congress and the National Education, Health and Allied Workers' Union.

"After the TPA would only offer them accommodation at Baragwanath Hospital or in empty wards at Hillbrow Hospital the nurses presented themselves at Jo'burg Hospital's residences which had over 130 vacant rooms.

TPA slated

"Despite a seven-day deadline given them by the TPA to vacate this whites-only residence, we want to notify the authorities that we consider the Johannesburg Hospital residences now nonracial and the only successful attempt to remove these nurses will have to be done by force."

He added that the situation had been handled by the TPA in a totally "unsympathetic" and "racist" manner.

The Member of the Executive Committee for the Transvaal's Health Services, Nature and Environmental Conservation, Mr Fanie Ferreira, denied that the nurses had been given a deadline to vacate the Johannesburg Hospital residences. He expressed surprise that the former B G Alexander residence was standing empty.

800 nurses meet over low wages

95 Staff Reporter

MORE THAN 800 nurses met last night at Grootte Schuur Hospital to discuss poor salaries — cited as the chief cause of the nursing crisis.

Reporters were not allowed at the meeting but reliable sources said the nurses had also called for a better shift structure and wanted special rates of pay for working on Sundays and on public holidays.

The South African Nursing Association has said that many people are leaving the profession or going into private practice because of inadequate pay. This resulted in understaffing at state hospitals which led to further demoralisation among nurses.

The Cape Times found last year that sections of the new emergency ward at Grootte Schuur Hospital are not being used because of the nursing shortage.

27-2-1990

Jan 18/1990

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Nurses discuss low salaries

CAPE TOWN — More than 800 nurses met last night at Groote Schuur Hospital to discuss poor salaries — cited as the chief cause of the simmering nursing crisis.

The press was not allowed at the meeting but reliable sources said the nurses had also called for a better shift structure and wanted special rates of pay for working Sundays and on public holidays.

Probe planned after nursing strike at home

CML Times 19/11/90

By CLAUDIA KING

AN investigation into working conditions at New King's Residencia, Kalk Bay, home for the aged has been requested after 11 assistant nurses who went on strike were found guilty of disgraceful conduct by the South African Nursing Council's disciplinary committee yesterday.

They were each given three months' suspension, suspended for one year.

Two of the 15 nurses charged with disgraceful or improper conduct after a four-hour strike on March 8 last year were found not guilty. They are Miss S J Msutu and Miss T C E Vanyasa.

Mrs T B Mona and Miss G J Hlahatsi were found guilty of improper conduct and cautioned and reprimanded.

The nurses went on strike in sympathy with Miss Msutu and Miss Vanyasa who had been dismissed and reinstated into the occupational therapy unit instead of to the wards.

This created a further strain on already over-worked nursing staff, said witnesses.

In mitigation of their sentence, defence for the nurses said evidence had shown industrial relations practices at the New King's to be outdated.

Unresolved

In addition, grievances brought to the management of the institution remained unresolved for years and there was salary discrimination on racial grounds. In delivering sentence, the chairman of the committee, Professor W J Kotze, said the nursing profession had an unwritten contract to provide safe and adequate care to their patients and the South African public.

The happiness of the nursing staff and the fulfilment of their career potential was also extremely important, prompting the committee to suggest that a letter requesting that an investigation be conducted into the conditions of employment at the home be sent to the South African Nursing Association, she said.

The 11 nurses are: Ms J N Mthunjiwa, Ms B N Dlamini, Ms S N Stemela, Ms N G Geza, Ms N E Geza, Ms N C Peter, Ms L L Ntshauzana, Ms P N Mapundiy, Ms C N Roto, Ms C Z Yisa and Ms V N Malasa.



WAITING FOR VERDICT . . . These 15 nurses were charged with disgraceful or improper conduct and appeared before the South African Nursing Council's disciplinary committee yesterday.

Picture: ANNE LAING

Health care drops as more quit over pay

Own Correspondent

CAPE TOWN — Nurses have sent an urgent SOS to the Government to better their salaries and working conditions, and halt the fall in health care.

Last week more than 800 nurses met at Groote Schuur Hospital to draw up proposals to send to the Minister of Health.

Although closed to the press, it is understood that nurses have asked for a 40 percent pay rise to make up for the shortfall in their salaries, which have dropped more than 30 percent behind the inflation rate in the past decade.

The strain under which nurses are working because of resignations is taking its toll in the quality of care patients are receiving.

Big challenge

At Groote Schuur Hospital the number of beds in the intensive care unit has been halved because there are not sufficient nurses to care for patients.

The incoming head of the heart unit at Groote Schuur, Professor John Odell, has identified the nursing crisis as the biggest challenge he faces.

He said many operations were being cancelled because of the shortage of nurses.

The strain on nurses is taking its toll. A number of cases have come before the Nursing Coun-

Nurses send SOS to the Government: We need help

cil's disciplinary committee recently, in which nurses who have been reprimanded for unprofessional conduct have said it was due to the stresses of the crisis.

● A midwife at the understaffed and overcrowded Khayelitsha maternity obstetric unit was reprimanded for disgraceful conduct after she incorrectly recorded the sex of a baby. She said she was too busy delivering babies to fill in the child's details, which she did not have time to do until the next morning at 3 am.

● The obstetrics unit, which has no doctors and is supposed to be staffed by 65 midwives, is staffed by only 17.

● Two midwives were sus-

pended after they failed to call a doctor in time when a mother giving birth showed no sign of progress. The baby was stillborn.

● A nurse was found guilty of disgraceful conduct after she left a clamp in the abdomen of a stabbing victim. The doctor said the theatre had been exceptionally busy and 21 patients had been operated on that day.

● Fifteen nursing assistants at New King's Home for the elderly at Kalk Bay came before the disciplinary committee because they went on strike over working conditions.

They said that because nurses do not have the muscle to back up their demands, they have over the years consistently re-

ceived low increases, leaving them poorer in real terms than they were 10 years ago.

Nurses are weighing up whether to unionise, and many feel that the body that represents the country's 150 000 nurses, the South African Nursing Association (Sana), has failed in its task to provide better conditions.

Said one nurse: "Sana is run by a very powerful group of old ladies who sit up in Pretoria and dictate. Their salaries are quite comfortable and they do not see why younger nurses are up in arms."

Membership of Sana is compulsory for all nurses. They may also join the Health Workers' Union, but this is not recognised by the State as a negotiating body.

Nursing salaries are so low that an assistant nurse earns less than R500 a month and the top salary for a sister is less than R2 000 a month.

A group of nurses at Groote Schuur Hospital have analysed salaries and found that over the past decade nurses' incomes have slipped more than 30 percent against inflation.

Julie, a nurse who has been a sister for 10 years, said she took home R1 300 a month. The only way she was able to keep her head above water was by doing additional work.

Countless other nurses moon-

Govt probe into health services

CM 7145 23/1/90
(95) (20)

Staff Reporter

THE recent resignation of two top heart surgeons from the H F Verwoerd Hospital in Pretoria has sparked a massive government investigation into the problems affecting the health services in South Africa.

This was announced by the Minister of National Education and Population Development, Dr Rina Venter, after she held talks with the two surgeons, Dr Johan de Villiers and Professor Mike Bennet, the Transvaal MEC for hospitals, Mr Fanie Ferreira, the hospital authorities and the University of Pretoria, yesterday.

Dr Venter is reported to have said there was a shortage of nursing staff and well equipped facilities at all teaching hospitals and that it was essential that the whole question of health services receive attention.

The announcement has been greeted with mixed feelings and caution by members of the medical fraternity some of whom feel the move has come "too late".

Superintendent of Tygerberg Hospital, Dr J G L Strauss praised the move, saying that Dr Venter had "touched on the crux of the matter".

"An in depth investigation in the shortage of nurses followed by the upgrading of peripheral and primary health services will combine to alleviate the pressure currently placed on hospitals," he said.

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital, welcomed the steps being taken by Dr Venter as did the acting superinten-

dent of the Red Cross Children's Hospital, Dr M S Hassim.

However, publicity officer for the National Medical and Dental Association, Dr Max Price, said the announcement "hardly inspired confidence".

"We are concerned that the move is merely another delaying tactic. One doesn't need a commission to become aware of the money wasted through the fragmentation of the health services," he said.

"This investigation has been precipitated by the conditions in a white hospital when a far worse situation exists at Baragwanath Hospital and has been ignored."

A medical officer at a local provincial hospital said the province has already lost most of its nurses to the private industry and that the move had come "too late".

"The same can be said for doctors — most of whom have either gone into private practice or emigrated. The sad factor is that no matter what the province does they will not get them back. The authorities attitude is management by crisis — they let a crisis build up and only do something about it when it's too late," he said.

● The J G Strijdom Hospital's reclassification as an own-affairs institution has left it with a skeleton staff and more than 58% of doctors' posts and 45% of nursing posts vacant at present.

And DP finance spokesman Mr Harry Schwarz said yesterday hospital services would simply collapse if black nurses were removed from major urban hospitals where whites are treated.

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More than half J G Strijdom doctors' posts vacant — TPA

THE J G Strijdom Hospital's reclassification as an own affairs institution has left it with more than 58% of doctors' posts and 45% of nursing posts vacant.

In contrast, the over-flowing Baragwanath Hospital had only a 5% vacancy in doctor's posts, a Transvaal Provincial Administration (TPA) statement said.

The half-empty Johannesburg Hospital and Southrand Hospital had 95% of approved doctor's posts filled. At H F Verwoerd, where two cardiac surgeons resigned last week, there was a 13% shortage of doctors.

TPA figures show about 388 of 715 nursing positions at J G Strijdom are vacant.

The change of status last April — which caused a spate of resignations — meant it could no longer be classified as an academic hospital.

In December last year Wits University withdrew the last of its students and surgeons who had formed the backbone of the hospital's staff.

Transvaal hospitals have been badly hit by the nurse shortage.

At Pretoria's H F Verwoerd Hospital there is a 35% shortage of nurses. The vacancy rate at South Rand, Baragwanath

TANIA LEVY and
NEIL YORKE-SMITH

and Johannesburg hospitals is about 25%.

The TPA figures did not show how many wards or beds had been closed at J G Strijdom. But 16 wards had been closed at the Johannesburg Hospital.

Almost half the beds at the South Rand Hospital are "closed".

Democratic Party finance spokesman Harry Schwarz said in a statement yesterday hospital services would collapse if black nurses were removed from major urban hospitals where whites were treated.

It was remarkable that in the year 1990 the government had stated it was investigating the nursing situation, academic hospitals and health services in general.

He was responding to National Health and Population Development Minister Rina Venter's statement at the weekend that a total solution was being sought for health services' problems.

He said extra money would have to be voted for to keep health services going, despite the desirability of general cut-backs in government expenditure.

State surgeons moonlighting — claim

SURGEONS at the Johannesburg Hospital are "moonlighting" at private clinics during on-duty hours, a medical source has said. *B/Dam 23/1/90*

The source, who asked to remain anonymous, said a number of surgeons who were paid by the provincial administration as full-time employees at Johannesburg Hospital consulted, assisted and operated at private clinics.

A TPA hospital services spokesman said the allegations would be investigated.

Doctors questioned at the hospital denied any knowledge of such practices among their colleagues.

A chief nursing sister employed by the province earns R1 200 a month and a doctor at the hospital starts at a salary of about R2 000 a month, while a medical

TANIA LEVY

health officer earns less than R2 500 a month.

At two clinics near Johannesburg Hospital, spokesmen said hospital surgeons were not working at their clinics.

All operations were performed by a set number of consultants on the clinic premises.

SA Medical and Dental Council (SAMDC) registrar Nico Prinsloo said there were no specific council rules regarding moonlighting.

However, it was usually a condition of employment that doctors and surgeons employed full-time by the state were not allowed to work elsewhere.

Salary raises 'would help ⁹⁵ nursing crisis'

Star
24/11/90 Medical Reporter

Salary increases for nurses would do much to improve the critical nursing shortage which has crippled academic hospitals, a spokesman for the SA Nursing Association said yesterday.

Responding to a statement by Minister of Health Dr Rina Venter — in which she said the Government was considering increasing the salaries of highly skilled doctors and nurses — the spokesman said she did not want to raise expectations at this stage on what these increases might be.

She said increases would make the profession more attractive to school-leavers and would encourage those already qualified to stay on.

A senior academic hospital official said raises would make a difference, but there were many other problems.

● The Medical Association of South Africa is holding a two-day conference in May during which solutions to the hospital crisis will be sought.

ANBU'S 26/11/90

'Moonlighting' ⁹⁵ by nurses hits patient care'

By ANDREA WEISS, Medical Reporter

NURSES on the State payroll are having to "moonlight" to maintain "a basic quality of life", with serious consequences for patient care, warns the SA Nursing Association (Sana) in a hard-hitting pamphlet.

Addressed to politicians, the pamphlet points out that 20 percent of all nursing posts in the civil service were vacant because of the crisis, which has resulted in a "marked increase" in medical incidents leading to legal action. One academic hospital reported seven such cases in a year.

"Patient mortalities can also be linked to the quality of service rendered," the pamphlet warned.

Studies showed that 80 percent of all nurses left the service of the State within three years after completing their training.

"VITAL SERVICES"

"The shortage of nursing staff leads to the termination of certain vital services such as renal dialysis and results in long waiting lists for essential operations."

Morale in the profession was being weakened by physical and mental exhaustion.

"This situation offers an ideal breeding ground for unrest and political influence involving the encouragement of nurses to withhold their services from patients."

Inadequate maternity benefits were an example of the generally poor service benefits.

Staff members were not allowed to contribute to the Unemployment Insurance Fund and maternity leave was strictly unpaid.

In addition, the medical scheme excluded female contributors from maternity benefits.

Added to this, records showed that between 1984 and 1988, there was an average decrease of 6 percent, or a total decrease of 22 percent, in student numbers in the nursing profession.

Enrolment figures dropped from 13 360 in 1984 to 9 955 in 1989.

Urgent attention needed to be given to the expansion of training facilities, particularly for black students, the pamphlet said.

The right medicine

SI Times 28/11/90
THE implementation of National Health Minister Rina Venter's plan to increase the salaries of doctors and nurses is long overdue.

Dr Venter's announcement this week followed the resignation of two top surgeons at the HF Verwoerd Hospital's heart unit in Pretoria.

The hospital crisis has persisted for many years. Severe staff shortages, heavy patient loads and low pay have contributed to a steady outflow of doctors and nurses from State to private hospitals.

The sad state of affairs has wors-

ened in the past few months — to such an extent that the Transvaal Provincial Administration's department of health services has ordered a 10% reduction in the number of patients admitted to hospital. The cut also applies to outpatients.

It is part of a plan to reduce the department's R130-million deficit.

About 800 nurses drafted a letter to Dr Venter demanding a minimum increase of 40% to bring their salaries into line with those of public servants.

They are also considering the possibility of starting their own union to look after their interests. Many of them believe the SA Nursing Association has failed to help them.

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The starting pay of an assistant nurse is less than R500 a month, and a sister cannot expect much more than R2 000.

Nurses at State hospitals do have perks such as housing allowances. But the perks are poor recompense for the added burden hospital staff bear as more nurses and doctors move to the private sector.

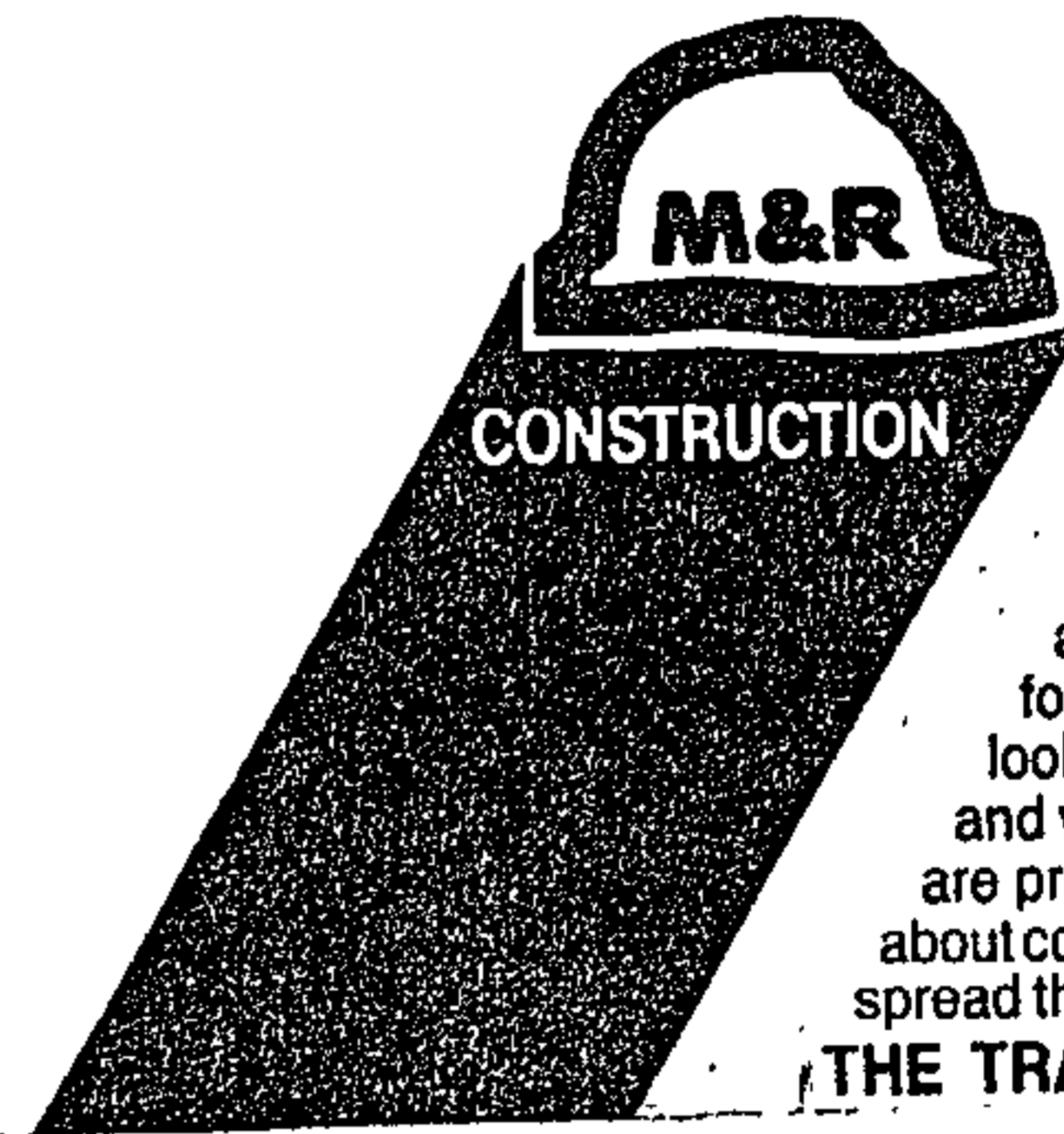
Although the Government's intention to reduce spending is welcome, it is imperative that the salaries of nurses, doctors and teachers be given serious attention to ensure the future of both education and health services.

ENGINEERING GRADUATES CAPE TOWN

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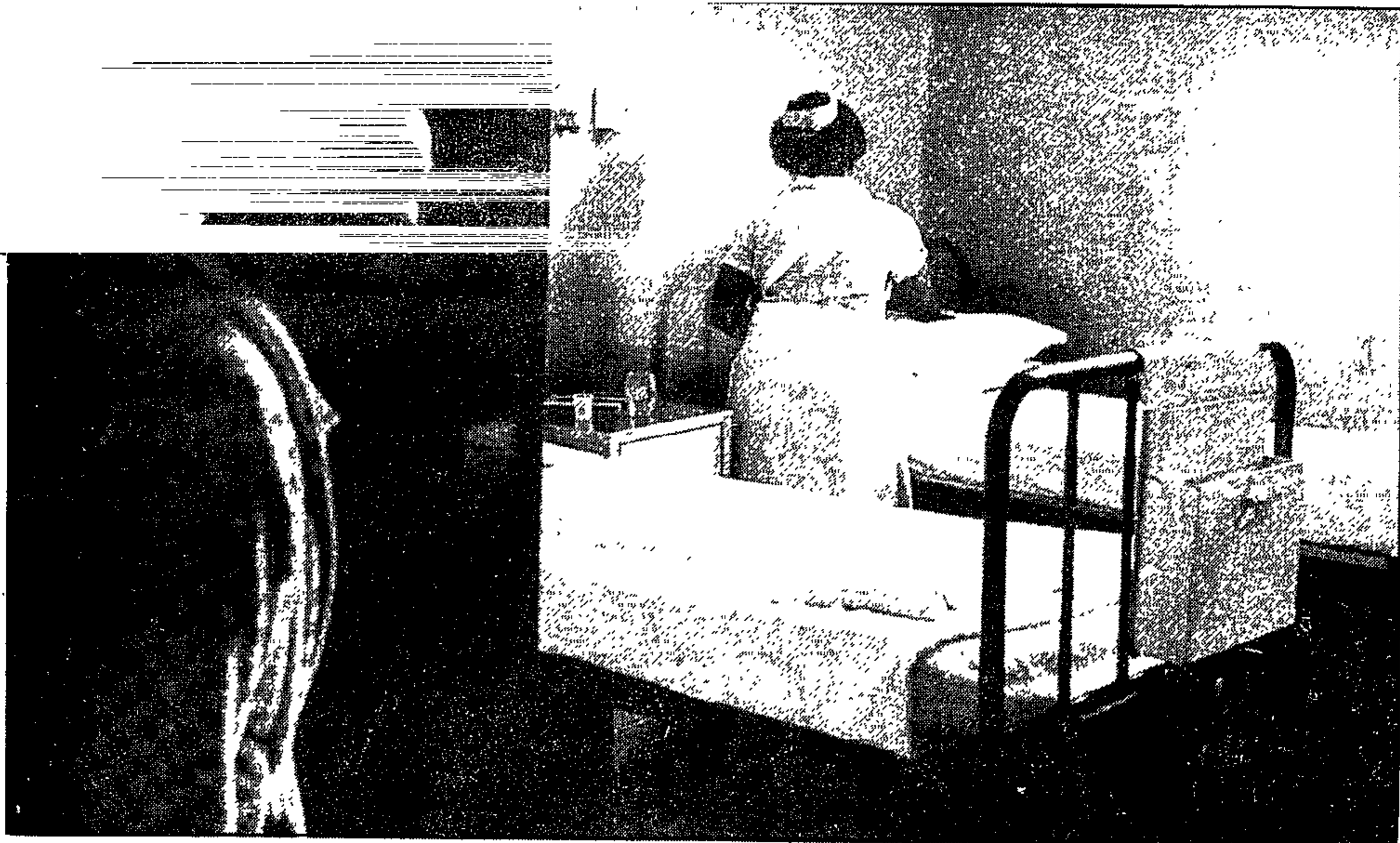
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Dedication exploited? . . . the selfless nature of many nurses keeps them in the profession. Although they could earn more at less exacting jobs, they feel they can't let their patients down. ● Picture by John Hogg.

Why nurses and policemen are resigning

An unskilled labourer working as a sweeper for SA Breweries earns R1 063 a month (excluding overtime pay).

In addition he receives meal subsidies, free beer to take home, free beer in company pubs, long-service allowances and a bonus. The calculated value of these "perks" is R153 a month, increasing the value of his pay packet to R1 216.

With inflation taking an almost daily toll, trade unionists say the price of food, clothing, transport and living in general is no cheaper for a sweeper than a nurse. They stress it is as difficult for a labourer to make ends meet as it is for a policeman to survive on a low wage.

Yet, as resignations from nursing and the police threaten to jeopardise health and security services, the question being asked is: "Why can't nurses and police receive pay commensurate with the value of their work?"

BETTER PAY

State hospitals in South Africa, drastically short of staff, are being manned by nurses who place their "calling" above pay. Some believe their devotion to their patients is being exploited.

The Commissioner of Police, Lieutenant-General Johan van der Merwe, has said 11 men a day are resigning from the SAP. Most are quitting for better-paid jobs which do not endanger their lives.

Sister X, a trained nurse at the Cornation Hospital, Johannesburg, can survive only by "moonlighting."

Twice a week, on her days off, she does two shifts at the Morningside Clinic to earn R240. The extra R960 a month (less tax) makes it possible for her to meet her commitments.

"I have no option," she explains. "I have a child to support. I simply cannot live on the salary I earn."

It means, however, she has no leisure — or time to spend with her child. She goes from one work situation to another, caring for one set of patients on five days of the week and another on the other two.

Sister X says she has worked as a sister for eight years and receives a basic salary of R1 100. After deductions (which include repayments on her subsidised

As resignations from nursing and the police threaten to jeopardise health and security services, the question being asked is: Why can't nurses and police receive pay commensurate with the value of their work? **WINNIE GRAHAM** reports.

house, tax etc) she receives a take-home salary of just R400 a month. From this she must pay R93 for train fares to work and R150 for rates, lights and water.

"I must have a home but if I were to get married, or change my job, I'd lose the house," she added. "If I didn't moonlight, I would not be able to live, yet if I were caught moonlighting I'd be fired."

Her more experienced colleague, Sister Y, who has been nursing since 1964, receives a basic salary of R1 980: her take home pay is just R946.

She is taxed R417 a month (which includes tax on her housing subsidy of R601). Other deductions from her pay include a pension contribution of R118, medical aid of R87, parking (in the hospital grounds) R10, lunches R32, insurances (voluntary) R22 and R32.

As a working mother, Sister Y feels obliged to employ a domestic worker whom she pays R200 a month. Rates and taxes plus lights and water take about R200, her car costs R200 a month to run and bus fares and meals for her child a further R100.

Sister Y does not moonlight but she is so short of cash that she and her child live on bread, soup and sour milk.

"Of course it's a battle to survive," she said. "But I feel a commitment to my community. I couldn't leave when I know I'm needed here. I guess I have a vocation which my employers exploit."

Constable A joined the police nearly two years ago because he wanted excitement and adventure. Now he is on the verge of resigning.

"I've been offered a well-paid job with a security firm which I'm considering," he said. "I'm tired of being broke and I have to consider career prospects."

As a bachelor, he does not believe he is as badly off as some of his more senior

colleagues "who cannot afford to get married on a policeman's pay."

Constable A receives a basic salary of R911 plus a special police allowance of R239,75, giving him a total of R1 150 a month. His deductions include: tax at R101,83, pension contribution R72,90, tea at work R11,50, membership of police club R3, widow's fund contribution R2, police magazine R1,81, several other small funds, and two (voluntary) assurance policies totalling R90. His take-home pay is R864.

To keep living costs to a minimum, Constable A boards with a family, sharing a room with a colleague. For this he pays R180 a month, with breakfast and supper included.

PALTRY PAY

With the help of his parents, he acquired a second-hand car making it possible for him to visit them when off duty. Much of his salary goes on keeping the vehicle roadworthy. He takes his girlfriend to an occasional movie.

What concerns him is the paltry annual increment he and his colleagues receive — an increase which barely covers inflationary living costs. In the lower ranks, men completing each year of service qualify for an extra R50 a month. After tax, this amount is reduced to an extra R30 a month.

"I'm better off than colleagues who have been in the SAP for four years," he admitted. "I know quite a few who are thinking of resigning because they want to get married but cannot afford the rental of a flat or house — let alone keep a wife or child. They are earning just R100 a month more than I am."

Constable B, who is often called to work irregular hours on special assignments out of town, said he received R10 a day extra for the work. He was often away from home for weeks at a time, making social life impossible.

"A girl I know earns twice my salary waitressing, yet her life is never at risk," he added. "Guys are buying discharges and leaving every day because opportunities outside the force are so much better."

CAPL- Tint 30/1/90

Shortage of nurses could cause crisis in hospitals

Own Correspondent

PRETORIA. — The acute shortage of nurses is likely to become even more serious this year, intensifying the crisis in some of the country's major hospitals.

The declining numbers at colleges and universities underscores the need for improved working conditions and significant increases in salaries and other financial benefits.

SA Nursing Council figures are that last year 1 555 qualified, 219 of them with nursing degrees from universities. This compared with a total of 3 074 who qualified in 1988 — 289 of them with degrees.

Negotiations for improvements are currently in progress and an announcement of significant pay rises from April 1 is expected in March, probably in the budget speech.

In all provinces — but particularly in the Transvaal — wards have been closed for years because of the chronic shortage of nursing personnel.

TPA sources also said that a fairly large percentage of newly qualified nurses found work with doctors and in

district and industrial nursing.

To compete with the earnings in these areas, nurses in government and provincial service would have to be granted increases of 50% or more, the sources said.

SA Nursing Association president Ms Odelia Muller said the association was also concerned about nurses at provincial hospitals doing additional work for agencies. This meant the quality of service declined because the nurses were overworked.

Ms Muller said the situation was so critical that the lives of patients could be endangered. She said there was nothing wrong with the training of nurses, but there was a shortage of manpower.

She said the only solution to the problem was better pay.

She said the numbers who completed the two-year pupil nurse course last year declined from 2 694 in 1988 to 2 278 last year. She said, though, that recruitment usually improved in a sagging economy and the expectation of better pay and working conditions later in the year might help push up the numbers.

B/D on 29/1/90

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Whistle-stop tour of hospitals

TANIA LEVY

TRANSVAAL Hospital Services MEC Fanie Ferreira made a whistle-stop tour of Baragwanath and Johannesburg hospitals on Friday to acquaint himself with conditions there.

A TPA Hospital Services spokesman accompanying Ferreira said there were no plans for emergency funds to be made available for the hospitals.

After visiting Baragwanath, Ferreira and senior TPA Hospital Services officials visited Orange Farm and clinics in Soweto.

He said Soweto's R3,7m Mofolo Clinic, which was completed about two years ago, would be opened on February 1.

The Jabavu clinic is to be closed.

The crisis in Transvaal's hospital services came under the spotlight again recently when it was asked to cut by 10% the number of people admitted as patients.

GERALD REILLY reports from Pretoria that statistics indicate that the acute shortage of nurses is likely to become even more serious this year, intensifying the crisis in



Johannesburg Hospital superintendent Reg Broekman shows Transvaal Hospital Services MEC Fanie Ferreira, left, the hospital's emergency helicopter. Picture: ROBERT BOTHA

some of the country's major hospitals.

SA Nursing Council figures show that last year 1 555 nurses qualified, 219 of them with nursing degrees from universities.

This compares with 3 074 who qualified in 1988, 289 of them with degrees.

The figures confirm the need for improved working conditions for nurses and significant increases in salaries and other financial benefits.

SA Nursing Association president Odelia Muller said she expected numbers this year to be even lower than last year.

Overworked, underpaid and taxed to death so nurses say no and go

ST Times 4/24/90

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By FELICITY LEVINE

WHAT makes highly trained nurses work stressful round-the-clock shifts for the wages of menial labourers?

The Sunday Times spoke to nurses at a large Johannesburg hospital and learnt the following startling facts:

- Many top nurses take home salaries of less than R1 000 a month after 10 years' service.

- Nurses lose their housing subsidies if they marry.

- Wards are so short staffed that patients are often forgotten.

- Desperate hospitals "hire" former staff from agencies and pay them double.

- Nurses get R9 an hour overtime, which is taxed 46 percent and is paid only after six months.

CONCERN

- Hospital administration is so bad that patients are dried with pillowcases because there are no towels.

- Black nurses, who make up 95 percent of the hospital's staff, are sent elsewhere to have their babies and are denied creche facilities.

But nurses are now saying NO and, as qualified staff slip away to easier and better-paid jobs, concerned government authorities are taking notice.

At a two-day nursing crisis conference in Durban this week Miss Eileen Brannigan, socio-economic manager of the SA Nursing Association, called for an immediate 60



DR C F SLABBER
Ordered another probe

percent increase in nurses' salaries.

She also recommended that student nurses start on salaries of R10 000 a year, with increases according to professional progress.

"More women would be attracted to the profession if nurses were allowed to branch out into clinical, educational and administrative fields during their training," she said.

The Director General of National Health and Population Development, Dr C F Slabber, has ordered an investigation into the nursing crisis.

Staff will be expected to fill in questionnaires describing their dissatisfaction and hand them in by the end of March.

But nurses say they are "fed up with government probes" after the last commission of inquiry three months ago came to nothing.

A sister at the Johannesburg hospital said: "The solution to the crisis is obvious —

they should pay us decent salaries."

Sister Deana, a senior ward sister in charge of bone-marrow transplant cases and cancer patients, earns R1 980 a month and takes home R1 490 after 11 years of service.

She trained for six years — including three years general nursing, one year midwifery and one year intensive care.

Like hundreds of her colleagues, she is considering a job in the private sector.

Said the desperate nurse and single parent of a four-year-old child: "If it wasn't for my brother we would go hungry."

The President of the South African Nursing Association, Miss Odelia Muller, confirmed this week that 15 percent of Transvaal nurses resigned last year.

"Major hospitals in particular experienced resignations of over 30 percent last year," she said.

And to fill the gaps hospitals are now hiring nurses on an hourly basis from private agencies and paying them what they cannot give their own staff.

UNDERPAID

The Sunday Times was told that two wards at the Johannesburg hospital were entirely staffed by agency recruits.

Said Miss Muller: "I am well aware that many underpaid hospital nurses join agencies as night nurses and are then rented back to the



MISS ODELIA MULLER
15 percent resigned

province." Intensive care unit Sister Betty said she enjoyed the stimulation of nursing in a teaching hospital but would rather serve in the private sector than starve.

She takes home R1 900, but that includes her R580 housing subsidy.

Like other 29-year-olds, she dreams of her own family and children, but if she marries she forfeits her housing subsidy.

"I don't know how much more of my life I can sacrifice," she said.

At weekends she "moonlights" at private clinics for extra cash and collects R250 for each six-hour shift.

"They've made me a job offer of R3 000 a month for a 36-hour week, with special rates for voluntary weekend and night duty.

"Of course I'd miss the solidarity and team spirit you only find in a teaching hospital — not to mention the clinically interesting referral cases we deal with.

"Private clinics are like

businesses and the price of the pill is more important than the patient.

"Their nurses are less dedicated and simply clock off when their shift ends, irrespective of the patient."

Sister Janie, a highly-trained paediatric nurse at the Johannesburg hospital until May last year, now works privately as a genetic counsellor.

She said the constant stress of singlehandedly caring for critically ill children, because of the acute shortage of staff, had forced her to resign.

TRAUMATIC

"Night duty was the hardest, and sometimes babies missed their feeds because the nurse on duty had her hands full," she said.

"It was traumatic — unfair on the kids and unfair on us."

Sister Janie said nursing standards and hospital maintenance had deteriorated to the extent that the hospital was no longer a source of job satisfaction.

"Working conditions are appalling at the Johannesburg Hospital and we lacked the essentials required for good nursing.

"Hospital earnings go straight back to the Treasury and months go by before we receive funds.

"Staff have become apathetic and demotivated, and put in the minimum effort knowing that no one will bother to check," she said.

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SOWETAN Wednesday January 31 1990

Page 5

Questionnaire on nursing pay

NURSING staff will soon receive questionnaires as part of an investigation into their working conditions by the Department of National Health and Population Development, SABC radio news reports.

SOWETAN Reporter

The investigation has been prompted by the

drastic shortage of nurses in the public service. The Director-General of Health, Dr Coen Slabber said in Pretoria that

the investigation into the job satisfaction and utilisation of nursing staff was being conducted by private consultants, who

were also analysing the manpower situation.

The commission for administration is dealing with representations about pay. The target date for

the submission of reports on the investigation is March 31. The reports will then be handed to the minister Dr Rina Venter, who will study them and try to find possible solutions.

Political Staff

THE Democratic Party yesterday criticised a government move to ask nurses to fill in questionnaires about their working conditions and warned that nurses would continue to resign.

DP health spokesman Mr Mike Ellis said the investigation into conditions of service, salaries and other matters was long overdue, but it made no sense that nurses were being asked to fill in a questionnaire as part of the inquiry.

"Nurses have received

Nurses: DP plea on wages

a poor deal from the state for many years, but only now that the nursing shortage has reached critical proportions is an investigation being called for," Mr Ellis said.

"Until such time as nurses receive a salary that truly reflects their worth, we will continue to lose highly trained, dedicated and profes-

sional people not only to private medicine but to many other unrelated jobs as well," he said.

DP finance spokesman Mr Harry Schwarz said it was by no means certain the questionnaires were necessary, considering the knowledge on the subject and the ability of representative organisations to put the case for the nursing profession.

The privacy of nurses also had to be respected.

"We wish to do nothing to prejudice anything which will improve conditions of service of nurses," he said.

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Experts discuss nursing crisis

STAR 1/2/90 By Karen Stander (95)

The critical shortage of nurses in South Africa's health services will be spotlighted at a two-day conference on "Nursing in crisis: Problems, Solutions" beginning today in Durban.

The guest speaker at the conference, hosted by the department of nursing at the University of Natal, will be Professor Patricia Prescott, a leading expert on the nursing shortage in the United States.

Professor Prescott is currently working on a project to develop a more accurate method of forecasting future national nursing requirements.

Director general of the Department of National Health Coen Slabber will also address the meeting.

Nursing (95) crisis talks today 11/2/90

THE critical shortage of nurses in South Africa's health services will be spotlighted at a two-day conference on "Nursing in crisis: Problems, Solutions" beginning today in Durban.

The guest speaker will be Professor Patricia Prescott, a leading expert on the nursing shortage in the United States.

Professor Prescott is currently working with US government officials to develop a method for more accurately forecasting future national nursing requirements.

Students live in 'unsafe' residence

NEW nursing students were being forced to live in a Hillbrow Hospital residence damaged by fire in December, according to a spokeswoman for the students, Ms Rookaya Essack.

Essack claimed the Hillbrow residence was not safe and the new students had been told by hospital management not

SAPA

to use any electrical appliances in the building.

She said walls in the building were damp, the ceiling looked "about to collapse" and after a heavy rainfall, water had to be swept from the building.

There was no hot water, no bath plugs, some of the rooms had no lights, there was no toilet

paper and no linen changing facility.

Essack claimed Johannesburg Hospital authorities had been told by Hillbrow Hospital officials not to allocate rooms to students there.

Previous residents of the fire-damaged Hillbrow residence are still living in Fitzpatrick residence at Johannesburg Hospital, whilst the TPA completes its investigation into the condition of the building.

Segregate

Moving the students into the Hillbrow residence was a "ploy" to segregate them from other health workers, Essack said.

Health officials could not be contacted for comment at the time of going to press.

Nurses ask for huge increase

DURBAN — The SA Nursing Association has recommended a 60,2 percent increase in nurses' salaries.

The association has also asked the Minister of Health and Population Development to allow nurses to branch out into clinical, educational and administrative fields during their training.

It was also proposed that student nurses' salaries should start at R10 000 a year, with increases directly related to professional progress. — Sapa.

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Govt improving nurses' salaries and conditions

B/D a/c 1/2/90

CAPE TOWN — Government would increase nurses' salaries and improve working conditions to keep them in the hospitals, National Health Minister Dr Rina Venter said yesterday.

Addressing the Cape Town Press Club, Venter said the problems faced by doctors working long shifts in state hospitals was also being looked into.

But that was a manpower problem. Many young doctors were leaving the country and government would try and make conditions attractive enough to keep them here.

She said she would soon be presenting a report to Cabinet.

Health service fragmentation was often made the scapegoat for problems of finance, but even the end of fragmentation would not provide sufficient funds, she said.

Venter said about 5,2% of the total health budget was spent on administration and this was in line with acceptable world-wide standards.

"Thus, the assertion that enough funds would be available for an increase in nurses' salaries if there was to be a single health department, was totally unfounded."

She said a situation had developed where 13 academic hospitals took up about 50% of the health budget. The demand for more funds for these institutions increased daily, while a rela-

tively small number of patients were being catered for at such institutions.

"We need to ask ourselves whether we need so many academic hospitals and such a duplication of services.

Meanwhile, DP Durban North MP Mike Ellis told Parliament yesterday SA had to return to a single ministry of health — free of racial overtones and equal in all respects — to rescue the ailing health services.

Government's introduction of own affairs health services had segregated and fragmented the services to such an extent that they were the most controversial, if not the most costly, in the world and hospitals were in a crisis.

Recognised

The hospital crisis was underlined by the fact that there were black hospitals with a 150% occupancy rate and white hospitals with less than 50%.

□ The SA Nursing Association (Sana) will be recognised as a staff association to negotiate conditions of service for nurses, Administration and Privatisation Minister Dawie de Villiers said yesterday.

Replying to a question put by Ellis, he said the Commission for Administration had recently made this recommendation after Sana had sent it an application. — Sapa.

Nurses' pay

Sunday 24/2/90

THE SA Nursing Association has recommended a 60,2 percent increase in nurses' salaries, SABC radio news reports. (95)

The socio-economic manager of the association, Miss Eileen Branigan, said at a nursing conference in Durban that another proposal sent to the Minister of Health and Population Development was that nurses should be allowed to branch out into other fields during their training.

Nurses ask Minister for 60 pc pay rise

By G. S.

Own Correspondent

DURBAN — Nurses have asked the Minister of Health and Welfare, Mrs Rina Venter, for a 60,2 percent pay increase, it was announced at the "nursing in crisis" conference which opened at Natal University last week.

The socio-economic manager of the South African Nursing Association, Miss Eileen Brannigan, said the increase was asked for particularly to try to keep clinical nurses in the field, but also in respect of administrative nurses, nurses in education and student nurses.

Clinical nurses' salaries had always been far behind the others, she said, and as a result their salary increase needed to be the largest.

ENTHUSIASTIC RESPONSE (95) (11/13/90)

Miss Brannigan said surveys had shown that this increase would keep nurses' salaries in line with other professions on the same market scale.

Health care workers in Government hospitals, administrative positions and private practice from around the country are represented at the conference — and they responded enthusiastically to Miss Brannigan's announcement.

The main topics discussed by delegates, during sometimes heated debates, were apartheid, wages, working conditions and education.

They also debated the need for nurses to be able to belong to organisations of their own choice to ensure a more democratic representation within the profession.

In his keynote address, Dr Coen Slabber, director general of the Department of National Health and Population Development, said there was an

urgent need for change, but the nursing profession also needed to be strengthened or the health care system in the country would be in danger.

Representatives of "alternative" nursing and health organisations emphasised the removal of apartheid in health as the most important need in the nursing crisis.

It was also said that solutions would not arise from the conference because "alternative views to that of the South African Nursing Association (SANA) and the Government" were lacking.

SPAR 5/2/90 RACIAL DIVISIONS

Ms Mondi Gungubele and Ms Ntsiki Matakana, representing the South African Health Workers Congress, the National Education Health and Allied Workers Union, the Organisation of Appropriate Social Services of South Africa and the National Medical and Dental Association, said no one could look at the South African health care system and ignore the racial divisions in it.

"The racial selection and training of nurses still continues today, and there is a severe shortage of nurses in black hospitals which is exacerbated by the greater need for health services in the poorer black communities," read a statement issued on behalf of the organisations represented by Ms Gungubele and Ms Matakana.

SANA, too, came under fire and was accused of failing miserably when it came to speaking for nurses, despite compulsory membership.

Poor management of the economy, dissatisfaction in the ranks, lack of representation and primitive labour laws were also highlighted by the "alternative" organisations.

See 2/2/90

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Nurses seek 40 percent more

By Wynne Graham

A petition demanding a 40 percent increase in nurses' salaries is being circulated at provincial hospitals.

The petition is a sequel to a petition on nurses' poor pay.

A sister who does not want to be named said the South African Nursing Association had advised members to write individual letters outlining problems with pay and working conditions and how these were affecting hospitals.

The petition was a spontaneous reaction but it will have to be conducted quickly," she added. "We understand all documentation has to reach the department (of national health) by

February 12 so that proposals can be formulated before the budget is presented to Parliament."

Information sent to The Star details some of the problems nurses face in trying to make ends meet.

Many nurses say they are forced to work overtime — or do permanent night duty — to survive. One said she was forced to rely on her daughters' earnings to cover living costs.

A junior professional nurse who qualified in 1987 and is a divorced mother of three listed her salary as R1 450. She received R300 a month maintenance from her former husband and an additional R100 a month

for an extra night shift.

Her expenses include pension of R87, insurance (R19), hospital funds (R2), a house loan of R433, tax (R283), medical aid (R73), telephone (R30), groceries R400, lights and water (R116), school fees (R30) and petrol R100.

A senior professional nurse who qualified four years ago and has had 15 years' experience lists her take-home pay as R745. She is a single parent — her son is 10 years old and she receives no maintenance.

"My mother assists me whenever possible," she added. The nurse earns R1 904 and has deductions of R114,29 (pension), R465 (income tax), R485 (sundry) and R94,21 (insurance).

Her monthly expenses include a study policy of R15, water and electricity (R150), rates and taxes (R40), with a clothing account, school funds, telephone, insurance, groceries and petrol and car maintenance absorbing the rest.

Nurses who "live in" are slightly better off. A sister with 20 years' nursing experience earns R1 980,50. Her deductions include pension fund (R118), PAYE (R258), medical aid (R58,60), parking (R2), and miscellaneous R1,50. Her take home pay is R1 542.

Anyone wishing to sign the petition should contact Mrs Genevieve Buchanan at (011) 435-6361 (after hours).

Call Times 8/2/90 (95)

'Nurses now in militant mood'

THE Minister of Health should take note of the "militant mood" now spreading through the nursing profession like a "veld fire" and take immediate action, the MP for Port Elizabeth Central, Mr Eddie Trent, said yesterday.

Mr Trent said salaries and working conditions were "so poor" that hospitals were unable to keep enough qualified staff, "let alone attract young people into the profession".

Slimming cure needed

Our hospital system is cracking up. The crisis in nursing has much to do with this collapse and the problems were discussed at a two-day national conference in Durban last week.

Raising the problems was the easy part. Possible solutions were harder to find. Many put forward were either platitudes heard a thousand times or proposals too radical for the health bureaucracy to entertain.

Two issues dominate the nursing debate:

- A broad split between nurses and administrators who dictate policy. They disagree on how to handle the flight of white nurses as well as the appalling overcrowding at black hospitals; and

- The view that racial division is an important cause of the crisis.

The Nursing Association has asked *inter alia* Health Minister Rina Venter for a 60% increase in starting pay for sisters. The State is unlikely to grant rises anywhere near this.

Anything less than 60% is, however, not going to bring nursing in line with colleagues in private clinics. Experienced nurses will continue to leave and fewer student nurses will join.

Pay differences between the private and State sectors have led to a bizarre situation. In some cases nurses have left to work full-time for agencies only to find themselves hired by provincial hospitals for more money. Some nurses at provincial hospitals moonlight for up to 68% more an hour.

Black nurses face different problems. They do not have to endure a poor public image and loss of professional self-respect (reasons some administrators at the conference insist is a more fundamental cause of the crisis than low pay).

Many black school-leavers want to enter the profession but are turned away. Davine Thaw, co-ordinator of The Career Informa-

tion Centre, predicts that thousands of black applicants will be turned away in the next few years.

This gets to what many delegates at the conference saw as the root of the problem: apartheid. One proposal called for an end to student posts being linked to race, pointing out that blacks could easily be recruited to fill the shortfall. (Apparently this is happening at State hospitals though few officials will admit it.)

Like separate education, health seems bedevilled by duplication and fragmentation of services. With 14 health departments there is little consistency in standards, selection criteria and pay. There are also too many administrators.

Among the most popular resolutions at the conference were for one health department and the scrapping of all racial policies in health services.

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B/Pay 13/2/90

'Parliament now just a spectator'

CAPE TOWN — The perception was developing rapidly outside Parliament that Parliament was becoming merely a spectator to events in SA, chief CP finance spokesman Casper Uys said yesterday.

Speaking during the mini-budget debate, he said proof of this was that MPs had to accept that State President F W de Klerk had accepted other engagements as more important than being

present at the "most important debate" of the session on Friday — on a motion of no confidence in the Cabinet.

Uys said De Klerk had said Nelson Mandela was a man of peace, yet on Sunday Mandela had said at the Grand Parade rally the armed struggle was continuing and would be intensified.

Uys said that after the weekend's events, the NP was going to negotiate from a position of weakness and Mandela from one of strength. — Sapa.

Nurses to attend debate on health crisis

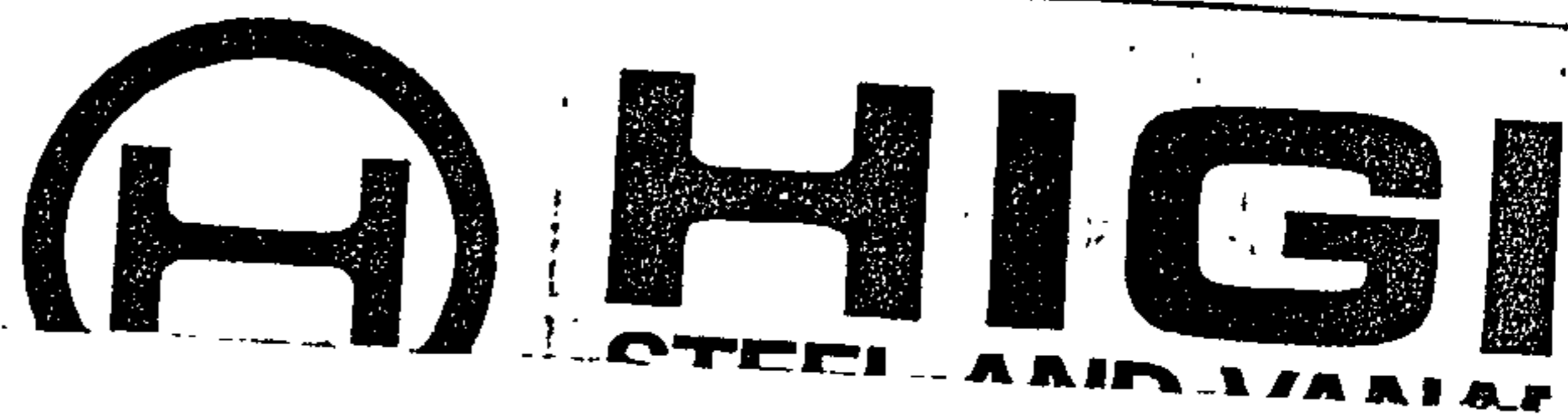
CAPE TOWN — A hundred off-duty nurses will attend the debate on the nursing crisis in the House of Assembly today, to focus attention on the serious situation in nursing and health services.

WP branch chairman of the SA Nursing Association (Sana) Sheila Clow said the nursing situation had worsened since being brought to the public's at-

tention by Sana in July 1988, and "realistic solutions must be found and implemented urgently".

A proposed gathering at Parliament was called off as it was not permitted while Parliament was in session. Clow said Sana would distance itself from any such action. — Sapa.

B/Pay 13/2/90 95



100 nurses to attend today's crisis debate (45)

STAR 13/2/90

CAPE TOWN — Today 100 nurses were due to attend the interpolation debate on the nursing crisis in the House of Assembly, to focus attention on the serious situation existing in nursing and health services.

This was announced by the chairperson of the Western Province branch of the South African Nursing Association, Ms Sheila Clow, in Cape Town.

The nursing situation has worsened since being brought to the public's attention by the South African Nursing Association in July 1988, and realistic solutions had to be found and implemented urgently, Ms Clow said in a statement.

Nurses had earlier proposed a peaceful gathering at parliament, but "when it became clear that such a gathering was not permitted while parliament was in session, the plans were called off," she said.

She urged nurses not to gather informally, and said the SA Nursing Association would distance itself from any such action if it was undertaken.

Nurses attending the interpolation debate would not be withholding their services from the public "as they are all off-duty" she added. — Sapa

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suggest that it is extremely irresponsible to grant permission merely because one is afraid that incidents will take place. [Time expired.]

*The MINISTER OF JUSTICE: Mr Speaker, the magistrate is responsible for protecting the public of Cape Town and, as it is, matters took their course in an orderly to reasonably orderly manner. [Interjections.] The fact is that the magistrate is responsible for exercising judgment and I said that he had the tacit power to deduce an application from the information at his disposal. [Interjections.] This is what happened. Hon members can look up the legal provisions.

I also told the DP that there was a shortcoming in the Act and thanked them for their proposal and their support in order to rectify this shortcoming. It comes down to the following. There should be a proper prescription in a legal measure for a requirement, a time limit and authorisation to demand insurance and other forms of security because this does not exist at present.

The question is what authority it should be. At present the city council is empowered to decide on this in terms of a provincial ordinance. It could end there but now section 53 of the Internal Security Act is in question, which provides that it will remain an authorisation unless the magistrate decides otherwise. How is he to decide otherwise? It is not stated anywhere that it has to happen when application is made. He has to act on the grounds of information which he receives. This is what section 53 provides—on the grounds of information which he receives. There is no application and nobody has to submit anything to him. That is why I say, and I regret having teased the hon member about the ABC of the law, that he knows what this means after all. He was a good advocate in his day. He certainly knows what a tacit provision means. A tacit provision is what one requires to exercise all the powers which are expected of one. [Time expired.]
Debate concluded.

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12/2/90

2. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether, in the light of the current crisis facing the nursing profession, she has taken any steps to alleviate this crisis?

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I believe that this is the correct manner in which to deal with these problems. I will not be pressurised into making hasty decisions which will not be in the long-term interests of the nursing profession and health care in South Africa.

Mr M J ELLIS: Mr Speaker, the hon the Minister has said some responsible things—I am sure that in some respects nurses will be glad about what she said—but I would like to take her to task on some of the matters she raised. Despite what the hon the Minister said, I feel I still have to stress the urgency of the matter.

The hon the Minister has at times indicated that she would like to develop an overall strategy to deal with the various aspects of our ailing health services and not treat any single matter in isolation, but I want to warn her and the Government that unless she treats the crisis which has developed in the nursing profession as a matter of absolute urgency, health services in South Africa will be in danger of collapsing.

I need to emphasise that the crisis has not developed overnight. The hon the Minister seems to be aware of this. I am sure she also knows that as long as a decade ago, doctors, medical superintendents, politicians and others were warning of the collapse of health services in this country because of the poor working conditions that nurses were labouring under and their inadequate salaries. The ranks of their profession were, in fact, becoming badly depleted. With the introduction of own-affairs health and the fact that apartheid is being practised in the provision of health services, the situation has deteriorated further, and that is a fact. [Interjections.]

It is appalling that exactly the same cries for better salaries and other improvements are being heard ten years later, while nurses continue to resign at an accelerating rate and competent recruits to the profession are dwindling rapidly.

This in turn has led, as the hon the Minister is well aware, to hospitals having to close wards, which in itself is, of course, a shocking situation. It has led to nurses having to work many hours of overtime at very poor rates, to shocking nurse-patient ratios in many hospitals and—this is a very important point too—to a general lowering of morale within the nursing profession. Ultimately this must lead to a deterioration in the provision of health services in the country.

It is only thanks to the dedication and devotion to duty of those nurses who have remained in the profession that our hospitals continue to function and provide the standard of health services that they do. I believe, however, that the Government is taking advantage of their dedication and devotion to duty and is presuming that the crisis will continue to play the game no matter how poorly they are paid or how inadequate their conditions of service remain. That is wrong.

I have every reason to believe that the investigation into nurses' conditions of service that the hon the Minister has called for now, which requires nurses to fill in questionnaires, is simply a further attempt to buy time. Why is such an investigation necessary when, for the past ten years, many people and organisations have made it abundantly clear just what the causes of the crisis are? [Time expired.]

*Dr W J SNEYMAN: Mr Speaker, it is a tragedy that the problems surrounding nursing services only came into the spotlight after the recent events at the H F Verwoerd Hospital. According to newspapers, for example, a confidential document had come into their possession in which the systematic deterioration over the past ten years of the cardiothoracic service at the hospital was elucidated.

I want to allege today that this deterioration could prejudice the pregraduate and postgraduate training of medical practitioners quite seriously, which in turn will seriously prejudice the standard of community life and the health requirements of the so-called new South Africa.

One of the most important reasons for this situation furnished by these professors is the shortage of nurses. This had led to untenable working conditions. According to the SA Nursing Association a general backlog has arisen as a result of a dwindling number of students and inadequate training facilities. There was a tremendous decrease in students and shortages at training hospitals of between 23% and 30%.

One of the most important implications, says the Nursing Association, is the inability of nurses to subsist on their incomes. How much are their incomes? We were told that a nurse with ten years' experience, after deductions, takes home less than R1 000. If we compare that to the

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private sector it is quite simply disgraceful. Now the Public Servants Association is telling us that there must be a salary increase of between 35% and 62%. The hon the Minister says that the investigations are first going to be completed by the end of March. The Budget is just around the corner. I want to know how the hon the Minister is going to budget adequately in the new Budget in order to overcome this backlog. [Time expired.]

*The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Speaker, it became very clear to me as I was listening to the two hon members that what they were doing here . . . [Interjections.]

*Mr SPEAKER: Order!

13/2/90
*The MINISTER: I have news for the hon member for Pietersburg. One of the very first tasks that was entrusted to me after I was appointed to this position was to take cognizance of nurses' problems. Consequently these things do not arise from the incident involving the HF Verwoerd Hospital. We have been conducting interviews with the Nursing Association for a long time, interviews that were in progress before this incident occurred.

The hon member for Durban North added absolutely nothing new to the information that is already at my disposal.

I think it is very important that we emphasise that the problems involving the nurses cannot be dealt with in isolation, since they concern quite a number of health problems. Let me mention one example to hon members. During the past two years, for example, 44 new private hospitals have been developed, which caused a direct drain on our nursing manpower. As a result of this situation nurses have of necessity been lured away from State hospitals. Consequently, in dealing with the problem of manpower, there are quite a number of factors that must be considered. It is precisely for that reason that a proper investigation has been ordered, to which we eventually hope to react. I think it is time I issued a warning by mentioning that it is apparent from all the surveys we are making at present that we are developing an over-supply of certain facilities in certain categories in some regions. It is therefore going to be necessary for us to come forward with very drastic policy changes if we

want to deal effectively with the problems in the long run. [Time expired.]

Mr B B GOODALL: Mr Speaker, we are witnessing once again this Government's favourite management style. It is called "management by crisis". They let a situation develop, and when it becomes a crisis they try to do something about it. Then they try to get out of it by appointing a commission or a committee. Instead of appointing a commission or a committee, let us listen to what the nurses are saying. I would like to read to the hon the Minister a letter I received from the nurses at the Edenvale General Hospital. The letter was signed by 63 nurses. They write to me about the serious situation that has arisen in the nursing profession due to the poor working conditions, particularly with regard to salary. Some of the points and problems that they highlight include staff shortage—posts are only 59% full, and training posts only 30% full.

The long-term outlook for the profession is very bad—that is an understatement. The workload is enormous, resulting in stress, dissatisfaction, poor patient care, increased medico-legal claims, and increased absenteeism. Red tape present in the hospital services system prevents necessary changes being made as required. Attractive competitive salaries and working conditions in the private sector compound this, as the hon the Minister quite correctly said.

The necessary very high standard of education required in the profession is not recognised and remunerated. Salary scales are not in line with professional status and the responsibilities of a nurse.

We do not need a commission or a committee to tell us that the nursing profession in South Africa is in a crisis. That Department has been investigating the pension situation in South Africa for 24 years, and we still have no solution. What we have to do is to listen to what the nurses are saying and having listened, then to take action. That is what we want.

Mr SPEAKER: Order!

Mr B B GOODALL: Action! That is what we want!

Mr SPEAKER: Order!

Mr B B GOODALL: What we want from the hon the Minister is not . . .

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Mr SPEAKER: Order! When I call hon members to order I would appreciate their co-operation. The hon member's time has expired.

Mr M J ELLIS: Mr Speaker, it is not enough for the hon the Minister simply to say that she is aware of the problem. Why are nurses leaving the Government's service to go into the private hospitals? That is the important point and it is something that the hon the Minister has got to address.

I have here 47 letters from nurses at the Johannesburg General Hospital and they all take exactly the same line as the letter to the hon member for Edenvale. [Interjections.] Every single letter states the nurses' total frustration and their hurt over the poor salaries they receive and the related conditions of service. The hon the Minister has got to undertake to put all the pressure that she can on her colleagues in the Cabinet to redress the very real problems and causes for extreme agitation that the nursing profession is experiencing at present.

I listen with interest to what the hon members on the opposite side have to say about the nurses in general. It is with great interest that I do that but undoubtedly the main issue is in fact the salaries. Here I urge the hon the Minister to consider very carefully . . . [Time expired.]

*The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Speaker, if we were to brag about how many letters we are receiving I think I can beat the hon member . . . [Interjections] . . . because it is a fact that the nurses give us information.

I should like to point out to the hon member for Edenvale that it is not a commission of enquiry. This is a scientific investigation, in which regard is in fact being had to what nurses say. [Interjections.] In fact an attempt is being made to make a survey on a national basis of what the standpoint of nurses is. Consequently there is no question of a commission of enquiry or of *ad hoc* decisions here.

There is one matter I should like to emphasise very seriously. There is no question here of our adopting measures or taking crisis management decisions.

This afternoon I should very much like to give the nursing profession the following assurance.

The Government is talking to their leaders. They have impressed on us very thoroughly the seriousness of the situation. We are conversant with the facts, also as a result of the research done by the Directorate. Nursing of the department, but it is also necessary for us to launch a wider research project so that we can find long-term solutions. [Interjections.]

I should very much like to emphasise this matter and tell hon members that this interpellation is very badly timed . . . [Interjections.] Not only is it badly timed . . .

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Mr SPEAKER: Order!

*The MINISTER: It is a deliberate attempt to try to make political capital . . . [Interjections] . . . out of a very serious situation. [Interjections.] At this stage we are not ready to give satisfactory answers to the nurses . . . [Interjections] . . . but within two to three months we will be ready to go to the Nursing Council with a proposal, and also to the Nursing Association, where we will co-operate with them in order to find satisfactory solutions to the situation. [Interjections.]

Debate concluded.

QUESTIONS

Hansard
13/2/90

†Indicates translated version.
For oral reply.

General Affairs:

Crossroads Town Committee: weapons
*1. Mr J VAN ECK asked the Minister of Planning and Provincial Affairs:

Whether any official in his Department issued an instruction that any weapons issued to members or employees of the Crossroads Town Committee or Provincial Administration employees operating in Old Crossroads be returned immediately; if so, (a) (i) on what date, (ii) by whom and (iii) why was this instruction issued and (b) how many guns (i) have since been returned and (ii) remain to be returned?

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HOUSE OF ASSEMBLY

'Growing gap' in education

By MICHAEL MORRIS
Political Correspondent

GOVERNMENT spending on white education is four times higher than on black education, according to Democratic Party spokesman on black education, Gardens MP Mr Ken Andrew.

This "massive and growing gap" emerged from the latest figures, he said in a statement.

"Black education is in a crisis. The government needs to recognise this and provide crisis funding as well as a coherent plan to improve matters."

He said an average of R3 082 was spent on every white child, while only R764,73 was spent on the black child.

Nurses likely to get pay boost in Budget

ARCUS 14/2/90

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Political Staff

NURSES seem likely to get a pay increase in this year's Budget over and above the general increase for public servants.

The National Health Minister, Dr Rina Venter, told parliament yesterday that salary adjustments for nurses were being investigated and would be included in this year's Budget, presented in mid-March.

QUESTION TIME

She was speaking in question time after being attacked by the Democratic Party and Conservative Party on the plight of nurses.

The debate was attended by hundreds of nurses.

She gave no details of the pay rise but sources pointed out that Dr Venter had said before that she was considering giving nurses a "professionally differentiated increase" — above

that of the general public service increase.

Meanwhile Democratic Party co-leader Dr Zach de Beer, MP for Parktown, said that 47 nurses from Johannesburg General Hospital had written to him about poor conditions.

They had "depicted a crisis of frightening proportions in which these invaluable qualified women are being forced by sheer financial need to seek other employment, often in positions where their qualifications are not used".

"BOMBAST AND ABUSE"

"This, while hundreds of hospital beds stand empty and patients suffer and sometimes die for lack of treatment.

"It was bitterly disappointing to listen to the Minister of Health in the House of Assembly.

"After a few satisfactory sentences, which she read from a prepared text, she lapsed into bombast and abuse."

IMPORTANT ANNOUNCEMENT

Nursing row in Parliament

THE plight of South African nurses provoked a full-scale row in Parliament yesterday, with the Democratic Party and the Conservative Party accusing the government of failing to act to prevent the collapse of health services.

But, watched by a group of unformed nurses in the public gallery of the House of Assembly, the Minister of National Health, Dr Rina Venter, said the government was aware of the seriousness of the situation.

She said the government was involved in a scientific investigation into the position of the nursing profession throughout the country and it was looking for long-term solutions.

Salaries, working conditions and manpower were the problems faced, and salary adjustments were necessary.

Dr Venter said it was quite clear that the annual growth in the number of nurses was insufficient to meet the future health needs of the country.

DP health spokesman Mr Mike Ellis (Durban North) said that unless the government dealt with the crisis in the nursing profession, health services were in danger of collapsing.

With the introduction of own affairs health and the result of

Govt is slated on hospital policies

apartheid health services, the situation had declined.

The CP spokesman on health, Dr Willie Shyman (Pietersburg), said it was tragic that the problems in the nursing profession had been revealed only after the leak of a confidential report on conditions in the HF Verwoerd Hospital.

Nurses with ten years' experience earned less than R1 000 a month after deductions, Dr Shyman said.

Mr Brian Goodall (DP, Edenvale) said it was typical of the government to appoint a committee or a commission whenever there was a crisis.

"We do not need a commission to tell us it is a crisis. We need action, not words."

● About 100 nurses attended

CPT 7/11/75 14/2/190

the parliamentary debate on the nursing crisis yesterday — and left "unimpressed" and "dissatisfied" with Dr Venter's speech. One irate nurse accused the government of using the nursing profession as "a political ball" and "missing the boat".

"They just do not realise that health services are the front line of any country's defence system, as sick people just cannot run the land."

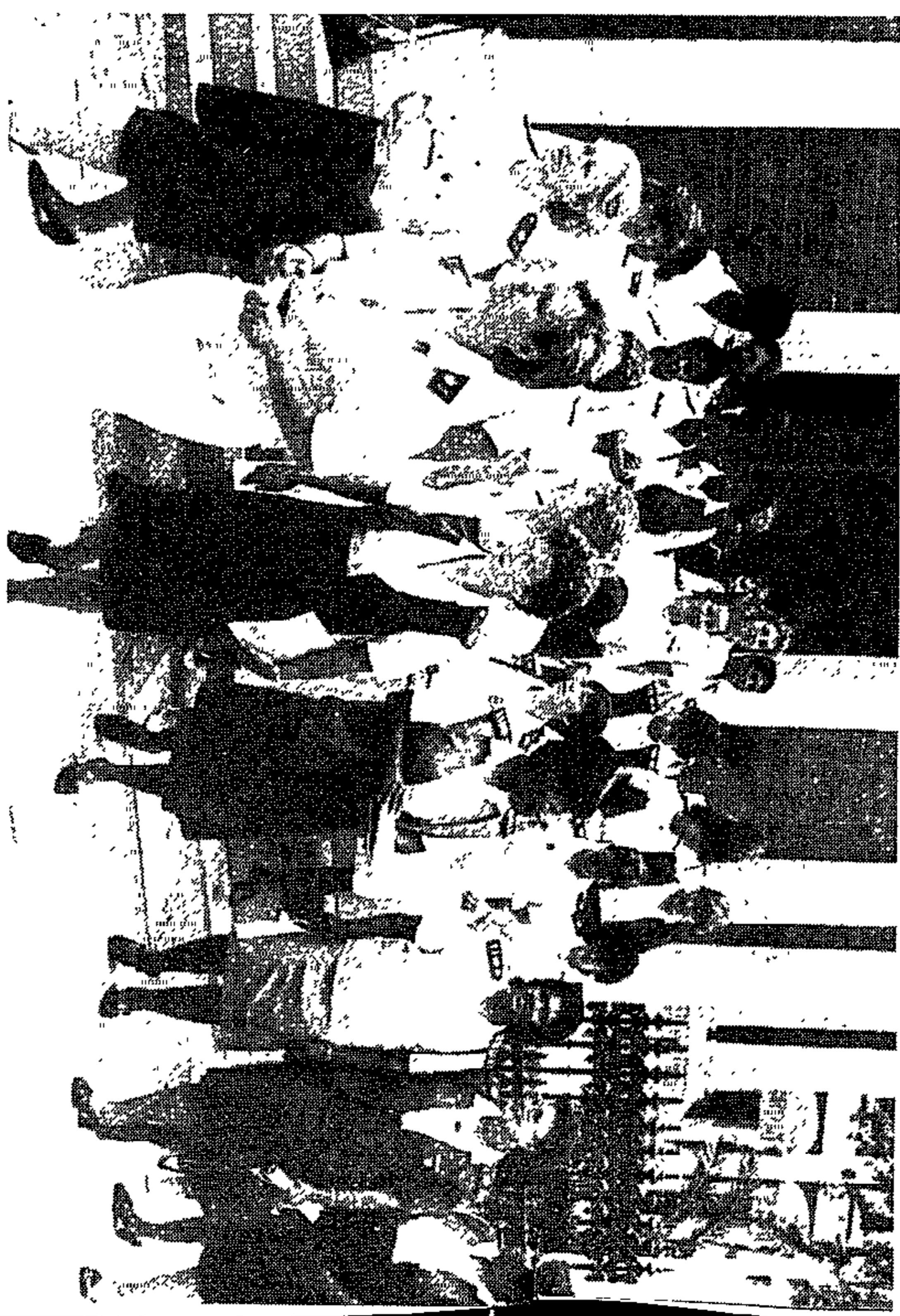
"We were hoping that something positive and new would come from the debate — we all know there is a problem and definitely don't need more commissions or investigations to tell us that," she said.

Another said the nurses had listened to Dr Venter's contribution to the debate with "disbelief".

"She is clearly not really interested in our plight and does not realise the full extent of this very real problem," she said.

The executive director of the SA Nursing Association, Mrs Susan du Preez, said nurses should accept that "there is no short-cut in this matter".

"Dr Venter is waiting for the outcome of an investigation undertaken by private consultants and for the budget to be announced before she can do anything," she said. — Political Staff and Staff Reporter



DISBELIEF . . . One hundred nurses who attended a parliamentary interpellation on the nursing crisis yesterday emerged "dissatisfied" and "dissatisfied" after listening to the Minister of National Health and Population Development, Dr Rina Venter, address the issue.

Picture: RICHARD BI

Nurses flock to hear minister

CAPE TOWN — More than 50 uniformed nurses filed into the House of Assembly's public gallery yesterday to hear the National Health and Population Development Minister Dr Rina Venter spell out the steps government had taken to alleviate the nursing crisis. *31 Day 14/2/90*

Venter said government recognised the seriousness of the nursing situation and had acted on it.

Mike Ellis (DP Durban North) said he wished to warn Venter that unless she dealt with the nursing crisis as a matter of urgency, health services were in danger of collapsing.

Venter said nurses' salaries were being investigated and would be included in the

Budget. Other problems raised by the Nursing Association were being looked into.

The Department had contacted a private firm of investigators to make an objective investigation. *(S) 95*

Dr Willie Snyman (CP Pietersburg) said nurses with 10 years' experience earned less than R1 000 after deductions and enrolments of student nurses had dropped by up to 30%.

Venter said 44 private hospitals had opened during the past two years, placing a direct drain on nurses from State hospitals.

Brian Goodall (DP Edenvale) said Edenvale Hospital nurses stated they were understaffed by 41%. — Sapa.

B/DW 15/2/90 95

B/DW 15/2/90

POLITICS

Venter 'was bombastic'

Political Staff

CAPE TOWN — Health Minister Dr Rina Venter's response to the nursing crisis was bitterly disappointing, DP co-leader Zach de Beer said yesterday.

He had received letters from 47 nurses showing dignity and restraint. "But they depict a crisis of frightening proportions in which these invaluable women are being forced by financial need" to seek jobs elsewhere.

Meanwhile, hundreds of hospital beds stood empty and patients suffered and sometimes died for lack of treatment, he said.

Venter's speech in the House of Assembly had "lapsed into bombast ('I shall not be pressured') and abuse ('The opposition parties are playing politics'). No wonder the nurses who had come to listen to her were distressed. The government must act now, and stop wriggling."

DP warning against dune mining 'barter'

B/DW 15/2/90

Political Staff

CAPE TOWN — There would be cause for serious concern if dune mining was allowed at St Lucia in return for the establishment of the new conservation area in Zululand, DP environmental spokesman Rob Haswell said yesterday.

Welcoming the creation of a large new conservation area in Natal, which will link St Lucia and Mkuze, Haswell said: "If this good news for conservation is to be tempered by approval of the dune mining at St Lucia, then there is real cause for concern.

"Environmental gems such as St Lucia are priceless and should be sacrosanct. They should never be part of any barter.

"The creation of this new park will only strengthen the conviction that mining in close proximity to it should not be permitted."

He said the DP fully supported this view and would continue to raise its voice on the St Lucia mining issue.

Sapa reports from Durban that when he announced the new conservation area, Kotze said too many of the country's ecologically sensitive areas had been lost.

Thus, the creation of the 275 000ha great-

er St Lucia conservation area would enhance the resilience of the belt, stretching from the Lebombo mountains in the west to the coast and into the marine reserve.

The scheme will involve linking existing conservation areas by acquiring the land in-between.

The areas to be linked will include the Mkuze game reserve, the St Lucia game and marine reserves, False Bay park, Sodwana Bay national park and the Sodwana Bay, Cape Vidal and Eastern Shores state forests.

Referring to the contentious proposal to mine dunes along the eastern shore state forest, Kotze said if the environmental impact study currently in progress indicated that mining would cause unacceptable disturbances, he would do everything in his power to prevent any such activities.

If the mining were allowed, however, it would be subject to stringent conditions that would ensure that the natural environment would be improved once the mining was completed. Less than 1,5% of the consolidated area would be affected at any one time. — Sapa.

CP's march against ANC

EDYTH BULBRING

A CP-organised march to protest against the release of Nelson Mandela and the ANC's unbanning is to be held in Pretoria tonight.

CP leader Andries Treurnicht and his deputy Ferdi Hartzenberg would address the gathering, a CP spokesman said.

More than 3 000 people attended a meeting addressed by Treurnicht in Parow on Monday and thousands were expected tonight, the spokesman said.

Permission for the march had been granted by the chief magistrate, he said.

A special Pretoria City Council meeting will take place this afternoon in which the CP caucus will ask the NP to rescind its decision to open Pretoria's amenities to all races on the basis that the NP did not seek this mandate in the September election.

16-22/2/90

95

WEEKLY MAIL

MORE than 130 angry Hillbrow hospital residents, who forcibly occupied the "whites only" Johannesburg hospital residence after their quarters were damaged by fire in December, have launched a national campaign to desegregate residence facilities for hospital staff.

The campaign highlights the growing seriousness of the country's health crisis and is a result of a fire at the Hillbrow hospital residence last December which rendered the residence uninhabitable.

Despite objections from the Johannesburg and Hillbrow hospital superintendants, the group of "homeless" doctors, nurses and radiographers moved to the Johannesburg hospital's "whites only" nursing home in December. "We will occupy until it is desegregated," said Dr Oupa Mpe, a resident and one of the co-ordinators of the support committee formed to implement this national campaign.

Until recently the Johannesburg Hospital did not employ black nurses; however, even after this restriction was relaxed, the nurses home remained segregated.

The committee, which includes community members, adds that hospital authorities are refusing to accommodate any more of the "homeless" Hillbrow staff members at the Johannesburg Hospital nursing home and have "forced 15 first-year medical students and 15 staff members to occupy rooms in the dilapidated Hillbrow residence where even the fire escapes have not been reconstructed".

Transvaal health services executive committee member S Ferreira denied that first year students were forced to stay at the Hillbrow residence saying: "The residence, except for block E (which was damaged in the fire), has been investigated and, according to the Department of Works, it is completely safe."

The residents and students have enlisted the support of members of community, health and labour organisations including the National Education Health and Allied Workers Union, the National Union of Public Service Workers, Community Health Awareness Project, South African Health Workers Congress, Congress of South African Trade Unions and the National Council of Trade Unions. A petition is being circulated and pamphlets, pickets and demonstrations are planned.

The committee is critical of Democratic Party MP for Parktown Dr Zac de Beer's "failure to intervene in the situation".

De Beer, however, said the DP was constantly campaigning for desegre-

gation. "The situation in regard to the facilities at the Johannesburg Hospital is undignified, unseemly and inefficient," he added.

Sahwco representative Dr Aslam Dasoo said Sahwco would use the Hillbrow residence issue as "a fulcrum to relaunch the MDM defiance campaign launched last August since the residence incident fell under the ambit of defiance".

Dasoo added that the Hillbrow campaign was taking place against a background of inadequate health facilities, shortages in hospital staff, and cutbacks in patient admissions.

A fire last December in Hillbrow Hospital's residential block for nurses has ignited a wider campaign for desegregating health workers' accommodation, reports
CASSANDRA MOODLEY

"The ultimate aim of the Hillbrow hospital campaign is to commit the government to desegregating all health facilities so that the health system comes under one department and

not 14 as is presently the case. This results in mass duplication of services which leads to shortages at some hospitals."

Co-director of the Wits University Centre for the Study of Health Policy, Cedric de Beer, felt that segregation of residence facilities at Johannesburg Hospital added to the crisis by contributing to the "degeneration in the quality of health care at the hospital."

"The segregation undermines the morale of the staff — this is an insult to black staff and furthermore must create tension between black and

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13

white staff members."

De Beer said the roots of the current health crisis lay in the size of the private sector which basically served a small elite, the government's privatisation programme, low funding of the public sector and the fragmentation of health services.

"In essence the problem is the lack of political will on the part of the government to provide adequate health care," he added.

De Beer said that a national health service by which the state takes on greater responsibility, should be a long-term goal.

Commenting on Health Minister Rina Venter's announcement this week that an increase in nurses' salaries would be considered, De Beer said an increase was an important, but not an adequate step, since it ignored such aspects as fragmentation and reducing the size of the private sector.

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(ii) (aa) R20,7 million. *Hansard* 21/2/90

(bb) Falls away.

(iii) (aa) R14,680 million (balance).

(bb) Falls away.

(iv) Control takes place in terms of the conditions of the loan agreement

Transkei: SA citizens detained

6. Mr C W EGLIN asked the Minister of Foreign Affairs:

(1) Whether any South African citizens are being held in detention by the Government of Transkei; if so, (a) what are their names and (b) for how long have they been held;

(2) whether the South African Government has made any representations to Transkei for their release; if so, what was the (a) nature of and (b) response of the Government of Transkei to each of these representations; if not, why not?

Hansard 21/2/90 B28E

The MINISTER OF FOREIGN AFFAIRS:

(1) Yes

(a) The following names of South African citizens being held in detention by the Government of Transkei have come to the attention of the Department of Foreign Affairs:

(b) The first five have been held in detention since 890721. The last two have been held in detention since 891229.

— Simon MAGAMBA
— David Mohapi MASILO
— Joshua HLOPE
— George MOGOHANE
— Enoch TSOENE
— Cleopas 'Schoolboy' MAZI-
BUKO
— Mhloni Phillip MABUNDLA

(2) Yes *Hansard* 21/2/90

(a) The South African Government has requested and received consular access and requested that the detainees be charged in accordance with normal legal procedures.

(b) The detainees have not as yet been charged by Transkei and the South African Embassy is continually in contact with the Transkei Government regarding the matter.

Nurses resigning in course of training

19. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether any (a) White, (b) Coloured, (c) Indian and (d) Black nurses accepted for training courses at institutions for the training of nurses resigned in the course of their training in 1989; if so, how many in each case in each specified year of study? *(95)*

Hansard 21/2/90

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

B47E

Resignation of nursing students during 1989:

	(a) White	(b) Coloured/	(c) Indian	(d) Black	Total
1st Year.....	303	83	63	77	463
2nd Year.....	110	63	7	77	250
3rd Year.....	48	7	11	5	66
4th Year.....	5	8	5	18	18
Total	466	161	170	797	797

* Records are not kept according to these individual population groups.

28. Mr P G SOAL asked the Minister of Defence:

What total number of persons (a) had died as at 31 December 1989 as a result of contact with

HOUSE OF ASSEMBLY

the electrified fence on the (i) northern and (ii) eastern borders of the Republic since the construction of each of these fences and (b) died as a result of such contact in 1989?

Hansard 21/2/90 *cont'd* B64E
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The MINISTER OF DEFENCE:

(a) (i) 10 (ii) 77

(b) 4 13

Chemical sprays used

42. Mr R J LORIMER asked the Minister of Agriculture:

Whether chemical sprays were used in the control of (a) locusts and (b) queleas in 1989; if so, (i) what sprays in what areas and (ii) on how many occasions in each case?

B56E

The MINISTER OF AGRICULTURE:

(a) Yes

(i) and (ii) Fenitroion (liquid), Fenvalerate (liquid and power) and Phoxim (powder) for the combating of 108 401 swarms of locusts in the Central Karoo, North-Western Cape, the summer rainfall area of Namaqualand, the Cape Midlands, the Western parts of the Orange Free State and East of Bloemfontein.

The MINISTER OF AGRICULTURE:

B60E

(a) and (b) R132 million in respect of standard bread and R80 million as a contribution towards payment of the Maize Board's distribution cost of maize for local consumption.

queleas in the magisterial districts of Amersfoort, Bethlehem, Bothaville, Ellisras, Groot Merico, Groblersdal, Heilbron, Klerksdorp, Koppies, Ladybrand, Leeuwo-ringsstad, Lichtenburg, Middelburg (Tvl), Nigel, Otsohoop, Reitz, Standerton, Swart-ruggens, Schweizer-Reneke, Thabazimbi, Ventersdorp, Vereeniging, Vrede, Villiers-kroon, Warmbaths and Wolmaransstad.

Agricultural products: consumer subsidies

46. Mr M A TARR asked the Minister of Agriculture:

(a) What agricultural products received consumer subsidies in the 1988-89 financial year and (b) what was the total value of the subsidy paid in each case?

Doctors and assurers clash over medical fees

A TARIFF agreement between the Medical Association of South Africa (Masa) and the Life Offices Association (LOA) has collapsed after Masa's recent demands for a "large" increase in the fees for life-assurance medical examinations.

In the past, the LOA and Masa have agreed on fees which doctors could charge life assurers for various investigations for life-assurance purposes.

According to a statement issued by the LOA yesterday, standard medical examinations, for which Masa demanded an increase of 77%, comprise about 75% of all work done for life assurers by the medical profession.

In return, Masa offered to reduce the fees for certain specialist investigations.

As a result of the failure of negotiations, the LOA has issued its own tariff of fees effective from January 1 this year and member companies have agreed not to pay more than the recommended fee.

Masa has in turn published its own set of fees, recommending that life assurers be charged R80 for a basic medical examination while private patients are charged R48 and medical-aid schemes pay R21,15 for similar examinations.

Compared to these fees, the

LOA has offered to pay R55,10 for a basic medical examination.

"Despite repeated requests to Masa for justification of the large increase in medical fees and for an explanation why life assurers should pay so much more than everybody else, this has not been forthcoming," said the chairman of LOA, Mr Dorian Wharton-Hood, in the statement. "We therefore have no choice but to make our position clear."

Chairman of the Cape Western Branch of Masa, Dr John Steer, said in an interview yesterday that doctors were entitled to charge less than the Masa rate if they wanted to. — Staff Reporter and Sapa

Copy Tariff
20/2/90

during the latest specified period of 12 months for which figures are available;

- (2) whether this base is manned by (a) the Krugersdorp Commando and (b) other Defence Force units; if so, by which other units?

Hansard 20/2/90

B105E

The DEPUTY MINISTER OF DEFENCE:

- (1) R136 049 for the period 1 February 1989 until 31 January 1990.

- (2) (a) and (b)

Particulars about the utilization and deployment of SA Defence Force units can, due to security implications, not be supplied.

Henry R Pike: prohibited publication

*8. Mr J H VAN DER MERWE asked the Minister of Home Affairs:†

Whether a certain book by the author Henry R Pike, the name of which has been furnished to the Minister's Department for the purposes of his reply, is a prohibited publication in the Republic of South Africa; if so, (a) for what reasons and (b) what is the name of this book?

Hansard 20/2/90

B106E

†The MINISTER OF HOME AFFAIRS:

No.

- (a) and (b) fall away.

Nuclear Non-Proliferation Treaty: signing

*9. Mr F J LE ROUX asked the Minister of Foreign Affairs:†

- (1) Whether the Government intends to sign the Nuclear Non-Proliferation Treaty; if so, why;
- (2) whether he will make a statement on the matter?

Hansard 20/2/90

B117E

†The MINISTER OF FOREIGN AFFAIRS:

- (1) The Government's position is broadly still the same as set out in a statement by the previous State President dated 21 September 1987 which reads as follows:

"Na aanleiding van persberigte oor Suid-Afrika se moontlike ondertekening van die Kernspereverdrag het die Staatspresident vandag in Kaapstad gesê dat die Suid-Afrikaanse Regering reeds jare lank met die IAEA asook met sekere individuele lande onderhandel oor voorwaardes vir waarborging op Suid-Afrikaanse installasies. *Hansard 20/2/90*

Suid-Afrika se standpunt hieromtrent is gedurende die afgelope week soos volg aan die Regering van 'n aantal lande oorgegee:

"The Republic of South Africa is prepared to commence negotiations with each of the nuclear weapon states on the possibility of signing the non-proliferation treaty. At the same time the RSA will consider including in these negotiations safeguards on its installations subject to the NPT conditions. The nature of these negotiations will depend on the outcome of the 31st General Conference of the IAEA to be held in Vienna as from 22 September."

- 'South Africa hopes that it will soon be able to sign the NPT and has decided to open discussions with others to this end. Any safeguards agreement which might subsequently be negotiated with the IAEA would naturally be along the same lines as, and in conformity with, agreements with other NPT signatories.'
- (2) No, not at this stage.

Fishing vessels with gill nets

*10. Mr C W EGLIN asked the Minister of Environment Affairs: *Hansard 20/2/90*

- (1) Whether he has had any discussions with the Minister of Agriculture of the Republic of China on the subject of fishing vessels equipped with gill nets; if so, when did these discussions take place;
- (2) whether the said Minister gave him any assurances in this regard; if so, what assurances?

Hansard 20/2/90

B119E

†The MINISTER OF ENVIRONMENT AFFAIRS:

- (1) Yes, on 22 January 1990.
- (2) Yes.

(a) Assurance was given that the Government of the Republic of China will do everything in its power to prevent a repeat of the incident.

- (b) the Government of the Republic of China is presently busy revising their own regulations with regard to gill nets in order to phase out the use thereof.

Tunny landed

*11. Mr R J LORIMER asked the Minister of Environment Affairs: *Hansard 20/2/90*

- What was the quantity of tunny landed at South African ports by (a) South African and (b) foreign boats during the latest specified period of 12 months for which statistics are available?

B121E

The MINISTER OF ENVIRONMENT AFFAIRS:

- The figures for 1989 are as follows:
- (a) 4 000 tons landed.

(b) Statistics of this nature are kept by the customs authorities and will only be available in a few months time.

Mr R J LORIMER: Mr Chairman, arising out of the hon the Minister's reply, are tunny subject to quota controls as are other white fish in the Republic.

The MINISTER: Mr Chairman, tunny are not subject to quota control.

Mr R J LORIMER: Mr Chairman, further arising out of the hon the Minister's reply, could I ask him whether or not he will give consideration to introducing control over the quantity of tunny landed off our coast?

The MINISTER: Mr Chairman, tunny is one of the species which, as far as I am aware, is not under quota control anywhere in the world because it is considered as a sort of international fish which moves from one ocean to another. It would be very difficult to introduce tunny control quotas into this country but I will consider the suggestion of the hon member and perhaps report back on it later.

Cycads: illegal export

*12. Mr R J LORIMER asked the Minister of Planning and Provincial Affairs:

- (1) Whether the commission of inquiry into the possible illegal export of cycads has presented its report; if so, what were its

findings; if not, when is it anticipated that the report will be presented;

- (2) whether the report will be published; if not, why not; if so, when?

B122E

The DEPUTY MINISTER OF PLANNING AND PROVINCIAL AFFAIRS:

- (1) and (2).

It is anticipated that the report will be ready for submission to the State President approximately April 1990. Government will then study the report and decide on further steps.

Mr R J LORIMER: Mr Chairman, arising out of the hon the Deputy Minister's reply, when he talks about further steps, do these involve whether or not the report will be published?

The DEPUTY MINISTER: Mr Chairman, I suggest that the hon member has a bit of patience unless he wants to prescribe what must happen before the report is even dealt with. I think the Government will study the report and then steps will be considered. [Interjections.]

Eskom: second nuclear power station

*13. Mr R M BURROWS asked the Minister of Mineral and Energy Affairs and Public Enterprises: *Hansard 20/2/90*

Whether Eskom intends erecting a second nuclear power station in South Africa; if so, (a) where is it anticipated that this power station will be erected, (b) what is the anticipated life span of the station and (c) when is it anticipated that construction will begin?

B123E

The DEPUTY MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

No decision has as yet been taken by the Government in connection with the erection of a second Nuclear Power Station.

- (a) Fall away.
- (b) Fall away.
- (c) Fall away.

SANA: conditions of service *(95)*

*14. Mr M J ELLIS asked the Minister for Administration and Privatisation: *Hansard 20/2/90*

(1) Whether the South African Nursing Association is a recognised body for the purposes of negotiating conditions of service for nurses; if not, why not;

(2) whether any bodies are recognised for negotiating conditions of service for nurses; if so, which bodies; if not, why not?

B124E

†The MINISTER FOR ADMINISTRATION AND PRIVATISATION. *Answered 20/2/90*

(1) No; but the Commission for Administration has recently, after receiving an application from the South African Nursing Association (SANA), given a recommendation for the recognition of SANA as a staff association within the Public Service. The recognition will come into effect after the publication in the *Government Gazette* of an amendment to the Public Service Regulations which is related to the matter. This recognition will mean that SANA will in future be able to furnish inputs for the improvement of the remuneration and conditions of service of nursing staff directly to the Commission for Administration instead of furnishing it as up to now via the Department of National Health and Population Development.

(2) Yes; the Hospital Staff Association of South Africa, Natal Provincial Staff Association, Public Servants League of South Africa, Public Servants Association of South Africa, Public Servants' Union and Institute of Public Servants.

Public Service Bursary Scheme: military service

*15. Mr J J WALSH asked the Minister for Administration and Privatisation:

Whether it is intended to review the policy in terms of which military service does not count towards the redemption of bursary obligations in the case of the Public Service Bursary Scheme; if so, (a) what revision is envisaged and (b) when will it take effect?

Answered 20/2/90

B125E

The MINISTER FOR ADMINISTRATION AND PRIVATISATION:

No.

HOUSE OF ASSEMBLY

Note: However, the Commission has recommended that obligations resulting from military service and the Public Service Bursary Scheme, be redeemed simultaneously with effect from the date on which the bursary holder is appointed in the Public Service. Previously these obligations had to be redeemed consecutively. This new arrangement came into operation this year.

Private hospitals: development

*16. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether her Department has taken a decision not to allow the building or development of any further private hospitals in South Africa; if so, why?

Answered 20/2/90

B126E

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The Department of National Health and Population Development is responsible for the registration of Black private hospitals in South Africa only. The respective own affairs administrations are responsible for White, Coloured and Indian private hospitals.

The Department of National Health and Population Development recommended on 17 November 1989 that a moratorium on the construction of new private hospitals be instituted. In view of the present resource constraints in the health sphere, further deployment of hospitals in South Africa should be evaluated on the basis of a national health strategy. The Department of National Health and Population Development in collaboration with the other health authorities is in the process of developing such a strategy.

Prisoners hired out for labour

*17. Mr D J DALLING asked the Minister of Justice:

(1) Whether prisoners are hired out for their labour; if so, subject to what terms and conditions;

Answered 20/2/90

(2) whether the prisoners concerned receive any benefits resulting from their being so hired out; if not, why not; if so, what benefits;

(3) whether such hiring out is voluntary; if not, on whose instructions are prisoners hired out?

B127E

The MINISTER OF LAW AND ORDER (for the Minister of Justice):

(1) Yes. *Answered 20/2/90*

Section 75 of the Prisons Act, 1959 (Act No 8 of 1959) determines that sentenced prisoners may be made available by the Commissioner of Prisons to employers upon such terms and conditions as may be agreed upon between such parties. This is in accordance with internationally acceptable practices which are aimed at providing sufficient work opportunities for prisoners with a view to keeping them constructively occupied and at the same time fostering habits of labour. The following general terms and practices apply inter alia:

— Prisoners who are made available for work outside the walls of a prison, are carefully selected to prevent escapes and to accommodate the interests of the community.

— It is policy that prisoner labour is, in the first instance, utilised by the Prisons Service especially with a view to training. Thereafter prisoner labour is also made available to the larger public sector. Should further prisoners be available they are made available to private individuals on a voluntary basis.

— Heads of Prisons visit all places of employment periodically to ensure that working conditions and the handling of prisoners are in line with the stipulations of the Prisons Act, 1959 (Act No 8 of 1959), the Regulations promulgated thereunder and the provisions which apply in general.

— If policy requirements are not complied with the prisoner labour is withdrawn immediately.

(2) If the hon member has direct financial benefits in mind, the answer is no. The tariffs at which prisoners are made available to private employers are re-

viewed periodically and are based on the minimum wage-scale which is determined by the Department of Manpower. Revenue received in this manner is paid into the Treasury.

(3) Yes.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Pollsmoor Prison: accommodation/recreational activities *Answered 20/2/90*

*18. Mr D J DALLING asked the Minister of Justice:

Whether there are any differences in the (a) accommodation, (b) recreational facilities and/or (c) remuneration offered to White and Coloured warders at Pollsmoor Prison; if so, (i) what differences in each case and (ii) why?

B128E

The MINISTER OF JUSTICE:

(a) Yes.

(i) In terms of the date of erection, type, size and in some cases the quality of amenities. A few White families, however, reside in houses similar to some of those in which Coloured families are housed at Westlake.

(ii) White personnel reside at the Pollsmoor Prison Complex while Coloured personnel and a few White families reside on the premises known as Westlake. Initially White families resided in the permanent accommodation at Westlake but as the development of the Pollsmoor Prison Complex progressed and White families moved into the houses on the Pollsmoor Prison grounds, the houses at Westlake were evacuated and made available to Coloured personnel. A new residential area with sports and recreational facilities for Coloured personnel, replacing the Westlake accommodation has been on the planning schedule since February 1975. According to planning tenders for Civil works should go out shortly and it will probably commence during 1990/91, subject to the availability of funds.

HOUSE OF ASSEMBLY

(1) Whether the South African Nursing Association is a recognised body for the purposes of negotiating conditions of service for nurses; if not, why not?

(2) whether any bodies are recognised for negotiating conditions of service for nurses; if so, which bodies; if not, why not?

B124E

THE MINISTER FOR ADMINISTRATION AND PRIVATISATION: *Hansard 20/2/90*

(1) No; but the Commission for Administration has recently, after receiving an application from the South African Nursing Association (SANA), given a recommendation for the recognition of SANA as a staff association within the Public Service. The recognition will come into effect after the publication in the *Government Gazette* of an amendment to the Public Service Regulations which is related to the matter. This recognition will mean that SANA will in future be able to furnish inputs for the improvement of the remuneration and conditions of service of nursing staff directly to the Commission for Administration instead of furnishing it as up to now via the Department of National Health and Population Development.

(2) Yes; the Hospital Staff Association of South Africa, Natal Provincial Staff Association, Public Servants League of South Africa, Public Servants Association of South Africa, Public Servants' Union and Institute of Public Servants.

Public Service Bursary Scheme: military service

*15. Mr J J WALSH asked the Minister for Administration and Privatisation: Whether it is intended to review the policy in terms of which military service does not count towards the redemption of bursary obligations in the case of the Public Service Bursary Scheme; if so, (a) what revision is envisaged and (b) when will it take effect?

B125E

The MINISTER FOR ADMINISTRATION AND PRIVATISATION:

No.

Note: However, the Commission has recommended that obligations resulting from military service and the Public Service Bursary Scheme, be redeemed simultaneously with effect from the date on which the bursary holder is appointed in the Public Service. Previously these obligations had to be redeemed consecutively. This new arrangement came into operation this year.

Private hospitals: development

*16. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether her Department has taken a decision not to allow the building or development of any further private hospitals in South Africa; if so, why?

B126E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The Department of National Health and Population Development is responsible for the registration of Black private hospitals in South Africa only. The respective own affairs administrations are responsible for White, Coloured and Indian private hospitals.

The Department of National Health and Population Development recommended on 17 November 1989 that a moratorium on the construction of new private hospitals be instituted. In view of the present resource constraints in the health sphere, further deployment of hospitals in South Africa should be evaluated on the basis of a national health strategy. The Department of National Health and Population Development in collaboration with the other health authorities is in the process of developing such a strategy.

Prisoners hired out for labour

*17. Mr D J DALLING asked the Minister of Justice:

- (1) Whether prisoners are hired out for their labour; if so, subject to what terms and conditions; *Hansard 20/2/90*
- (2) whether the prisoners concerned receive any benefits resulting from their being so hired out; if not, why not; if so, what benefits;

(3) whether such hiring out is voluntary; if not, on whose instructions are prisoners hired out?

B127E

The MINISTER OF LAW AND ORDER (for the Minister of Justice):

(1) Yes. *Hansard 20/2/90*

Section 75 of the Prisons Act, 1959 (Act No 8 of 1959) determines that sentenced prisoners may be made available by the Commissioner of Prisons to employers upon such terms and conditions as may be agreed upon between such parties. This is in accordance with internationally acceptable practices which are aimed at providing sufficient work opportunities for prisoners with a view to keeping them constructively occupied and at the same time fostering habits of labour. The following general terms and practices apply inter alia:

- Prisoners who are made available for work outside the walls of a prison, are carefully selected to prevent escapes and to accommodate the interests of the community.
- It is policy that prisoner labour is, in the first instance, utilised by the Prisons Service especially with a view to training. Thereafter prisoner labour is also made available to the larger public sector. Should further prisoners be available they are made available to private individuals on a voluntary basis.
- Heads of Prisons visit all places of employment periodically to ensure that working conditions and the handling of prisoners are in line with the stipulations of the Prisons Act, 1959 (Act No 8 of 1959), the Regulations promulgated thereunder and the provisions which apply in general.
- If policy requirements are not complied with the prisoner labour is withdrawn immediately.
- If the hon member has direct financial benefits in mind, the answer is no.
- The tariffs at which prisoners are made available to private employers are re-

viewed periodically and are based on the minimum wage-scale which is determined by the Department of Manpower. Revenue received in this manner is paid into the Treasury

(3) Yes.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Pollsmoor Prison: accommodation/recreational activities *Hansard 20/2/90*

*18. Mr D J DALLING asked the Minister of Justice:

- Whether there are any differences in the (a) accommodation, (b) recreational facilities and/or (c) remuneration offered to White and Coloured warders at Pollsmoor Prison; if so, (i) what differences in each case and (ii) why?

B128E

The MINISTER OF JUSTICE:

- (a) Yes.
- (i) In terms of the date of erection, type, size and in some cases the quality of amenities. A few White families, however, reside in houses similar to some of those in which Coloured families are housed at Westlake.
- (ii) White personnel reside at the Pollsmoor Prison Complex while Coloured personnel and a few White families reside on the premises known as Westlake. Initially White families resided in the permanent accommodation at Westlake but as the development of the Pollsmoor Prison Complex progressed and White families moved into the houses on the Pollsmoor Prison grounds, the houses at Westlake were evacuated and made available to Coloured personnel. A new residential area with sports and recreational facilities for Coloured personnel, replacing the Westlake accommodation has been on the planning schedule since February 1975. According to planning tenders for Civil works should go out shortly and it will probably commence during 1990/91, subject to the availability of funds.

Black languages at White schools is racism of the most blatant kind. [Interjections.] It is indefensible from any standpoint, most of all from the point of view of what is best for the child, which is or should be the teacher's first concern. What the policy is suggesting, is that in any other field of endeavour relating to Whites we can make use of Blacks but not in education. They can cook our food, clean our homes and work in our factories but they may not teach in our schools. I put it to the hon the Minister that the only reason for this is an outdated racist line of thought which refuses to accept that the Black man is capable of teaching the White man anything. [Interjections.] The White man must be regarded as the source of all wisdom, and for White children to experience a reversal of this ascribed status of Whites would be to undermine this particularly obnoxious bit of racist ideology.

Unless the hon the Minister can explain why schools will actively seek out Afrikaans-speaking people to teach Afrikaans and at English medium schools. . . [Time expired.]

*The MINISTER OF EDUCATION AND CULTURE: Mr Chairman, the hon member for Pinefontein tried to be very clever in the House. He referred to the Teachers' Federal Council and to the fact that teachers must register with that body. That is not in dispute. I have made our standpoint regarding the importance of instruction in an African language very clear. If that hon member, as well as the other hon members on that side of the House, had listened closely to what I said in my speech, they would have known that at the moment the answer is no, a Black person is not allowed to teach an African language in a White school. Hon members know that. [Interjections.] Hon members must also take cognisance of the fact that we have said that we are continually looking into the problems regarding education. [Interjections.]

*The CHAIRMAN OF THE HOUSE: Order!

*The MINISTER: I indicated that in my speech. [Interjections.]

Allow me to come back to the hon member for Brits. [Interjections.] He will not be able to convince this House that the CP is more committed to the educational principles of mother-tongue education, cultural education

HOUSE OF ASSEMBLY

and Christian education. Throughout the years, we on this side of the House have felt ourselves committed to those principles and we shall continue to feel committed to them in the future. [Interjections.] Mother-tongue instruction and cultural education are recognised throughout the world. I want to say at once that this is not necessarily a formulation of culture based solely on the colour of one's skin, but cultural education is recognised throughout the world as an important matter which there is no getting away from. [Time expired.]

Debate concluded.

QUESTIONS

Indicates translated version.
For oral reply: Hansard 20/2/90
Own Affairs: (95)

Hospitals: White nursing staff

*1. Dr W J SNYMAN asked the Minister of Health Services, Welfare and Housing: Whether there are any hospitals for Whites falling under his Department that make use of White nursing staff exclusively at present; if so, what hospitals?

B97E

The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

Yes, the following hospitals which fall under the Department of Health Services and Welfare of the Administration: House of Assembly make use of White nursing personnel exclusively at present:

- Bernice Samuel, Delmas
- Bloemhof
- Brits
- Delareyville
- Duivelskloof
- Elsie Ballot, Amersfoort
- Evander
- F H Odendaal, Nystrroom
- General De la Rey, Lichtenburg
- Groblersdal
- H A Grove Hospital, Belfast
- Hendrik van der Bijl, Vanderbijlpark
- Kempion Park
- Paardekraal Hospital

continue p97

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- Louis Trichardt
- Ontdekters, Roodepoort
- Phalaborwa
- Pretoria West
- Sannieshof
- Sybrand van Niekerk, Carletonville
- Van Velden Geddenkhospital, Tzaneen
- Ventersdorp
- Voortrekker, Potgietersrus
- Warmbad
- Waterval Boven
- Willem Cruywagen, Germiston
- Voortrekker Hospital, Kroonstad
- Bethlehem Hospital
- Jagerfontein Hospital
- Zastron Hospital
- Sasolburg Hospital

Building of private hospitals

*2. Mr M J ELLIS asked the Minister of Health Services, Welfare and Housing:

Whether his Department has taken a decision not to allow the building or development of any further private hospitals; if so, why?

B137E

The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

No. In accordance with a recommendation made by the National Health Policy Council I instructed the Department to screen the erection of new private hospitals or the extension to existing private hospitals very strictly.

The Department of National Health and Population Development in collaboration with this Department and other health authorities, is in the process of developing a national health strategy whereby the further development of hospitals in South Africa can be evaluated.

Mr K M ANDREW: Mr Chairman, arising from the hon the Minister's reply, may I ask him whether it does not clash with the Government's policy of deregulation to interfere with private hospitals by deregulating on grounds other than health standards?

*The MINISTER: Mr Chairman, this is a very wide-ranging subject. The fact of the matter is that we have to take many factors into account here, *inter alia* economic factors in the country, and I have no doubt that this Department does have a duty to have control over the building of private hospitals.

Education Affairs Act

*3. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether the Education Affairs Act (House of Assembly), No 70 of 1988, has come into operation; if not, why not; if so, on what date; Hansard 20/2/90
- (2) whether the regulations pertaining to the Act have been completed; if not, why not; if so, (a) which bodies or individuals were consulted before their completion and (b) when were they completed;
- (3) whether the present retirement age of White education personnel caused the commencement of this Act to be delayed; if not, what was the cause of the delay; if so, (a) which departments have caused this delay and (b) what progress has been made in removing this obstacle to the Act?

B138E

The MINISTER OF EDUCATION AND CULTURE:

(1) No, it was attempted to coordinate the commencement of the Act with a uniform retirement age for CS educators;

(2) yes,

(a) the four provincial education departments, the four provincial education councils, the Teachers' Federal Council, the Federation of Governing Bodies for Specialised Education, the SA National Council for the Deaf, the Federation of Parents' Associations of South Africa and the Treasury (Assembly).

(b) 15 February 1990.

(3) yes,

(a) this matter affects personnel of the whole of the government sector and therefore extensive consultation was necessary,

(b) in order to implement the Act the draft regulations were adapted so that with the commencement of the Act the *status quo* in regard to the retirement age would be retained.

Mr R M BURROWS: Mr Chairman, arising out of the reply of the hon the Minister, is it not

P. J. O. - D

HOUSE OF ASSEMBLY

star 21/2/90 (95) (447) (150)



Ms Jane Steward of the children's ward at the Brenthurst Clinic, Johannesburg and colleagues gear themselves up for tomorrow's street collection organised by the South African Nurses' Trust Fund. The non-racial body runs five homes for retired nurses and provides a monthly allowance to old and incapacitated nurses, said convenor of the street collection, Ms Jean Parr. Collectors and donations are urgently needed, and if you would like to contribute, call Ms Parr on (011) 447-3045.

Nurses' salaries, conditions will be improved — Venter

Own Correspondent

CAPE TOWN — Nurses' salaries would be increased and working conditions improved by the Department of National Health and Population Development, Health Minister Dr Rina Venter said yesterday.

Answering a question at the Cape Town Press Club, Dr Venter said the department would, however, need help from the Nursing Council to encourage new nurses to come into the profession.

Dr Venter said a survey was being conducted to see how nurses felt about conditions, what the manpower situation was and why nurses were leaving.

She said the 13 academic hospitals in South Africa were consuming approximately half of the health budget.

Dr Venter said the demand for more funds from these institutions was increasing while a small number of pa-

tients were being catered for.

A responsible government had to ask itself how it was going to achieve a balance between curative and preventative health care which would ensure proper, affordable and accessible standards.

The health budget amounted to 5,4 percent of the gross national product, in line with international standards laid down by the World Health Organisation.

The elimination of fragmentation would not necessarily put health care on a more sound financial basis. Surveys by her department showed that only about 5,2 percent of the total health budget was spent on administration, she said.

"The assertion that enough funds would be available for an increase in nurses' salaries if there was to be a single health department is totally unfounded and an oversimplification of the issues at stake," Dr Venter said.

Nurses' new deal

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THE government was going to increase the salaries of nurses and improve working conditions to keep them in the hospitals, the Minister of National Health, Dr Rina Venter, said yesterday.

Addressing the Cape Town Press Club, Dr Venter said the problem of doctors working long shifts in state hospitals was also being looked into.

"But that is also a manpower problem as many young doctors are leaving the country. We will have to try to make conditions as attractive as possible to keep them here."

She said she would soon be presenting a report to the cabinet.

"In South Africa the fragmentation of health services is often made the scapegoat for the problems of financing particu-

'Pay will be increased'

lar services, but I can assure you that not even the total elimination of fragmentation would provide sufficient funds."

She said about 5.2% of the total health budget was spent on administration and this was in line with acceptable worldwide standards.

"Thus the assertion that enough funds would be available for an increase in nurses' salaries if there were to be a single health department is totally unfounded and an over-simplification of the issues at stake."

She said a situation had developed in South Africa where 13 academic hospitals took up about 50% of the health budget. The demand for more funds for these institutions increased daily while a relatively small number of patients were being catered for at such institutions.

"We need to ask ourselves whether we really need so many academic hospitals and such a duplication of services. For instance, do we really need 13 cardiovascular departments?"

She said about 5% of the gross national product in South Africa was spent on health care, which was in line with the standards for Third World countries laid down by the World Health Organisation. Moreover, she did not foresee the government being able to budget more than this proportion of the GNP in the future. — Sapa

HOUSE OF ASSEMBLY

QUESTIONS

Indicates translated version.
For written reply.
General Affairs:

Old Crossroads: permission to stage protest march

2. Mr J VANECK asked the Minister of Justice:

- (1) Whether any individuals or groups of individuals from Old Crossroads approached the Wynberg magistrate during November and December 1989 for permission to stage a protest march in and around Old Crossroads in connection with the activities of the mayor of Old Crossroads; if so,
- (2) whether such permission was granted; if not, why not;
- (3) whether the (a) South African Police at Crossroads and (b) members of the Crossroads Town Committee were requested to submit recommendations in this regard; if so, what were their recommendations; if not, why not?

The MINISTER OF JUSTICE:

- (1) Yes.
- (2) Permission was refused because the applicants failed to prove to the magistrate that the Crossroads Town Committee gave permission under regulation 25(1) of the regulations published under Government Notice No. R.2606 of 2 December 1983 for the protest march to take place.
- (3) (a) Yes. The South African Police was not in favour of the protest march, but their recommendation was not taken into account by the magistrate because of the fact that the permission referred to in (2) could not be submitted.
- (b) No. The applicants were informed by the magistrate that they should apply to the Crossroads Town Committee for the permission referred to in (2)

HOUSE OF ASSEMBLY

above. The applicants refused to lodge such application.

Nurses resigning from employment

20. Mr M J ELLIS asked the Minister of National Health and Population Development:

- Whether any (a) White, (b) Coloured, (c) Indian and (d) Black qualified nurses resigned in 1989 from employment in hospitals falling under the provincial administrations; if so, how many in each case?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- 3 528 Registered nurses resigned from employment of hospitals falling under the provincial administrations during 1989. Records are not kept for different population groups, (a) to (d) fall away.

Nurses: applications

21. Mr M J ELLIS asked the Minister of National Health and Population Development:

- (1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, (aa) Whites, (bb) Coloureds, (cc) Indians and (dd) Blacks in 1988;
- (2) How many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Applications to train as nurses, 1988
 - (i) Received
 - (aa) 2 635
 - (bb) and (cc) 9 113
 - (dd) 30 127
 - Total: 41 875
 - (ii) Accepted
 - * Total: 2 729
- (b) Vacancies, 1988
 - * Total: 2 511

(2) Completion of training, 1988

	(aa)	683
	(bb) and (cc)	280
	(dd)	616
	Total	1 579

* Records are not kept according to population groups

Corporal punishment: sentences

32. Mr A J LEON asked the Minister of Justice:

- (1) How many persons of each race group (a) under the age of 18 years, (b) aged 18 to 21 years and (c) aged 21 years and over were sentenced to corporal punishment over the latest specified period of five years for which information is available;
- (2) how many such sentences were handed down by (a) magistrates' courts and (b) the Supreme Court?

The MINISTER OF JUSTICE:

The information is not readily available in the Department. In an effort to be of assistance to the Honourable Member, the following information was obtained from the Central Statistical Services.

Race	Corporal punishment coupled with imprisonment	Corporal punishment not coupled with other sentences
1/7/83-30/6/84		
Whites:	51	1 527
Coloureds:	450	13 391
Indians:	5	630
Blacks:	1 310	23 330
1/7/84-30/6/85		
Whites:	164	1 730
Coloureds:	648	14 016
Indians:	8	656
Blacks:	1 553	23 886
1/7/85-30/6/86		
Whites:	110	1 566
Coloureds:	724	13 875
Indians:	5	468
Blacks:	1 508	22 389
1/7/86-30/6/87		
Whites:	259	1 086

Death sentences

33. Mr D J DALLING asked the Minister of Justice:

- (a) How many persons were sentenced to death in 1989 and (b) in respect of the persons so sentenced, (i) how many were refused leave to appeal, (ii) how many sentences were altered or reduced by the Appellate Division, (iii) how many convictions were reversed by the Appellate Division, (iv) how many sentences were commuted by the State President, (v) how many were executed and (vi) how many were defended by pro Deo counsel at trial or appeal?

The MINISTER OF JUSTICE:

- (a) 170 in South Africa and 4 in South West Africa.
- (b) (i) 47.
- (ii) 1
- (iii) None.
- (iv) None.
- (v) 1.
- (vi) The information is not readily available. To obtain the information all the court records pertaining to such trials will have to be examined, which is not economically feasible.

Group areas legislation: prosecutions in PE

48. Mr E W TRENT asked the Minister of Justice: Whether any persons residing in the Port Elizabeth municipal area were prosecuted under group areas legislation during the latest specified period of five years for which information is available; if so (a) how many, (b) under what statutory provisions, (c) when and (d) what was the outcome, in each case?

HOUSE OF ASSEMBLY

CME 71611 22/12/90
**31 hospitals
in SA with
white staff**

Political Staff

THERE are still 31 white hospitals in South Africa with exclusively white nursing staff, the Minister of National Health, Dr Rina Venter, has told Parliament.

The hospitals fell under the Department of Health and Welfare of the House of Assembly Administration.

The 31 hospitals were in Delmas, Bloemhof, Brits, Delareyville, Duiwelskloof, Amersfoort, Evander, Nylstroom, Lichtenburg, Groblersdal, Belfast, Kempton Park, Paardekraal, Louis Trichardt, Roodepoort, Phalaborwa, Pretoria West, Sannieshof, Carletonville, Tzaneen, Ventersdorp, Potgietersrus, Warmbad, Waterval Boven, Germiston, Kroonstad, Bethlehem, Jagersfontein, Zaaron and Sasolburg, Dr Venter said.

● Dr Venter said in a written reply to a question from Mr M J Ellis (DP, Durban North) that 797 nursing students had resigned during the course of their studies in 1989.

Houghton)

Q11-71-P 23/2/90

Nurses' resignations

95

PROVINCIAL hospitals had lost 3 528 registered nurses in 1989 due to resignations, the Minister of National Health and Population Development, Dr Rina Venter, said in a written reply to a question by Mr Mike Ellis (DP Durban North).

... better'

Time to take care

Mike Ellis is the Democratic Party spokesman on health. Recently he has addressed and interviewed scores of disillusioned nurses.

The entire structure of health services urgently needs major overhaul; these services are in danger of collapsing. It is vital that "own affairs" health has to be removed from the statute book. A single ministry of health must be created to co-ordinate health services throughout SA.

But there is one critical issue that requires immediate attention — an issue which by itself has the potential to cripple our health services. It's the nursing crisis — a critical shortage of nurses in the public sector and extreme conditions for those who have remained in that sector.

For 10 years or more nurses have campaigned against poor salaries and related conditions of service. Ministers over the years have promised commissions of inquiry into conditions of service, but to no avail. Nurses remain poorly paid, with unfair conditions of service and continue to leave the profession in droves.

Their main concern is salaries. A fully trained nurse with a minimum of four years' post-matric study gets an annual starting salary of R15 414 — no more than R1 280 a month. Annual increments thereafter are minimal: after six years of service they will still be earning less than R2 000 a month. In terms of their training, these salaries are grossly inadequate.

But to add insult to injury, nurses are being subjected to extremely long working hours in wards which are often understaffed. And the overtime rate runs at the princely sum of R0,71 an hour. Those nurses who work in crowded hospitals are often particularly badly off, as the nurse-patient ratios are high.

Working hours are often so long that nurses who stand in for those who have resigned worry that the quality of their work is being affected. Many nurses have to moonlight; they work a full day, often with three or four additional hours and then move to private clinics for another four or five hours of nursing. Some are part-time waitresses.

There are many other factors feeding the discontent — matters which have been brought to government's attention time and again, but which have been ignored.

Firstly, they are unhappy with promotion opportunities. Posts are limited and often demand that a person moves from nursing into administration. Many are reluctant to do so.

Secondly, clearer channels of communication between nurses and employers are needed. Many nurses are concerned that, while they are forced by regulation to join the Nursing Association, the association is not recognised by the Commissioner for Admini-

stration who is responsible for their conditions of service.

Thirdly, student nurses, because of the shortage of trained nurses, are often drawn into the quota of nurses at a hospital. The profession believes that students should be regarded as such.

There are other problems. Nurses in the public sector jealously eye their counterparts in the private sector. One figure given to me indicates that only 20% of nurses who undergo four years of training are still in government employ after two years. The others leave for private nursing or elsewhere.

Taking into account that the State pays for the training of the majority of nurses at a cost of R16 000 a year for each nurse

(R64 000 to train one nurse over four years), this is a classic example of wasting State money if nurses are not retained in the profession. Many hospitals have been forced to close wards because of the nursing shortage. Many ICU wards are closed and expensive equipment lies unused.

There is no doubt that a militant mood exists among nurses. More and more nurses talk about forming unions. They talk of some form of strike action in order to draw their sorry situation to the attention of the public and make government aware that they really are in dire straits. If government is wise, it will act positively towards the nurses now in order to avoid severe complications in an already stressed health service.

Mass nurse exodus

JOVIAL RANTAO

Pay scales tell story

THE crisis in South Africa's academic hospitals was highlighted this week by shocking disclosures of a mass exodus of nurses to better-paid jobs in the private sector.

Nurses who spoke to Saturday Star said poor working conditions — non-competitive salaries, poor overtime pay and inflexible hours — had caused a steady decline in the number of student nurses since 1984.

According to figures provided by Mr Brian Goodall, the Democratic Party's spokesman on health, a nurse with three years' training and no experience earns R1 284 monthly. But a much more experienced nurse with higher qualifications will not earn much more than that. For example, a sister with 11 years' experience and who is in charge of a difficult ward such as a trauma unit, earns R1 980 a month — barely R700 a month more than her junior counterpart with only three years' experience.

Saturday Star has spent almost two weeks trying to obtain the latest salary scales for nurses from government and provincial authorities and nursing organisations but to no avail.

The Nursing Association said they were confidential and the authorities simply delayed.

Student

So the Saturday Star has obtained them from the Conservative Party.

The scales, made available by Conservative Party spokesman on health Dr Willie Snyman, revealed that a student nurse with matric earned the same salary as a nursing assistant with Std 8.

They also revealed that the highest-paid nurse, a chief matron (senior

nursing service director), who has probably been in the profession for more than 15 years, earns only R3 224.

Mr Goodall said the recruitment rate of nurses in the Transvaal was halved last year (1 555 as opposed to 3 074 in 1988).

The resignation rate has been estimated at 15 percent.

Research has shown that 80 percent of nurses leave provincial hospitals after three years, he added.

The Minister of National Health and Population Development, Dr Rina Venter, said in Parliament this week that provincial hospitals had lost 3 528 registered nurses in 1989 through resignations.

Health authorities had received 41 875 applications by trainee nurses for 2 511 vacancies in

Chief Matron (senior nursing service manager)	R3 224 pm
First Matron (nursing service manager)	R2 885 pm
Senior Matron and Sister	R2 433 pm
Matron and Senior Sister	R1 904 pm
Nurse — no experience	R1 284 pm
Senior Staff Nurse	R1 174 pm
Staff Nurse, no experience	R911 pm
Senior Nursing Assistant	R723 pm
Nursing Assistant	R451 pm
Nursing Assistant — with Std 8	R584 pm
Nursing Assistant — with Std 10	R650 pm
Student Nurse — with matric	R584 pm
Student Nurse — with Std 8	R517 pm
Senior Professional Nurse	R1 190 pm
Professional Nurse	R803 pm

80 pc of state staff leave after 3 years

1988, with 2 729 being accepted and 1 579 completing their training, Dr Venter said.

Mr Goodall said occupancy of hospitals varied from one hospital to another but it was common knowledge that occupancy in white hospitals is lower than in black hospitals.

He believes solutions to the crisis would be a salary increase and better working conditions.

Private

A nurse at the Intensive Care Unit (ICU) at the Johannesburg Hospital said the shortage of nurses had led to those in her ward, and presumably in other wards, working long hours.

She said that she had five years' training, including two years in speciality courses, and that

she took home R1 400 a month.

Her former colleagues who joined the private sector are now earning double her salary, she said.

She said according to departmental rules, the patient-nurse ratio should be one to one but because of the shortage, the ratio is one nurse to three patients.

"The situation is chaotic. The shortage has also led to the abolition of our study leave.

Nurses are migrating from provincial hospitals to private and mining hospitals for better pay and fringe benefits, she said.

"We are living below the breadline," said the single parent of a four year-old boy.

"The only perks offered by provincial hospitals are a housing subsidy

and a 13th cheque on a nurse's birthday," she said.

The solution to the problem, she said, would be to embark on a recruitment campaign and provide incentive such as better pay and perks.

A senior nursing sister with 12 years' ICU experience can expect to take home R1 500 a month for a 40-hour week, with a sessional work rate of R10 an hour.

Another nurse who left the Johannesburg Hospital last year after 17 years, including six years' training, said her salary was improved by working nightshifts.

Her reason for leaving was stress.

In a statement addressing the crisis, Dr Venter said the salaries of nurses were being investigated and would be included in the annual budget.

Obvious

"It is obvious that salary adjustment will not solve all the problems of the profession; the Nursing Association has brought many other problems to my attention," she said.

The Health Matters Advisory Committee is to investigate the problems surrounding the nursing profession and a private firm of consultants has been contracted by the department to make objective investigation, Dr Venter added.

She said the annual growth in the number of registered nurses was insufficient to meet the future needs of the health services.

Exodus revealed

51 Times 25/12/90

Salary boost for cops, nurses

By ALAN DUGGAN
and PIETER VENTER

THE stream of resignations by nurses and policemen may be stemmed by substantial salary increases they will receive over and above the 10 percent general salary hike announced for public servants.

Mr Roger Burrows, Democratic Party spokesman on the public service, said it was almost certain that the Government's investigations into the salaries of nurses and police would lead to an increase of up to 20 percent.

The expected further increase for nurses was confirmed by Dr Rina Venter, the Minister of National Health and Population Development.

She said the current inquiry into the nursing profession and the attendant structural changes and salary adjustments would continue, and the changes in salaries which might result would be backdated to April 1 — the day the 10 percent hike comes into affect.

'Unrealistic'

Teachers will receive a 12 percent increase on March 1 — with another 10 percent which will be added a month later with the general hike.

However, the rest of the nearly 1-million public servants are up in arms about the 10 percent rise announced on Friday — six percent less than the inflation rate.

Mr Burrows said the 10 percent increase would cost the Government approximately R1,8-billion.

Mr Malcolm Domingo, national chairman of the Public Servants' League of SA, called the general hike "autocratic and unrealistic" and did not rule industrial action.

He said the PSL had been negotiating through the joint advisory council of the Commission for Administration for six months.

"Our bottom line, based on careful research, was a 20 percent increase — and that was the barest minimum to bring relief.

"Then we are suddenly told we're getting 10 percent and there's nothing else to talk about. We simply don't accept that."

Tense

Thousands of PSL members were still earning under R300 a month and some were earning only R200, said Mr Domingo. "This is ludicrously low in anyone's terms."

He said the announced increase would serve only to aggravate the "electrified and highly tense" situation which already existed.

Meanwhile, confusion rages about the increases announced for politicians as some believe they will receive a double salary hike — the increases announced for them plus the 10 percent given to public servants.

All MPs will receive an annual increase of R12 000, while their expenses allowances will be increased from R10 000 to R18 000. Cabinet Ministers will also receive another 7,6 percent hike.

Jo'burg Hospital residences 'open'

GERALD REILLY

PRETORIA — Accommodation for nurses at the Johannesburg Hospital is to be integrated.

MEC in charge of health services Fanie Ferreira said here yesterday this was in line with a recommendation in an interim report of a committee looking into the hospital's problems.

The step, he said, was particularly important because of the acute shortage of white nursing staff, and the increasing need to use nurses of all population groups.

"The concession will enable the Johannesburg Hospital to utilise its accommodation for its own staff."

Ferreira said the block of the nurses' residences damaged by fire at the Hillbrow Hospital in December had been sealed off and would not be available.

However, the rest of the nurses' residences at the hospital had been restored to provide adequate accommodation. *BlD am 28/2/90*

Ferreira also announced that nurses of all races employed at the Johannesburg Hospital could get basic and pre-registration training at the B.G. Alexander College of Nursing. *(95) (28)*

He said he expected a "sufficient number" of applications to the hospital from prospective student nurses of other races.

This would go a long way towards resolving the nursing shortage at the hospital, he said.

Ferreira added that although health service problems remained, the search for solutions would continue.

HOUSE OF DELEGATES

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Nurses: training on racial basis

Mr M RAJAB asked the Minister of National Health and Population Development:

Whether nurses are still selected for training and being trained on a racial basis in South Africa; if so, why? (95)

D33E.INT

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Chairman, at the outset I wish to point out that the minimum requirements for entry into any nurses' training program are determined by the South African Nursing Council.

Similarly, the Council recognises institutions as training schools and prescribes the minimum content of the training course. None of these functions of the Council are based on racial or colour considerations. However, each training school determines its own final selection criteria and develops its own curriculum, provided the minimum standards of the Council are complied with. (95) 11/3/90

The current position with regard to the utilisation of training school facilities for the basic comprehensive diploma course is as follows: There are 20 provincial colleges of nursing. One of these, the Natal College of Nursing, has five campuses which, for the purpose of this analysis, are counted as separate schools, so we are talking about 25 schools where nurses are trained. Ten of these schools train students from one race group. Six schools train students from two race groups. Five schools train students from three race groups and four schools train students from all race groups.

The steadily increasing integration of training facilities for nurses must be seen as a major achievement in the removal of discriminatory measures in nursing generally. The investigations being undertaken by a work group of the Health Matters Advisory Committee under the

HOUSE OF DELEGATES

Hansard (95)

chairmanship of Dr Coen Slabber, Director-General of the Department of National Health and Population Development, are also concerned with this issue. Part of the project is related to identifying any other instances of discrimination based on race. Once these have been identified, everything possible will be done to institute corrective measures.

I also wish to point out that the nursing profession itself has been putting its own house in order. The South African Nursing Association has amended its constitution and removed all reference to race from that document. Everything possible is being done to remove discriminatory measures in the nursing services and the nursing profession itself.

I would further like to stress that I have stated on several occasions that it is important for the Government to provide a cost effective service. This will imply the optimum utilisation of all facilities available. We have to make sure that health care in South Africa is accessible and acceptable to all people and that we maintain certain standards of health care. To be able to do this, it is important that we maintain good standards in the training of our nurses. [Time expired.] (95) Hansard 1/3/90

Mr M RAJAB: Mr Chairman, I must commend the hon the Minister for being so honest with us this afternoon.

First of all it was quite clear—and we find this totally unacceptable—that we still have racial discrimination in the selection and training of nurses in this country. This is happening at a time when there is such an acute shortage of trained personnel. I want to place on record that we find this totally unacceptable.

I also wish to react to some of the other admissions made by the hon the Minister this afternoon. She told us that there should be a proper utilisation—I think she used the words "optimum utilisation"—of all of our resources. I think the hon the Minister will agree that it is really the fragmentation of health services in this country into own and general affairs that has caused the kind of problems which we are experiencing. I am aware that the hon the Minister is on record as having said that the cost of administering separate departments of own affairs, only amounts to 5% more. (95) CON 4 W 2

CON 4 W 2

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: I said 5,2%.

Mr M RAJAB: Two percent? The hon the Minister says it amounts to 2% more.

HON MEMBERS: No, 5,2%.

Mr M RAJAB: Oh, 5,2%? Now, I would like to tell the hon the Minister that there is a difference of opinion on that issue.

It all depends on how one computes figures and what one does with them. I think the argument still remains that this is the basic reason why health care services in this country, in particular the nursing profession which we are talking about this afternoon, are in such dire straits. There can be no doubt that one of the prime causes of this is in fact the fragmentation of health services in this country.

I am pleased that the hon the Minister has indicated that our health care services should be available to all people and should be acceptable to all people. This is also an admission on the part of the hon the Minister that this is not so at present and it is an indictment of the present Government that it is not so.

Flowing from that, I would like to ask the hon the Minister whether in fact membership of the South African Nurses Association is necessary. Should a provision not be made whereby alternative organisations are also recognised? At a conference recently the point was made that because of the unrepresentative nature of that association, other associations should also be recognised. [Time expired.]

Mr A G V NAIDOO: Mr Chairman, we welcome the announcement made by the hon the Minister that the South African Nursing Association has amended its constitution. This is indeed welcome. We have a major problem regarding nurses, in the sense that if we have a shortage we will have a problem in staffing our hospitals. We know that health is of fundamental importance.

One of the alarming statistics that comes to mind is that nurses are not only leaving the profession; they are also not entering the profession. Statistics that I have in front of me show that last year 1 555 nurses qualified of which 219 qualified with nursing degrees from university, whereas in the previous year 3 074 nurses qualified, and here again 289 of them qualified with degrees. We

hope that the hon the Minister will look for ways of attracting school-leavers to the nursing profession.

In addition to the pay rise announced by the hon the Minister when she addressed the nurses, which we read about in articles in the Press, we would like to ask the hon the Minister to look into the possibility of trying to attract nurses who have qualified and are experienced but who left the profession in previous years. If we could bring them back into the profession, we would perhaps make up for the shortage.

At the same time I would also like to state that nurses are doing an excellent job in the rural communities and I would like to commend them on this. I lived in the Eastern Cape, where there is a drastic shortage of doctors, for many years. Many of the clinics are run by nurses and the nurses are able to do an excellent job of treating people in these clinics. This is one way of sorting out the problem of the shortage of medical care. Only serious cases . . . [Time expired.]

THE LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, I, too, want to join my colleague, the hon member for Springfield . . .

Mr A G V NAIDOO: Durban Bay!

THE LEADER OF THE OFFICIAL OPPOSITION: . . . and also the hon member for Durban Bay, in expressing the view that the hon the Minister was very honest and frank with us this afternoon in giving us the statistic that there are 10 institutions that train nurses from one race group only. At the same time, like another institution, namely The South African Medical and Dental Council, a Minister belonging to the Cabinet cannot run away from the responsibility that these are autonomous institutions that have certain responsibilities in which, in my considered opinion, the hon the Minister could intervene. The hon the Minister could take strong action. We are appreciative of the fact that there have been changes which have been brought about as a result of the initiative of the broad mass of the nursing fraternity in our country.

I agree with the hon member for Durban Bay that students who could perform excellently in the nursing profession are not attracted. However, one must also take cognisance of the fact that the pupils of colour—the Coloureds, Indians and Blacks—are becoming matriculants on a broader scale than ever before in the history of

HOUSE OF DELEGATES

PTO. 2

this country, and they are looking at every opportunity and avenue whereby to embark on a career. On the one hand we have the scenario that there is a shortage of nurses in this country, and on the other, the scenario that those who want to join the nursing profession not for the mere sake of earning a salary but because they have the aptitude, love and desire to become nurses, cannot enter these training institutions.

I want to recommend to the hon the Minister the dictum that charity begins at home. There are certain institutions that give us the impression . . . [Time expired.]

MR Y I SEEDAT: Mr Chairman, listening to the previous speakers, it is quite obvious that fewer nurses are entering the profession. The basic reason is—I was told this only recently—that fewer White women are entering the profession. This in turn is because salaries are not in keeping with their standards.

When I say "standards", one must remember that when someone gets ill, the doctor is the first to attend to that patient. However, it is a nurse who tends that person and brings him back to health. Nurses play a part that is sometimes very much underestimated, and I would like to say that it is to the credit of our nurses that despite the blatant discrimination that they are subjected to in all walks of life—and on top of that salt is rubbed into the wound in that they are denied fellowship in the training and formative years of that profession—they still go through life with dignity and maintain and uphold the spirit of Florence Nightingale and excel in their chosen profession.

It is also a sore point that discrimination abounds in the residential quarters of nurses.

THE LEADER OF THE OFFICIAL OPPOSITION: Yes, such as in St Augustine's.

MR Y I SEEDAT: We have had an example in Johannesburg, where 150 Black nurses attached to the Hillbrow Hospital were made homeless.

How was action taken? How did it come about? It was because of the nurses and outside forces that stood up to the authorities. Why should it be necessary for these nurses and others on the outside to confront authorities to get their fair share in the stakes? I believe accommodation should be made available to nurses. [Time expired.]

MR M RAJAB: Mr Chairman, the hon member for Durban Bay quoted some figures relating to the number of trained nurses we had in 1988. I would just like to correct his figures. According to the information provided by the hon the Minister the other day, 1 579 nurses graduated in 1988. What is important from the information presented by the hon the Minister is that in 1988 there were 30 127 Black applicants who wished to be trained as nurses, while a grand total of only 2 729 nurses of all race groups were accepted for training. Knowing the kind of shortage that we have generally, and knowing that there is a mass exodus of people from the nursing profession, I would have thought that the nursing profession and the Minister of the department would in fact have ensured that we had as large an intake as possible.

However, that is not all. According to these same statistics, in 1988 there were 2 511 vacancies. [Time expired.]

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Chairman, listening to hon members it is clear that this is a very important question that needs urgent attention. I would like to say once again that it is the policy of the Government to provide the greatest measure of accessibility and the optimal utilisation of facilities. To make this possible there are a few practical problems that have to be done away with, for example some of the training institutions in Afrikaans . . .

MR Y M MAKKA: Mr Chairman, is it possible for us to get an interpreter?

THE CHAIRMAN OF THE HOUSE: Order! The hon the Minister may proceed.

THE MINISTER: One of the problems is that these training institutions train in Afrikaans. We therefore have a language problem before entrance to these institutions is made possible.

I would also like to point out to hon members that it seems that these days everything is being blamed on the problem of fragmentation, as though, if we got rid of fragmentation, we would have all the money in the world to solve the problems in health care. That is not the case.

THE LEADER OF THE OFFICIAL OPPOSITION: But that would be a start!

THE MINISTER: I can prove this by quoting figures.

continue

would also like to stress the fact that we are at this moment looking into the problems of structural changes within the nursing profession to make it as attractive as possible for nurses to move back into the profession. These structural changes can only be made after we have done the survey which we are engaged in at this stage. We hope to involve the SA Nursing Association as well as the SA Nursing Council in doing so.

With regard to the remark about the SA Nursing Association as representative of the nurses in the country, I think hon members will appreciate the fact that the Government can only talk to the body that represents the nurses. [Time expired.]

THE CHAIRMAN OF THE HOUSE: Order! In response to the request by the hon member for North Western Transvaal, I want to make it very clear that the Rules provide that any hon member may speak in either of the two official languages. *Hansard 1/3/90* (95)

Mrs R EBRAHIM: Hear, hear!

THE CHAIRMAN OF THE HOUSE: Order! It might perhaps be a good idea that every now and then the other language is used a little so that we can all start to understand it.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs: *Hansard 1/3/90*

Cape Town magistrate: racist remarks

*1. Mr M Rajab asked the Minister of Justice:

- (1) Whether any complaints were received by his Department regarding racist remarks allegedly made by a Cape Town magistrate recently; if so, (a) from whom were the complaints received and (b) what was the reaction of his Department thereto;
- (2) whether members of the judiciary commented on these remarks;
- (3) whether he will make a statement on the matter?

D19E

THE DEPUTY MINISTER OF JUSTICE:

- (1), (2) and (3).

It will be a sad day if magistrates are called to account from outside the legal hierarchy. It will be in conflict with the Hoexter report in which the independence of our judicial officers was explicitly emphasized.

The media fulfils, in addition to the legal hierarchy, an important role in interpreting the sense of justice. There are a considerable number of examples hereof, *inter alia*, reports in the *Sunday Times* of 14 June 1987 ("How just is our justice"), the *Cape Times* of 15 June 1987 ("Jailed 7s sentence uneven") and the matter under consideration.

The point of view which I have repeatedly adopted, is that lower courts are under the supervision of the higher courts and that the higher courts perform the role of overseer over the lower courts. Mr Justice C T Howie and Mr Justice A M van Niekerk did just that by expressing strong criticism about certain remarks made by the magistrate concerned. It would be just as inappropriate for politicians to interfere with judicial officers as it would be inappropriate for the courts to express themselves regarding utterances by politicians.

THE LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, I have a question arising out of the hon the Deputy Minister's answer. However, before I ask my question I want to say that it is nonsensical for an hon Deputy Minister to say to hon members in this House that we do not have the right to query a racist remark. The hon the Deputy Minister must answer the question because he is accountable to Parliament for his official. *Hansard 1/3/90*

THE DEPUTY MINISTER: Mr Chairman, the hon the Leader of the Official Opposition should know that the independence of the judiciary is a very proud tradition of our Constitution. [Interjections.] Magistrates, if I am allowed to reply . . .

THE CHAIRMAN OF THE HOUSE: Order! The hon the Leader of the Official Opposition will be entitled to a further question. The hon the Deputy Minister may proceed.

THE DEPUTY MINISTER: Magistrates fall under the authority and auspices of the Supreme Court. Judges of the Supreme Court have criticised the magistrate, and that is just what the hon the Minister said in his reply.

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Resuscitation for PE cardiac unit

Cape nurses' colleges, residences open to all

CAPE TOWN — All Cape nursing colleges and nursing residences will be opened to all races, the Administrator of the Cape, Mr Kobus Meiring, announced yesterday.

At a Cape Town meeting, Mr Meiring, together with the MEC for hospital and health services, the Cape Provincial Administration director, rectors of Cape Town and Stellenbosch universities and other senior officials, decided in principle to open the colleges and residences to all.

The decision was taken as part of the Administration's drive towards optimum utilisation of personnel and services.

It was also decided to make available under-utilised accommodation at the Karl Bremer Hospital to students of the Tygerberg Technikon and to offer Clarendon House as accommodation to students of the University of Cape Town.

At the meeting, held to discuss the financial circumstances within which hospitals and health services need to operate, it was also stated that

the cardiac unit at the provincial hospital in Port Elizabeth would not be closed.

Services at the unit would continue as at present, a spokesman for the Administrator said. The current problems being experienced by the unit would be overcome by rationalisation of staff.

Financial dilemma

The meeting was unanimous in deciding that reorganisation of services and, in some cases, the cutting-back of services was the only way of overcoming the financial dilemma in which hospital and health services found themselves.

● The nurses' residence at the Johannesburg Hospital was opened to all races on Tuesday.

The TPA has also decided that nurses of all races employed at the hospital will be able to undertake basic and post-registration training at the B G Alexander College of Nursing. — Sapa.

● See Page 6.

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Discrimination in nursing 'is ending'

CAPE TOWN — The steadily increasing integration of the country's 25 nurse training facilities had to be seen as a move away from discrimination, National Health and Population Development Minister Dr Rina Venter said yesterday.

Speaking in a House of Delegates interpellation debate, Venter said it was important for government to supply a cost-effective service and ensure optimum use of facilities.

Health care had to be accessible and acceptable to all and good nursing training standards had to be sustained.

Part of a project by the National Health Advisory Group was to identify areas of racial discrimination and to subject these problems to corrective measures.

□ Cape Administrator Kobus Meiring yesterday announced that all nursing colleges and nursing residences in the Cape would be opened to all races.

Meiring, the MEC for Hospital and Health Services, the Cape Provincial Administration director, the Universities of Cape Town and Stellenbosch rectors and other senior officials decided in principle at a meeting in Cape Town yesterday to open the colleges and residences to all race groups.

The decision was taken as part of the administration's drive towards optimum use of personnel and services.

The meeting was held to discuss the financial circumstances within which hospitals and health services needed to operate. — Sapa.

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'Language issue a problem'

Nursing is being integrated — Govt

The steadily increasing integration of the country's 25 nurse training facilities had to be seen as a move away from discrimination, the Minister of National Health and Population Development, Dr Rina Venter, said in the House of Delegates yesterday.

Replying to an interpellation debate, she said it was Government policy to create the greatest possible access to health care and to make optimum use of resources.

Language problems

Access to nursing colleges was partly hampered by language problems, as in the case of a college which presented its curriculum in Afrikaans.

Everything was being blamed on the problem of fragmentation, and if this was removed there would be enough money to solve the problems in health care.

The department was looking at structural changes to make it attractive for nurses to move back to the profession.

Dr Venter said it was important for the Government to supply a cost-effective service and ensure optimum use of facilities.

Health care had to be accessible and acceptable to all people and good nursing training standards had to be sustained.

The de-racialisation of the nursing profession was epitomised by the SA Nursing Association which had removed all references to race from

its constitution.

Part of a project by the National Health Advisory Group was to identify areas of racial discrimination and to subject these problems to corrective measures.

There were 20 provincial nursing colleges providing training for the basic and comprehensive diplomas, with five separate campuses falling under the Natal college.

Ten of the colleges trained one racial group, six trained two racial groups, five trained three racial groups and four provided training for all racial groups.

Mr Mahmoud Rajab (DP Springfield) said that knowing of the shortage and mass exodus of nurses from the profession, one would have expected the Department of National Health and Population Development to take as large an intake of nurses as possible.

Applications refused

He said there had been 30 127 applications by blacks for nursing training, but only 2 729 applicants of all race groups were accepted.

Mr Rajab said that it was the fragmentation of health services into own and general affairs which had created the problems in the profession.

He was pleased that the Minister had said the health services should be accessible and acceptable to all people, but the admission by the Minister that this was not the case was an indictment of the Government. — Sapa.



Cape Times, Friday, March 2, 1990 5

Cape nursing colleges open to all races

ALL nursing colleges and nursing residences in the Cape will be opened to all races, the Administrator of the Cape, Mr Kobus Meiring, announced yesterday.

At a meeting in the city, Mr Meiring, together with the MEC for Hospital and Health Services, the director of the Cape Provincial Administration, the rectors of the Universities of Cape Town and Stellenbosch and other senior officials, decided in principle to open the colleges and residences to all race groups.

The decision was taken as part of the administration's drive towards optimum use of personnel and services.

It was also decided to make available under-utilised accommodation at Karl Bremer Hospital to students of the Tygerberg Technikon and to offer Clarendon House as accommodation to UCT students.

The meeting, held to discuss the financial circumstances within which hospitals and health services needed to operate, also stated that the cardiac unit at the provincial hospital in Port Elizabeth would not be closed, despite some reports to the contrary.

Services at the unit would continue as at present, according to a spokesman for the administrator. He said, however, the current problems being experienced by the cardiac unit would be overcome by rationalisation of staff. — Sapa

HEALTH NEWS



By MOKGADI PELA

Chap slams Sana's new role

Somehow 2/3/90

95

THE Community Health Awareness Project has condemned the Government's recognition of the South African Nursing Association as the official staff association.

It said the body had a terrible track record of being part of the problem in the nursing arena.

The announcement was made in Parliament by the Minister of Administration and Privatisation, Dr Dawie de Villiers.

Chap said for years Sana had turned a blind eye to the gross disparity in benefits between nurses of different races.

"When nurses were being subjected to inhuman working hours and paltry monetary rewards, SANA's silence was deafening," the organisation said.

Inputs

Chap proposed that all civil servants be permitted to join unions of their choice.

Replying to a question by Mr Mike Ellis (DP Durban North), De Villiers said the Commission for Administration had recently made this recommendation after receiving an application from Sana.

Sana would be recognised as a staff association within the public service.

The recognition would come into effect after the publication in the Government Gazette of an amendment to the Public Service Regulations.

Proposal

This recognition meant that Sana would in future be able to give inputs for the improvement of the remuneration and conditions of service of nursing staff directly to the Commission for Administration.

Other bodies recognised to negotiate conditions of services for nurses were the Hospital Staff Association of SA, Natal Provincial Staff Association, Public Servants' League of SA, Public Servants' Association of SA, Public Servants' Union and the Institute of Public Servants.

Surgeons crack up through staff shortage stress

95
CAPL Truter 3/3/90

By CHRIS BATEMAN

SHORTAGES of qualified nursing staff at Tygerberg Hospital are so serious that surgeons regularly break down from stress, less than half the surgical ICU beds are occupied and at night one nursing sister tends to several wards.

This was said yesterday by the acting medical superintendent, Dr Robbie Truter, who confirmed that weekend case loads often forced staff to close the casualty unit and redirect ambulances to other hospitals.

The hospital crisis comes as warnings that another essential service — the police force — is also suffering from acute staff shortages.

According to senior police spokesmen the number of policemen quitting the force every day has leapt to 20 — almost double January's "alarming" exodus rate of 11. (For full report — See Page 5).

Dr Truter said that Tygerberg Hospital could not be run efficiently on a skeleton staff overnight and at weekends.

Speaking in Parliament on Thursday, Ms Dene Smuts, DP MP for Groot

Schuur, said overworked doctors attached to the UCT/Groote Schuur Hospital complex were becoming "angry, and demoralised".

Dr Truter said trauma wards and operating theatres were coming under severe pressure as vehicle accidents and violence escalated.

Dr Truter said the overload of emergency cases was causing lengthy delays in scheduled "cold surgery" operations, compromising the hospital's teaching role and affecting research.

His answer for relief was a vast increase in qualified nursing staff, especially "non-white" staff, and for day hospitals to perform a buffer function by staying open 24 hours a day. Private hospitals should shoulder the emergency case burden and refer fewer long-term ICU patients. Nurses' salaries should be brought into line with private hospitals who "feed on our para-medical staff".

Dr Jocelyn Kane Berman, medical superintendent of Groote Schuur Hospital, said her hospital was running at a 13% nursing staff shortage, mainly in the emergency wards, ICU's and theatres.

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A man is expected to appear in Bellville Magistrate's Court soon.

Nurses feel the strain of Cape hospital strike

Own Correspondent

CAPE TOWN — As the Cape hospital strike spreads, nurses at Grootte Schuur Hospital, where 1 600 workers are on strike, say they are "overworked and under incredible strain" after filling in for the absent staff.

"Things are beginning to get chaotic and we're all exhausted," said one nursing sister who asked not to be named.

Corridors are becoming increasingly dirty, patients are getting cold food and offers from service organisations and schools to fill in the staff gaps have been streaming in. *Blom 9/3/90*

The more than 4 000 striking workers at 12 Cape Provincial Administration hospitals have been warned by Administrator Kobus Meiring that they are guilty of misconduct and should return to work urgently.

He has also cancelled all non-emergency surgery at eight of the hospitals and banned journalists from entering any CPA hospital.

Meiring said legislation regarding public service personnel made no provision for strikes and this could have serious consequences for the strikers.

□ Sapa reports that executive director of the SA Nursing Association S J du Preez said in Pretoria yesterday that in order to curb the dire shortage of nurses, 32 000 qualified nurses would have to be produced every year until the year 2000.

Speaking at a diploma function in Atteridgeville, Du Preez said she was happy to announce that nurses' working conditions, including salaries, were receiving government attention and an announcement would be made before the end of this month.

HOUSE OF ASSEMBLY

QUESTIONS

Indicates translated version.

For written reply:

General Affairs: Hansard 12/3/90

Harms Commission: legal representation

119. Mr S S VAN DER MERWE asked the Minister of Defence:

Whether he, the South African Defence Force and the Civil Co-operation Bureau have separate legal representation before the Harms Commission; if so, (a) how many (i) senior and (ii) junior advocates and attorneys does each have, (b) who is responsible for the financial costs of each legal team and (c) why are they separately represented?

B281E

The MINISTER OF DEFENCE:

Yes.

(a) (i) and (ii) The Minister of Defence and the SA Defence Force is represented by the State Attorney, one senior advocate and one junior advocate. The Civil Co-operation Bureau is represented by one private attorney, one senior advocate and one junior advocate.

(b) The SA Defence Force in the case of the advocates and the private attorney and the Department of Justice in the case of the State Attorney.

(c) A conflict of interest between the SA Defence Force and members of the Civil Co-operation Bureau was foreseeable and accordingly it was unfeasible to appoint one legal team for both. Furthermore, the scope and seriousness of the brief is of such magnitude that the appointment of four advocates is warranted.

Mayoral church service: SADF officers

120. Mr J H MOMBBERG asked the Minister of Defence:

Whether two senior officers of the South African Defence Force prematurely left the Mayor of Cape Town's annual mayoral church service in the Cape Town City Hall on Sunday, 18 February 1990; if so, why did they leave early?

Hansard 12/3/90 B282E

The MINISTER OF DEFENCE:

Yes. The matter has in the meantime been discussed with the Mayor's Office and satisfactorily dealt with.

Republic/Mozambique border: electrified fence

139. Mr A GERBER asked the Minister of Defence:

Whether the electrified fence on the border between the Republic and Mozambique was recently made completely or partially inoperative; if so, (a) when, (b) where and (c) for what reasons?

Hansard 12/3/90 B314E

The MINISTER OF DEFENCE:

No, it has always been operational. The fence is a security system which is operated in accordance with the given operational requirements. (a) to (c) Fall away.

Own Affairs:

Nurses employed

12. Mr M J ELLIS asked the Minister of Health Services, Welfare and Housing:

(1) How many (a) Black, (b) Coloured and (c) Indian nurses are employed in hospitals falling under his control in each of the four provinces; *Hansard 12/3/90*

(2) whether consideration has been given to withdrawing non-White nurses from these hospitals; if no, why not? *95* B87E

The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

(1) The following number Black, Coloured and Indian nurses are employed in hospitals falling under the control of the Department of Health Services and Welfare:

<i>Transvaal</i>	Black	: 48 nurses
	Coloured	: 56 nurses
	Indian	: 0 nurses
<i>Orange Free State</i>	Black	: 0 nurses
	Coloured	: 0 nurses
	Indian	: 0 nurses
<i>Cape Province</i>	Black	: 58 nurses
	Coloured	: 211 nurses
	Indian	: 1 nurse
<i>Natal</i>	Black	: 100 nurses
	Coloured	: 1 nurse
	Indian	: 2 nurses

**THE MINISTER OF EDUCATION AND CULTURE:
CAPE EDUCATION DEPARTMENT**

Misgund East Primary School	Misgund East	(i)	(ii)	(iii)	(iv)
Kei Mouth Primary School	Kei Mouth	100	50	Leased building: will be handed over to owner.	
Tainton Village Primary School	Mooiplas	40	40	Possible leasing under investigation.	
Viljoenshof Primary School	Bredasdorp District	100	100	In process of alienation.	
Woodlands Primary School	The Craggs	60	60	In process of alienation.	
Ulco Primary School	Ulco	100	100	Leased building: will be handed over to owner.	
Orania Primary School	Orania	200	200	Leased building: will be handed over to owner.	
Addo Primary School	Addo	50	50	In process of alienation.	
Watsonia Primary School	Kommadagga	40	40	Leased building: will be handed over to owner.	
Dwarskerbos Primary School	Dwarskerbos	100	100	In process of alienation.	
Schoemanshoek Primary School	Schoemanshoek	40	40	Leased building: will be handed over to owner.	
Langlaagte Primary School	Vryburg District	50	50	Leased building: will be handed over to owner.	

(2) No, consideration has not been given for the withdrawal of non-White nurses from these hospitals because, White nurses are not readily available and are difficult to recruit.

White State schools: closure

24. Mr K M ANDREW asked the Minister of Education and Culture:

Whether any White State (a) primary and (b) secondary schools closed during or at the end of 1989; if so, (i) which schools, (ii) where were they situated, (iii) what was their pupil capacity, and (iv) what steps have been taken in respect of the school buildings concerned, in each case?

B234E

TRANSVAAL EDUCATION DEPARTMENT (Continued)

Laerskool Doornbult	Lichtenburg	(i)	(ii)	(iii)	(iv)
Laerskool Mayfair Goedehoop	Johannesburg West	46	549	Possible leasing under investigation.	
Laerskool Peacehaven	Vereeniging	429	429	In process of alienation.	
Laerskool Pienaarsrivier	Pretoria North	46	46	Accommodates the state subsidised Peacehaven School for pupils with serious specific learning disabilities.	
Laerskool Lehau	Waterberg	69	69	Possible leasing under investigation. Partial leasing is being considered, after which the remaining prefabricated class rooms will be moved.	
Laerskool Demeoord	Brakpan	324	324	In process of alienation.	

Technikons: non-Whites in residences

29. Mr A GERBER asked the Minister of Education and Culture:

(1) How many (a) Black, (b) Coloured and (c) Indian students are currently boarding in hostels of each technikon under his control;

(2) in respect of what date is this information furnished?

B268E

THE MINISTER OF EDUCATION AND CULTURE:

(1) (a) only Port Elizabeth Technikon : 3, (b) none; (c) none;

(2) 31 December 1989.

Universities: non-Whites in residences

30. Mr A GERBER asked the Minister of Education and Culture:

(1) How many (a) Black, (b) Coloured and (c) Indian students are currently boarding in hostels of each university under his control;

(2) in respect of what date is this information furnished?

B269E

THE MINISTER OF EDUCATION AND CULTURE:

(1) University (a) (b) (c)
Orange Free State — — —
Natal 1 049 38 118
Rhodes 287 67 113
Rand Afrikaans — — —
Witwatersrand 1 259 62 196

Port Elizabeth	—	—	—
Potchefstroom	—	17	—
Pretoria	—	—	—
Cape Town	875	180	110
Stellenbosch	10	130	3
(2) 31 December 1989.	124 3910		

Pupils: numbers/subjects

32. Mr R M BURROWS asked the Minister of Education and Culture:

(1) What was the total number of pupils in Standards 8 to 10 in 1989?

(2) how many pupils in each standard were taking (a) Mathematics, (b) Physical Science and (c) Biology in that year?

B291E

THE MINISTER OF EDUCATION AND CULTURE:

Standard 8	Standard 9	Standard 10
(1) 74 775	71 171	66 566
(2) (a) 50 088	47 100	43 905
(b) 34 795	32 951	30 252
(c) 41 272	40 235	37 867

PE area: teachers of specialist subjects

34. Mr E W TRENT asked the Minister of Education and Culture:

How many suitably qualified teachers of (a) Accountancy, (b) Physical Science, (c) Biology, (d) Mathematics, (e) Computer Science, (f) Music and (g) other specified specialist subjects are there at each school falling under the control of his Department in the Port Elizabeth area?

B304E

Cape hospital crisis worsens

CAPE TOWN — The strike by non-medical workers in the western Cape, which has now spread to 13 state hospitals, a nursing college and six day hospitals, will not end, say union officials, until they are given a Cabinet audience.

A Health Workers Union official yesterday confirmed that the general assistants' strike, now in its eighth, would continue until demands to speak directly to the ministers concerned were met.

The hospitals affected are Somerset, Woodstock, Conradie, Valkenberg, Grooteschuur, Tygerberg, Victoria, Karl Bremer, Mowbray Maternity, Brooklyn Chest, Lentegur, Paarl and Vredenburg.

The strike has also spread to the Nico Malan Nursing College and day hospitals at Guguletu, Langa, Khayelitsha, Crossroads One and Two, Nolongile and Elsie's River.

At a meeting at Salt River at the weekend about 1 500 union members voted to continue the strike.

They rejected the appointment of a former chief magistrate of Cape Town, Mr Charles van Zyl, as mediator on the grounds this would delay the issue.

"Over the past few years, workers have been raising their grievances with local management and these have been passed on and nothing has been done," said a spokesman for the workers.

The official said that there had still been

no response to union representations through hospital managements to see the Cabinet ministers concerned.

General assistants are demanding a starting wage of R1 500 a month (the present starting wage is less than R300 a month), permanent status — large numbers of cleaners and domestic workers have worked for years without being granted permanent employment, maternity benefits, union recognition and an end to privatisation, which they see as a threat to their jobs.

In a statement released by the Hospital Personnel Association of SA (Hospersa) yesterday, vice-president Dr P J Fourie urged general assistants to return to work "in the interests of the patients they serve".

Dr Fourie said Hospersa had met the Minister of Administration and Privatisation, Dr W J de Villiers, on February 23 and was waiting for a reply to their request for an urgent interview with Dr Rina Venter, the Minister of Health and Population Development.

The administrator, Mr Kobus Meiring, has cancelled official duties he was to have held in the northwest Cape due to the worsening crisis.

Meanwhile, there have been reports that conditions are chaotic in the strike-torn hospitals, with patients cleaning floors and making tea. — Sapa.

'20% more SA nurses may quit

COPI 10/15 144 2/90
95

ANOTHER 20% of South Africa's nurses could leave the profession over the next few months, if today's budget did not address their grievances, the Western Province branch of the SA Nursing Association said yesterday.

The nurses' representatives met the Democratic Party's health group under the chairmanship of Mr Mike Ellis in Parliament yesterday.

Mr Ellis said in a statement after the meeting that it was clear salaries remained the major source of the nurses' complaints.

He added that there was a 20% shortage of nurses in SA in July last year following resignations sparked by the government's inability to attract people to the profession.

"That figure has increased steadily since then," he said.

Hansard 1573190
 89. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

How many mixed marriages between (a) Whites and Blacks, (b) Whites and Coloureds and (c) Whites and Indians (i) had been entered into in the Republic since the repeal of the Prohibition of Mixed Marriages Act, No 55 of 1949, as at 31 December 1989 and (ii) were entered into in the Republic in 1989?

The MINISTER OF HOME AFFAIRS: B204E

(a)	(i)	(ii)
(b)	77	24
(c)	1 690	513
	595	202

Transport studies: funds

95. Dr Z J DE BEER asked the Minister of Transport: *Hansard* 1573190

(1) Whether the Department of Transport contributed any funds to the (a) Greater Johannesburg Area Transportation Study, 1970, (b) London Transport Executive Study, 1971, (c) Jomet Studies, 1975-1980, (d) Masstran Pre-feasibility Study, 1983-1985 and/or (e) Masstran Feasibility Study, 1989-1991; if so, what was the extent of these contributions (i) in each case, and (ii) in total, as at the latest specified date for which information is available;

(2) what transit systems were recommended by each of the above studies;

(3) whether any of these recommendations were accepted; if so, (a) which recommendations and (b) why; if not, why not?

The MINISTER OF TRANSPORT: B195E

(1) (a) No.

(i) Falls away;

(b) No.

(i) Falls away;

(c) No.

(i) Falls away;

(d) Yes.

(i) R1 046 184 as at 28 February 1990;

(e) Yes. *Hansard* 1573190

(i) R1 090 450 as at 28 February 1990;

(d) (ii) and (e) (ii) R2 136 634;

(a) (ii) (b) (ii) and (c) (ii) Fall away.

(2) (a) Road and rail transit;

(b) Underground rail transit;

(c) Light rail transit;

(d) Rapid rail transit; and

(e) The relevant study is not yet completed.

(3) No. None of these recommendations were accepted unconditionally because it was stated in the studies that a full feasibility study into a mass transit system should first be undertaken before such a decision could be made.

(a) and (b) Fall away.

Competition Board: prosecutions

102. Dr P J GOUS asked the Minister for Administration and Economic Co-ordination:

(1) (a) How many prosecutions have been instituted by the Competition Board up to now, (b) with what result have these prosecutions been instituted and (c) in respect of what date is this information furnished;

(2) what procedure (a) does the Competition Board follow in relation to investigations into alleged collusion and similar irregularities and (b) do members of the public have to follow in order to have such irregularities investigated by the Board?

Hansard 1573190
 The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION: B255E

(1) (a)

None. The activities of the Competition Board are governed by the Maintenance and Promotion of Competition Act, 1979 (Act No. 96 of 1979) in terms of which they are not empowered to institute prosecutions. Prosecutions in respect of contravention of arrangements or prohibitions are handled by the Department of Justice and the South African Police. Eight cases have

been referred to the relevant authorities for possible prosecution;

(b) falls away; *Hansard* 1573190

(c) 1 January 1989 to 21 February 1990;

(2) (a) horizontal collusion by suppliers on prices, conditions of sale, market sharing and tenders, as well as vertical price collusion are prohibited in terms of Government Notice 801 of 2 May 1990. Alleged contraventions are referred to the Department of Justice or the South African Police with the view to possible prosecutions. Allegations of horizontal collusion by buyers are investigated by the Competition Board on an *ad hoc* basis in terms of Act 96 of 1979. Investigations may give rise to prohibitions which, when contravened, are handled in the same manner as mentioned in (1) (a);

(b) members of the public may refer complaints regarding restrictive practices to the Competition Board, while alleged contraventions of prohibitions may be referred to the Competition Board or the South African Police.

Nurses: lowering of retirement age

116. Mr M J ELLIS asked the Minister for Administration and Economic Co-ordination:

Whether his Department is considering lowering the retirement age of nurses; if so, what is the new retirement age to be; if not, why not?

Hansard 1573190
 The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION: B278E

95

No. The approach is not to look into the lowering of the retirement age of single groups in the Public Service in isolation but to take the position of all public servants in such case into consideration.

Case of *The State v W H Rabe*: previous offences

145. Mr L FUCHS asked the Minister of Justice: Whether Mr W H Rabe was at any time convicted of any offences prior to his conviction for common assault in the case of *The State v W H Rabe*?

State v W H Rabe in the Piet Retief Regional Court on 12 February 1990; if so, (a) when, (b) of what offences, and (c) what sentence was handed down, in each case?

Hansard 1573190
 The MINISTER OF JUSTICE: B358E

No.

Case of *The State v W H Rabe*: evidence

146. Mr L FUCHS asked the Minister of Justice:

(1) Whether, in the case of *The State v W H Rabe*, concluded in the Piet Retief Regional Court on 12 February 1990, any medical evidence concerning the cause of the death of Mr Ekaiti Xaba was led; if so, (a) what evidence and (b) by whom was such evidence presented; if not, why not;

(2) whether any evidence was led suggesting a connection between the alleged assault and the death; if so, (a) what was the gravamen of such evidence and (b) by whom was it presented;

(3) whether any mitigating factors were taken into account in the judgment and conviction of Mr W H Rabe; if so, what factors?

Hansard 1573190
 The MINISTER OF JUSTICE: B359E

(1) Yes.

(a) That the cause of death was subdural bleeding and gall peritonitis.

(b) Dr F J van der Sande.

(2) Dr F J van der Sande testified in this regard. His evidence did not suggest a connection between the alleged assault and the death. Dr van der Sande testified that the alleged assault could not have caused the death of the deceased.

(3) Mitigating factors do not apply to judgment and conviction. They are, however, taken into account when sentence is passed.

Case of *The State v W H Rabe*: autopsy

147. Mr L FUCHS asked the Minister of Justice:

Whether, with reference to the case of *The State v W H Rabe*, an autopsy was held to establish the cause of death of Mr Ekaiti Xaba; if so, (a) on whose instructions, (b) when, (c) by whom and (d) what were the findings?

Hansard 15/3/90 Mixed marriages
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(2) what transit systems were recommended by each of the above studies;

(3) whether any of these recommendations were accepted; if so, (a) which recommendations and (b) why; if not, why not?

The MINISTER OF TRANSPORT: B195E

- (1) (a) No.
(i) Falls away;
(b) No.
(i) Falls away;
(c) No.
(i) Falls away;
(d) Yes.
(i) R1 046 184 as at 28 February 1990;

HOUSE OF ASSEMBLY

(e) Yes. *Hansard 15/3/90*
(i) R1 090 450 as at 28 February 1990;

- (d) (ii) and (e) (ii) R2 136 634;
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(c) 1 January 1989 to 21 February 1990;

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Whether his Department is considering lowering the retirement age of nurses; if so, what is the new retirement age to be; if not, why not?

Hansard 15/3/90 B278E
The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION: 95

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Hansard 15/3/90 B358E
The MINISTER OF JUSTICE: No.

Case of *The State v W H Rabe*: evidence

146. Mr L FUCHS asked the Minister of Justice:

(1) Whether, in the case of *The State v W H Rabe*, concluded in the Piet Retief Regional Court on 12 February 1990, any medical evidence concerning the cause of the death of Mr Ekati Xaba was led; if so, (a) what evidence and (b) by whom was such evidence presented; if not, why not;
(2) whether any evidence was led suggesting a connection between the alleged assault and the death; if so, (a) what was the gravamen of such evidence and (b) by whom was it presented;
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Hansard 15/3/90 B359E
The MINISTER OF JUSTICE: 

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Hansard 15/3/90 B360E
HOUSE OF ASSEMBLY

Hospital strike: sabotage alleged

Own Correspondent

CAPE TOWN — Hospitals have allegedly been sabotaged by "intimidators" as the current provincial non-medical hospital strike enters its tenth day.

The situation has reached crisis-point as it was reported that hospital toilets have been blocked by debris being thrown down them and volunteers have been threatened with having their houses burnt down, according to Professor J P van Niekerk, Dean of the Faculty of Medicine at the University of Cape Town.

"The problem is neither side is giving in and, secondly, the authorities are not allowed by law to meet the strikers. We say it's time to get beyond the law and get the thing going."

The strike, which started on Monday March 5 at Grootte Schuur and Tygerberg Hospitals spread to 14 state hospitals in the Peninsula and Vredenburg, six day hospitals on the Cape Flats, the Nico Malan Nurses Training College and a hospital laundry centre in Pine-lands and involves at least 5 500 employees.

Services most affected are sterilising, cleaning, catering and laundry.

At the weekend the defence force was called in to clean and cook.

Already overburdened nursing staff report they are being forced to clean toilets and floors and are exhausted and frustrated.

Nurses report they are being threatened with dismissal if they speak to the press and say hospital administrations are black-listing those who complain.

A nursing sister said resentment was fuelling a rebellion.

Strikers are calling for a minimum wage of R1 500, a 40-hour week, permanent status, maternity benefits, recognition of the Health Workers Union and an end to privatisation.

A Faculty of Medicine board meeting this week acknowledged the validity of many of the grievances of the hospital and health workers.

Workers at Red Cross War Memorial Childrens' Hospital, who up to now have not come out on strike on the grounds they were caring for children, were to meet yesterday afternoon to decide whether or not to join the strike.

sol 16/3/90

(95) ()

CAPE TOWN — All heart and kidney transplants at Cape Town's Grootte Schuur Hospital have been suspended as the non-medical workers' strike entered its 12th day.

The Administrator of the Cape, Mr Kobus Meiring, said in Cape Town yesterday that all transplants had been suspended and would remain so until the situation had normalised.

He said he was aware CPA employees, who were prepared to work, were being intimidated and gave the assurance that the Cape Provincial Administration would do all in its power to guarantee the safety of its workers.

Heart, kidney transplants suspended

He said the continuation of the strike was not in anybody's best interest — not in the interest of the strikers nor in the interest of patients.

Mr Meiring stressed that all channels for discussion were still open to find a solution acceptable to all parties. The CPA was doing its best to reach a settlement, as

soon as possible, with all interested parties.

Mr Meiring said about 50 percent of the staff at Red Cross Childrens' Hospital had joined the strike yesterday.

He said some strikers resorted to intimidation. Refuse bins were emptied on hospital premises and toilets were being deliberately blocked. Workers who refused to join the strike were threatened with violence. Loyal CPA workers were scared they would be attacked.

Mr Meiring said the CPA was worried about this intimidation as 70 percent of CPA employees in health services were women.

Groote Schuur at 30 percent capacity as violence erupts

Star 16/3/90 (95)

Strike cripples hospital

Cape Town

The crisis at strike-hit Groote Schuur Hospital has deepened with the announcement that the hospital can handle only 30 percent of its normal load and all heart and kidney transplant operations have been suspended.

Yesterday, strikers rampaged through the hospital, threatening and assaulting working staff and damaging property. It was the 12th day of the stoppage by non-medical staff which has spread to 14 other Cape hospitals.

A spokesman for the Health Workers' Union confirmed that "intimidation and certain incidents involving strikers" had occurred at Groote Schuur and that the hospital authorities had threatened to call the police.

He promised that workers would maintain discipline and order from today.

Strikers forced a door leading to the maternity block to try to reach workers ignoring the strike. A worker was stabbed in the out-patients unit.

Five obstetric and maternity units on the Cape Flats which deal with a large number of deliveries were closed because of fears for safety of staff.

Workers at 12 day hospitals in the Cape Peninsula have joined the strike, leaving township residents without medical care.

Both the union and the Cape Provincial Administration have stressed they wish the strike to end but negotiations have not yet begun.

Strikers holding out

Strikers are holding out for a meeting with the Minister of Health, Dr Rina Venter.

A union spokesman condemned unruly behaviour at Groote Schuur, saying it was not part of union policy. He said Groote Schuur workers have been told not to march through the hospital.

The dean of the UCT Medical School, Professor J P van Niekerk, said he was worried the situation could worsen.

"The situation has become untenable. Nursing sisters have to do everything including transporting patients."

A specialist at the Red Cross Children's Hospital where workers have been striking since Wednesday said although care of the children had not yet been severely affected the situation would change if the strike did not end soon.

"Next week the outpatient and specialist clinics will close and we will have to turn patients away."

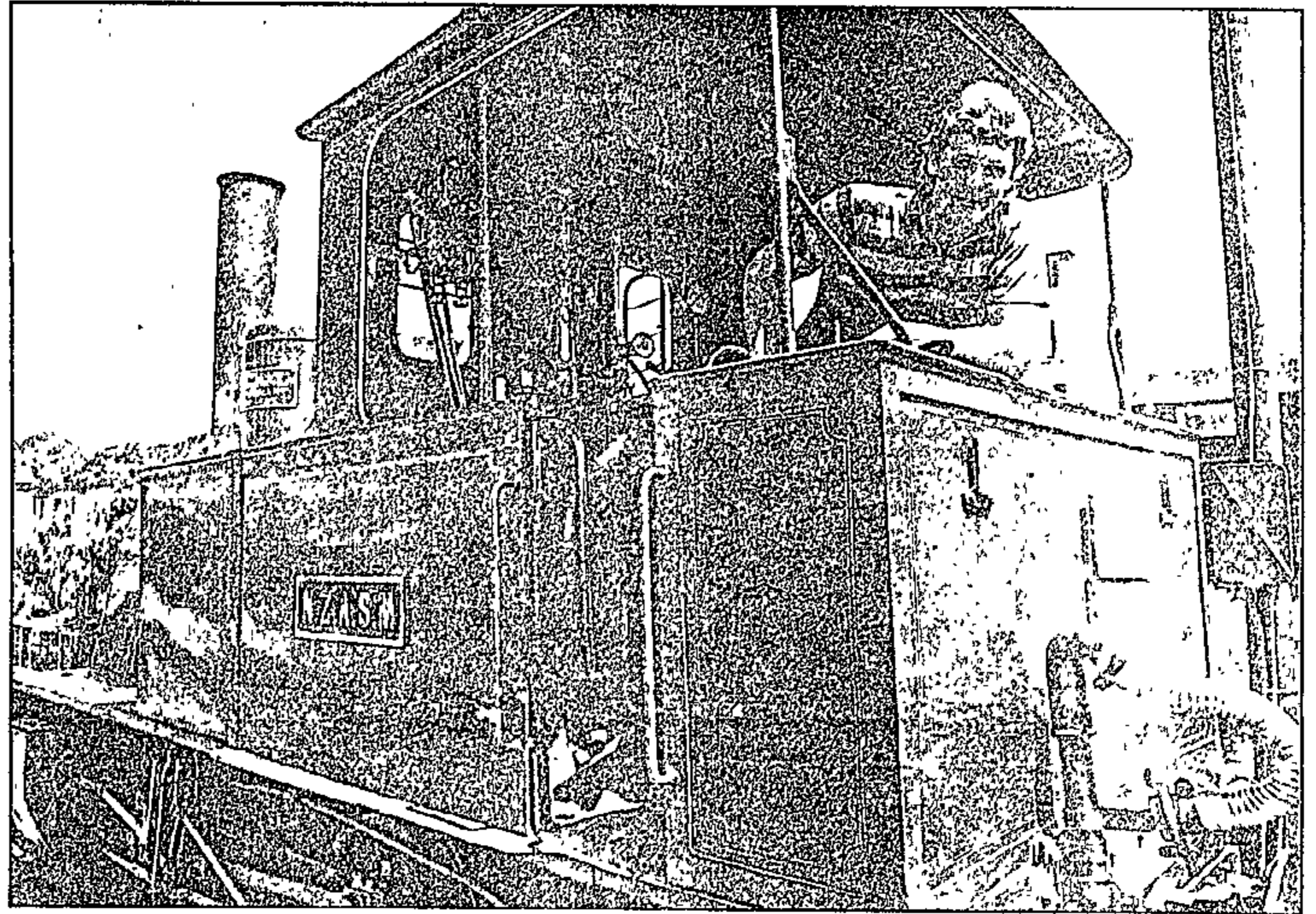
Last night, Cape Administrator Mr Kobus Meiring made a renewed appeal to strikers to return to work and guaranteed to ensure the safety of all CPA employees.

● A woman admitted to Groote Schuur Hospital for major cancer surgery was sent home without being operated on because of the hospital workers' strike.

According to a Cape Town newspaper report, Ms Minnie Moos, a retired nursing sister from Heideveld, is a diabetic who has cancer of the colon.

Yesterday, she was fully prepared for surgery when her specialist told her the operation, a colostomy, was to be postponed until the strike was settled.

● See Page 9.



Mr Andre du Plessis of the Springs loco sheds will drive this diminutive steam engine, the Emil Kessler, tomorrow when it commemorates the centenary of hauling the first train from Johannesburg to Boksburg.

● Picture by Stephen Davimes.

Steaming again after 87 years

By Joe Openshaw

Tomorrow at 3 pm the Emil Kessler, a diminutive steam locomotive which 100 years ago hauled the first train, the "RandTram", from Park Halt (the present Johannesburg Station) to Boksburg, will again steam out of Johannesburg after being out of service for 87 years.

The occasion launches festivities from March 17 to March 25 to mark the inauguration of the Rand Tram service between Johannesburg and Boksburg on March 17 1890.

The passengers in the vintage coach hauled by the Emil Kessler — Engine No 1 — on tomorrow's run will be Reef mayors and Transnet dignitaries who will arrive in horse-drawn coaches at Platform 14 of the Johannesburg Station where a wood-and-iron replica of the original ticket office has been built.

The Emil Kessler stopped working in 1903, was declared a national monument in 1936 and was for years a static monument in the

old concourse of the Johannesburg station.

Genius behind the restoration of the Emil Kessler, built in Breda, Holland, in 1890, is Mr Pat Richards, a 63-year-old railway pensioner considered a world expert on steam, who emigrated to Australia four years ago.

"In October last year Mr Richards was rehired by Sats and brought back to the Springs loco sheds to get the Emil Kessler going in time for the centenary festivities," Mr Andre Strauss, preservation manager of the Sats Museum, told The Star.

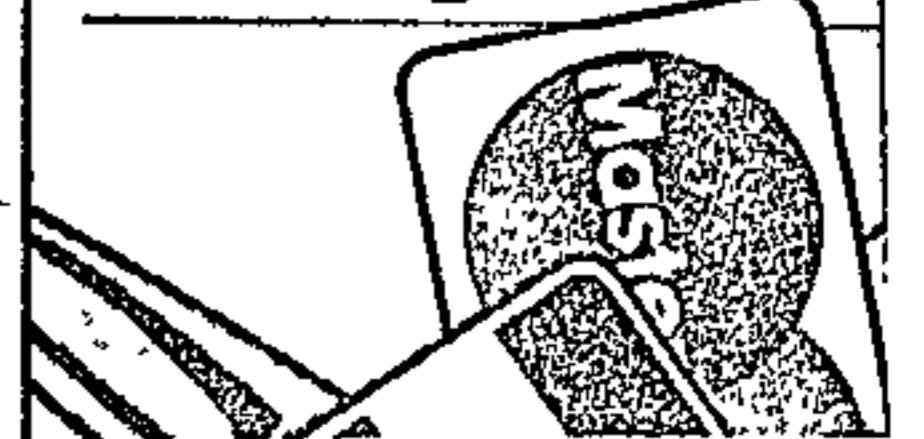
Special steam trips with the Emil Kessler on Thursday March 22 and Saturday March 24 are also part of the festive week.

The Kessler will be assisted on these hauls by another veteran, a ZASM 46 tonner.

During the week two steam trains will pick up 1 000 schoolchildren a day from the East and West Rand.

The festivities close on March 25 with a 14-day steam safari from Johannesburg to the Eastern Cape with 75 enthusiasts aboard.

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Nurses to strike quit jobs, says DP

Cape Times 16/3/90 (95)

THE Democratic Party says many nurses are considering going on strike while others are on the verge of quitting the profession.

Mr Mike Ellis, the party's health spokesman, said yesterday the DP had been "inundated" with phone calls from members of SA Nursing Association complaining that the government's statement about nurses' pay in this Wednesday's budget was "so unclear that there are deep suspicions about whether there are any significant increases in salary and benefits in the pipeline".

Mr Ellis said the large number of nurses had said they had "lost a great deal of faith" in the Minister of Health, Dr Rina Venter, who is in Johannesburg while the crisis in Cape Town hospitals continues to escalate.

"Nurses are saying that the situation is so tense that the prediction that another 20% of nurses might resign in the next month or two is likely to materialise," he said.

Mr Ellis said that nursing representatives had told the DP that the "dicta-

torial line" Dr Venter had taken in dealing with the crisis so far had left the impression that the minister was "involved in a cover-up and that she was powerless to assist them in achieving the conditions of service they deserve".

He added: "Nurses are deeply critical of the survey the minister is undertaking at present and believe that it is simply an attempt to make them believe that there is more in store for them than is likely to materialise."

Mr Ellis said that for the first time there was "serious talk among nurses about strike action".

"It is absolutely essential that the government explains clearly what it intends offering the nurses in the form of salary improvements and benefits.

"A strike by nurses would do catastrophic damage to health services in the short term, but the long-term effects of a breakdown in relations between the government and the nursing profession may well be irreparable," Mr Ellis said.

UCT registrars' threat to quit

W/L ARGUS 17/3/90
Weekend Argus Reporter

ALMOST half the overworked registrars at the University of Cape Town's teaching hospitals have threatened to resign, with about a third of these threatening to emigrate, according to this week's issue of the South African Medical Journal.

In an editorial, Professor S Benatar, Head of the Department of Medicine at Groote Schuur Hospital, discusses the results of a recent survey on service conditions and teaching programmes for registrars in training at the university's training hospitals.

"There was widespread dissatisfaction. This is disquietening news indeed, in one of the most prominent teaching hospitals in the country.

"A major problem was with working hours. The average working week being 66 hours and the average day 9,8 hours.

"To put this in more practical terms, the average registrar might have worked on patient care from about 7.30 am to 5.30 pm every weekday, had a continuous night of 14 hours on emergency call when he had 3,6 hours sleep, and visited the hospital twice for 1½ hours over the weekend. He would have spent a further 18 hours on call from home. He frequently performed a full day's work after a night on call."



STRIKERS ... Members of the Health Workers Union during a placard demonstration at UCT yesterday.

Nurses assured of pay adjustment

PRETORIA. — Nurses could be assured they would receive an adjustment over and above the 10% granted to civil servants, the SA Nursing Association (Sana) said yesterday.

Sana was responding to queries by members of the nursing profession as to why nurses were not specifically mentioned in the budget speech on March 14.

The adjustment would be backdated to April 1, 1990.

THERE'S no job too menial for Groote Schuur Hospital staff, as nurses turn their hands to preparing meals and highly qualified administrative staff load dishwashers.

As the hospital strike ended its second week yesterday, a Cape Times reporter volunteered to help, and found morale high among the remaining staff.

Administrative staff who had been assigned to a staff canteen said they were

GSH admin staff dishwasher, I presume?

quite enjoying the change from their usual jobs. "It's fun to see how other people in the hospital spend their days," said one woman.

A cross-section of staff, from administrators to secretaries, were loading dishwashers and serving at lunchtime.

Most were unable to continue with their usual work because people they needed to liaise with were either not at work or too busy keeping their departments going to spare time for administration.

Nurses were seen making up patients' meals and help-

ing in the main kitchen.

The transport of food to and from wards was done by nurses.

Some nurses who were taking over workers' duties expressed fears following the previous day's rampage through the hospital, in which people were threatened and assaulted.

Nurses calling down to the main kitchen asked whether it was "safe" to come down and collect food for their patients.

CAPE TIMES 17/3/90 A
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Hospital strike spreads

17/3/90

GILL TURNBULL and SAPA

CAPE TOWN — As the hospital strike reached crisis levels yesterday, urgent appeals have been made to Minister of Health Dr Rina Venter to meet aggrieved hospital workers.

Amid reports of increasing intimidation and violence against nursing staff, and vandalism to hospital property, Dr Venter flew to Pretoria. A spokesman said she would not return to her office until Monday.

The Democratic Party has called on Dr Venter to return to Cape Town immediately to deal with the crisis.

The South African Nursing Association made an urgent appeal yesterday to health authorities to resolve a crippling strike.

The call for official intervention in the crisis was made by the president of the Sana, Miss O H Muller, and the organisation's central board after a meeting in Pretoria.

Sana was deeply concerned about the deteriorating circumstances under which nursing personnel were having to function because of the strikes.

Security was yesterday stepped up at Groote Schuur. Walkie-talkie-bearing security guards patrolled the grounds and building.

Hundreds of workers who have been on strike for 10 days demanding more pay and improved working conditions, yesterday screamed to the Nico Malan Hall where they have held meetings since the strike started.

The Administrator of the Cape, Mr Kobus Meiring, said: "Major intimidation is occurring at all the strike hospitals."

"Intimidation varies from unauthorised occupation of critical service points and turning over of bins to deliberate

Minister urged to help prevent more violence



PICKET: Tygerberg workers, on strike for 10 days, yesterday held a protest outside the hospital.

Talks aimed at solution

CAPE TOWN — Representatives of the Cape Provincial Administration, the Office of the Commission for Administration and the Health Workers' Union met late yesterday following the reported strikers' rampage through Groote Schuur Hospital on Thursday.

A brief statement issued by Cape Administrator Kobus Meiring late last night said issues of mutual concern were discussed. He said a decision had not yet been reached, but a further meeting was planned for Monday.

"The parties involved will then continue to seek a solution to the conflict," Mr Meiring said. — Sapa.

blocking of ablution facilities.

"Those who are determined to continue working and refuse to take part in the strike are being subjected to physical threats."

Mr Meiring said that at

DF spokesman on medical matters Mr Mike Ellis said his investigations confirmed reports of violence and intimidation and he called on strikers not to damage their communities.

"We support their grievances, but essential services must be kept running," Mr Ellis said.

Nurses were injured and hospital property was damaged at Groote Schuur Hospital during a demonstration against strike breakers yesterday. Nurses and doctors have said that they fear for their personal safety.

A nurse reported to work with a black eye after being punched at the gates of Groote Schuur Hospital yesterday.



BACK ON THE JOB: Former nursing home matron Mrs Anne Parrott (left) and volunteer Mrs Jean Carlsen help out in the Tygerberg Hospital kitchen.

Schuur Hospital yesterday support the strike.

An angry Plumstead father telephoned The Argus in Cape Town to say his daughter was a nursing sister at Somerset Hospital and she and other nurses were being threatened by strikers who demanded that they

support the strike. "Somerset is in chaos. Patient files are being destroyed, they are delaying in the passages." A Health Workers' Union official said the strike committee would meet Groote Schuur medical superintendent Dr Jocelyn Kane-Berman

about damage to the hospital and injuries to staff.

Officials of the Health Workers Union have denied a Health Ministry claim that no direct approach had been made to Dr Rina Venter for an audience.

About 120 workers at

the Red Cross Children's Hospital in Rondebosch have joined the Cape Peninsula hospital strike, a spokesperson for the workers said yesterday.

Members of the Transport and General Workers Union pledged their support for the strikers yesterday.

Groote Schuur doctors join sit-in to support strikers

CAPE TOWN 19/3/90 95

Staff Reporter

MANY Groote Schuur doctors sympathise with hospital strikers — and will take part in a sit-in at the hospital today in support of the strike.

Meanwhile, a doctor warned that if the strike continued, hospitals would not be able to cope with the backlog of serious operations which have been postponed a result of the strike.

"Health workers have put in decades of solid work, and we feel their demands have not been taken seriously enough," said one doctor who did not wish to be named.

Doctors said ambulances would not be blocked and the hospital would not be disrupted during the sit-in.

A senior doctor said that while essential services at Groote

Schuur were working well because only urgent operations were being undertaken and all non-emergencies were being sent home, there was still cause for concern.

The doctor said those on the waiting list for cancer and other operations were mounting up, and they would soon become emergencies.

If the strike continued much longer, the hospitals would not be able to cope because of the backlog in postponed serious operations.

Professor J P van Niekerk, president of the Cape Western branch of the Medical Association of South Africa and dean of the faculty of medicine at UCT, said yesterday that he could not approve of the doctors' sit-in.

"Action of that sort by medical people would be in alignment with a particular political viewpoint and it would not be in accord with internationally accepted medical ethical codes to which the Medical Association of South Africa is a signatory," he said.

These codes stated that a doctor's first duty, together with enhancement of the profession, was to the patient. He said this was irrespective of the political situation of the moment.

He said he sympathised with the grievances of the strikers, but if patients were to be compromised — which they would if these doctors would ordinarily be on duty attending to patients at that time of the morning — the association could not approve such a sit-in.

SA 22/3/90 (95) (95)

Hospital staff agree to return after 16-day strike

Workers win concessions

Own Correspondent
CAPE TOWN — Cape hospital workers have won several concessions from the Cape Provincial Administration (CPA) and the Commission for Administration (CFA) after three days of harrowing negotiations.

The workers have agreed to return to work today after a 16-day strike which seriously affected 21 Peninsula hospitals, the central laundry at Pinelands, six maternity clinics and the Nico Malan Nurses College.

In terms of the agreement reached, employees who have been employed for a period in excess of three months will no longer be classified as "temporary workers".

Up until now many workers, some of whom have been in the employ of provincial hospitals for as long as 15 years, have still been labelled as temporary employees.

However, from now on the previously accepted practice of dismissing employees on 24 hours' notice will be regarded as an unfair labour practice.

All departments will be instructed to comply with the requirement of giving at least one month's notice or a month's pay in lieu of notice.

Although general assistants are to get a salary improvement over and above the 10 percent general increase for all public servants, with effect from April 1 1990, the CPA and CFA have indicated that they are not yet able to specify what wage improvements will be given to the lowest paid workers.

The associations have, however, undertaken to make an announcement on the exact extent of wage increases by not later than April 16.

The Health Workers Union (HWU) has indicated its dissatisfaction with this arrangement but has nevertheless agreed to terminate the strike and to ensure that its members are back at work by today.

Agreement has also been reached on other important issues such as a 40-hour working week, recognition of unions, maternity benefits and protection for workers from the effects of privatisation.

The CPA has stated it is "in principle" in

agreement with the introduction of a 40-hour working week, which it has agreed to implement by not later than May 1.

With regard to the question of union recognition, it has been agreed that since formal recognition is currently being debated on a national level and as legislative changes are imminent, formal recognition of the HWU will await further development.

Changes to the present system of maternity benefits, so as to conform more to the position with regard to workers in the private sector, are to be investigated and discussed between the parties.

Hospitals had strike warning

CAD 71 m/s 22/3/90

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By CLAUDIA KING

THE director of Provincial Hospital Services was presented with a list of health workers' demands 16 months before the hospital strike began, the Health Workers' Union claimed yesterday.

The union claims the director was also warned that a strike would be called two weeks before workers started striking.

The 16-day strike which ended on Tuesday crippled 25 Peninsula hospitals and involved nearly 5 000 workers.

One woman died when she was sent home as a hernia operation could not be performed.

"In November 1988, the worker's committee at Groote Schuur Hospital met Dr (George) Watermeyer and presented him with a list of demands," a union spokesman said.

Demands at that stage included a minimum wage of R800, maternity benefits, permanent status and recognition of the union.

Demands presented by workers participating in the recent strike were identical to these other than that they specified a minimum living wage of R1 500 and an end to privatisation.

"He promised to investigate the situation but we heard no more and issued him with the new demands two weeks before calling the strike," he said.

"We indicated that if his response was unsatisfactory we would initiate strike action."

According to the spokesman, Dr Watermeyer replied stating that the demands could not be accommodated.

Health staff to march

Star 23/3/90 Staff Reporter

Health workers represented by a host of extra-parliamentary organisations will stage a protest march from Coronation Hospital to J G Strijdom Hospital tomorrow to demand a total overhaul of the country's health services.

Organised by the South African Health Workers Congress (Sahwco), the "March for People's Health" was expected to attract widespread community support. Sahwco spokesman and co-ordinator of the march, Dr Aslam Dasoo, said last night.

"For the first time doctors and nurses will march with general health workers."

Dr Dasoo said the marchers would present a list of demands to the Minister of National Health and Population Development, Dr Rina Venter, who "has been petitioned to be present at J G Strijdom".

"Our principal demand is for the creation of a united national health service with free access for all people. This relates to the on-going privatisation of health services which we reject."

Khutsong launches branch of Neusa (95)

ABOUT 300 teachers met in the Khutsong Community Hall this week to launch the National Education Union of South Africa (Carletonville branch).

Mr Pule Metsing, the new publicity secretary of the branch, told the *Sowetan* that the launch was attended by the national president of Neusa, Mr Curtis Nkondo, and other officials from the

organisation's Johannesburg region.

Those present were told that the aim of Neusa was to unite teachers and educationists. It was also geared towards a non-racial, just and democratic system of education in a free and democratic South Africa.

In Khutsong and surrounding areas, the branch will work towards resolving any problems that arise,

Metsing said.

The executive of the branch is: Siphon Mtyotywa (chairman), Michael Seleke (deputy chairman), Molifi Seilane (secretary), Edwin Pilane (treasurer), Pule Metsing (publicity secretary) and Malepe Mogale (education officer). The co-ordinators are: Dineo Manoko, Gugulethu Jiyane, Victor Mokhine and George Nthongoa.

Date set for American foreign nurses exam

THE Commission on Graduates of Foreign Nursing Schools has announced the next screening examination date for foreign nurses who would like to practise as registered nurses in the United States.

The commission's president, Doris Armstrong, said the exam would be held on August 1 this year. It will be held in 52 sites worldwide and in South Africa the venue will be Johannesburg.

She said the exam gives foreign nurses a way to evaluate their chances of passing the US licensing exam before they leave their own countries.

The deadline for first-time applicants is April 30, while for those applying to repeat, it is May 7.

Those interested in taking the exam should obtain a copy of the guidebook for applicants, which contains all application materials and information on eligibility requirements. Single copies are available at American embassies and national nursing associations.

Alternatively write to: CGFNS, Fourth Floor, 3600 Market Street, Philadelphia, PA 19104, USA for larger orders at US\$1 each.

80% of nurses 'quit work in 3 years'

Political Staff

ABOUT 80% of nurses, who are trained for four years at a cost of R16 000 a year, leave the service of the state within three years of completing their training, the Democratic Party MP for Groote Schuur, Ms Dene Smuts, said yesterday.

There had been an average annual decrease of 6% — or a total decrease of 22% — in student nurse numbers between 1984 and 1989, she said during the Health Services debate in the House of Assembly.

By July last year, 20% of nursing posts in hospitals countrywide were vacant and Johannesburg Hospital was 2 000 nurses short at that point.

"Consider that young woman — the one who trained for four years post-matric, who became a professional nurse at the princely salary of R15 000 a year — who now at the age of 24 or 25 sees that she will still be earning under R2 000 a month in three years' time.

"She has, in most cases, a vocation, a full, old-fashioned devotion to nursing.

"But she is overworked, she is demoralised, she has to moonlight in her already limited time-off to supplement her income — and crucially, she is not getting the professional satisfaction which motivates modern working women."

During the strike in Western Cape hospitals, nurses, already carrying a crippling load, bore the brunt, and quite literally became the housemaids of the health services.

"Listen to the demands of the nurses: When they say that some of the major effects of the nursing shortage are felt at the clinical level they are saying more than that patients suffer, that mistakes with medico-legal implications become inevitable, that they themselves suffer burn-out and exhaustion.

"They are also saying that they cannot take professional pride in what they are doing under such circumstances.

"It would be foolish not to listen."

Nursing crisis to be probed

A committee is to investigate the shortage of nursing staff and the lack of training in South Africa and the self-governing states.

This follows a meeting in Pretoria yesterday between Ministers of Health from the self-governing territories and two South African Cabinet Ministers.

The meeting was chaired by the Minister of Education and Development Aid, Dr Stoffel van der Merwe and the Minister of National Health and Population Development, Dr Rina Venter.

Among matters which received attention were the reasons and needs for budget restraints in the health services, the Department of Development Aid said in a statement yesterday.

All aspects of health care from health education to sophisticated, expensive facilities were considered, while the community-oriented aspects of health care were stressed.

Fiscal and social problems surrounding social pensions also received attention, with the need for parity in social pensions being emphasised.

Aspects of family planning and the role that non-governmental organisations can play in this programme were discussed.

The fact that good family planning was fundamental to health care was stressed, while emphasising that family planning was not necessarily birth control.

The problems of drug and alcohol abuse were among matters discussed.

A statement issued after the conference said a basic strategic plan to combat drug and alcohol abuse had been drawn up at a recent working conference and would be presented to the Ministers' next meeting. — Sapa.

Need for speed in nursing training

Political Correspondent

SPEEDING up the training of nurses to meet growing health needs was among issues discussed in talks between Health Minister Dr Rina Venter and a delegation from the Nursing Council.

They also discussed establishing structures to monitor and ensure health standards.

Dr Venter said in a statement afterwards the meeting was part of on-going talks with interest groups to tackle health-related problems.

RECOMMENDATIONS

She did not indicate whether the meeting would result in specific recommendations.

The Nursing Council delegation was led by its president Professor Wilma Kotze. She was accompanied by Professor Charlotte Searle, Miss Iris Roscher and registrar Mr Frank Germishuizen.

The delegation highlighted deficiencies and needs in the availability and distribution of nursing staff.

Accelerating training programmes to provide staff for future needs was discussed.

Probe into nursing conditions

CH. Times 6/4/80 Staff Reporter

95

AN investigation into the working conditions and salaries of nurses has been completed and will be submitted to the Minister of National Health and Population Development, Dr Rina Venter.

The Director-general of the department, Dr CF Slabber, said yesterday that two private companies commissioned to investigate had completed their study and would meet the SA Nurses' Association, the SA Nursing Council and the Department of National Health from April 18-21.

Improve existing services, says doctor

6/4/90 By Shirley Woodgate

No further money is available to employ more nurses and it is necessary to make optimum use of available manpower, says Dr JHO Pretorius, a spokesman for the Chief Directorate of Health Care Services in the Department of National Health.

Speaking at Baragwanath Hospital yesterday at the launch of a sponsored book: "Learn About Pregnancy, Labour and Early Baby Care" by Val Thomas and Jenny Prangley, he said his department was looking at new ways of making available manpower more effective.

Dr James McIntyre, consultant in obstetrics at Baragwanath, said that although black infant mortality rates were falling in South Africa, the

latest figures of 75 per 1 000 indicated that the situation remained unacceptable in view of the World Health Organisation target of less than 50 per 1 000 births.

A disparity existed between whites and blacks, with the rate for whites down to about nine per 1 000 and blacks registering about 61.

Highlighting the problem in rural areas, he said infant child mortality was as high as 190 compared with Soweto's 25 per 1 000 births.

Since 80 percent (or 40 000) of the infant deaths were attributed in 1986 to pre-natal, respiratory or intestinal infections, investigation should be directed in that direction.

The ultimate answer lay not in building more hospitals, but in improved primary health care services and health education, Dr McIntyre said.

Thokoza, Eskom probe supply problems

6/4/90 By Montshiwa Moroka

Members of the Thokoza Civic Association (TCA) yesterday met officials of Eskom's southern Transvaal region regarding problems related to electricity in the East Rand township.

At the end of the meeting, both parties resolved to form a joint investigation committee, whose task would be to identify the problems and look at ways in which they could be solved.

The meeting was chaired by the regional manager of Eskom, Mr DL van Wyk, while the 18-man Thokoza delegation was led by Mr Sam Ntuli, president of the TCA.

The issues discussed at the meeting included the inaccuracy of meters, inaccuracy of bills, maintenance of the supply network, the possibility of a direct supply from Eskom and the question of a masterplan.

Problems experienced by residents in the town-

ship over the electricity issue led to a rent boycott, now three months old. Complaints of high electricity accounts and faulty meter readings have been a source of discontent.

Another complaint by residents is that some of the old sections of the township have not yet been electrified.

At present, electricity to the township is supplied by the Alberton municipality, which is the nearest town, while Alberton gets its power directly from Eskom.

In a statement afterwards the two parties said the joint working committee would be looking at ways in which the problems could be "resolved with the co-operation of other parties involved".

The other parties in this case apparently refer to the Alberton municipality and the administrator of Thokoza, following the resignation of the majority of councillors in the township this year.

Nurses

95

reunited

Soweto 10/4/90.

NEARLY 200 nurses who trained at the King Edward VIII Hospital 30 years ago reunited and shared memories of the good old days at the hospital in Durban on Saturday.

The reunion was organised by Mrs Henrietta Sekhute, a matron at the Baragwanath Hospital in Soweto.

POOR salaries make one in a long list of grievances nurses would like thrashed out by the State.

A meeting of about 40 nurses, matrons and a number of doctors at the South Rand Hospital in Johannesburg was told that the Florence Nightingales want, among others, the issue of fat nurses not being able to get permanent posts in Transvaal provincial hospitals to be addressed.

A 25-year-old nurse of average height, who tips the scale at 114kg-plus, can only be appointed in a temporary capacity - and may stay there indefinitely unless she loses weight.

An annexure of employment rules entitled "undermass, overmass", which sets out in table form the required minimum and maximum weights for public servants, states that a woman nurse of average height in the 25 to 29 age category should weigh between 58kg and 104kg, while a matron in an older age

Nurses to see the Govt about weighty matter

95

Sowetan 12/4/90

group could be acceptable at a few kilogrammes more.

Anyone who exceeds the permissible maximum by more than 10 percent, it says, must submit with his or her application a medical report detailing his or her health with particular reference to the excess weight and effects this may have on health and submit a sick leave record.

The application is then referred to the Department of National Health before the appointment is made.

Mrs S du Preez, executive director of the South African Nursing Association, said the rule on over-

weight people was taken because they, overweight people, were more inclined to suffer from high blood pressure and heart complaints than their slimmer colleagues.

National Party Member of Parliament for Rosettenville, Sheila Camerer, said the province's action was blatant discrimination against plump people.

She said overweight nurses at Transvaal provincial hospitals should be monitored to check if they could cope with their work-load. Those whose performance was not hindered by weight-related health problems should be ap-

pointed to permanent posts."

"This does not happen. Fat nurses, no matter how good they were at their jobs do not get permanent appointments or the perks that go with them," Camerer said.

She said apart from dissatisfaction with salaries and restrictions on some nurses, there was dissatisfaction with other conditions of service.

A qualified nurse was entitled to 42 days leave - less than half that guaranteed a teacher in her holidays. When she applied for it she was usually turned down because of the nursing shortage.

12/4/90 (95)

Nursing assistants get 'improved' salaries

Political Staff

THE salaries of nursing assistants would be improved, backdated to April 1, the Minister of National Health, Dr Rina Venter, said yesterday.

She said salary improvements for general assistants in the public service, which were announced yesterday, also had "certain implications for nursing assistants".

She gave no details, but Minister for Administration and Economic Co-ordination Dr Wim de Villiers said the improvement of the conditions of service for general assistants would include the payment of a night-duty allowance.

Both the night-duty allowances and the salaries of nursing assistants were among the reasons cited by the Health Workers' Union for the recent strike in Cape Town hospitals.

However, a number of other issues were raised in the negotiations which led to ending the strike. The union has set April 16 as the deadline for the government to answer its demands.

Fat nurses face curbs on careers

The Argus Correspondent

PRETORIA. — Fat nurses cannot walk into permanent posts in Transvaal provincial hospitals.

A 25-year-old nurse of average height but who tips the scale at 114 kg-plus will be appointed in a temporary capacity — and may stay there indefinitely unless she loses weight.

Mrs Sheila Camerer, National Party MP for Rosettenville, said the province was blatantly discriminating against plump people.

Her comments, made to the Extended Public Committee on Provincial Affairs last week, followed talks held with 40 nurses, matrons and a number of doctors at the South Rand Hospital in Johannesburg.

"Overweight nurses at Transvaal provincial hospitals should be monitored to see whether they can cope with their work-load and those that do not have weight-related health problems should be appointed to permanent posts".

But this did not happen, she said, and fat nurses "no matter how good they are at their jobs" did not get permanent appointments ... or the perks that went with them, she said.

PERMISSIBLE MAXIMUM

An annexure of the employment rules entitled "Undermass, overmass" sets out in table form the required minimum and maximum weights for public servants. In terms of this table a woman nurse of average height and in the 25 to 29 year age category should weigh between 58 kg and 104 kg, while a matron in an older age group could be acceptable at a few kilos more.

Anyone who exceeds the permissible maximum by more than 10 percent must submit with his or her application a medical report, with particular reference to excess weight and effects this might have on health — plus a sick leave record. The application is then referred to the Department of National Health before the appointment is made.

A spokesman for the Commission for Administration said that like other public servants nurses were appointed on a one-year trial basis, and had to meet certain requirements.

This included that they were reasonably healthy and be able to do their job properly. Excess weight could give rise to several ailments, including heart and back problems.

However, a person could be appointed and then use the trial period to reduce weight to take on a permanent appointment.

Exodus of doctors looming MP warns

Political Correspondent
GROOTE Schuur Hospital is likely to lose many of its most senior and talented doctors over the next two years, according to the MP for Groote Schuur, Ms Dene Smuts.

Ms Smuts issued the warning of the impending exodus after extensive discussions with medical staff at the hospital.

The threat to academic medicine and the standing of Cape Town's famous hospital have been compounded by the budget cuts and curtailment of health services announced last week by the Administrator of the Cape, Mr Kobus Meiring.

The head of the department of medicine at UCT/Groote Schuur, Professor Solly Benatar, likened the latest cuts to "switching off the lights in the middle of an operation — sacrificing the patient to save on electricity".

Ms Smuts said yesterday that the fact that 20 community health centres already built or nearing completion would not be opened due to lack of funds "serves to confirm that the bigger hospitals will continue to carry an impossible workload.

"In the case of academic hospitals like Groote Schuur this means that highly trained doctors will continue to do large and exhausting volumes of mundane work, instead of practising the specialised medicine and doing the research that makes an academic career worthwhile."

Nurses and cops are set to get a new deal

INCREASED allowances and improved pay structures are on the way for nurses, the police, the SA Defence Force the prisons service and certain law enforcement officials in the Department of Justice.

This was announced by the Government yesterday.

There will be no across-the-board pay increase for these officials this year - over and above the general 10 percent increase for all public servants announced earlier.

But the improved pay structures mean that officials in these departments will receive notch increases in their salaries. *95) 24/4/90*

Most of the details will be announced later. Dr Wim de Villiers, Minister of Administration and Mr Adriaan Vlok, Minister of Law and Order announced yesterday.

However they said that the increases in allowances would be backdated to April 1, 1990.

The improvement in the salary structures for line functionaries would be implemented from July 1, 1990.

Police, nurses to get more money

CAPL Trimp 24/4/90 (95)

Cabinet 'split' over pay

CAPL Trimp 24/4/90

Political Staff

Political Staff
LAW and Order Minister Mr Adriaan Vlok yesterday announced increases totalling more than R202 million in remuneration packages for policemen.

He also promised significant structural adjustments to salary scales from July.

With the adjustments, the improvements in conditions of service and the tax cuts announced by Finance Minister Mr Barend du Plessis in his budget, a total of about R300 a month extra may end up in the pay packets of lower ranks of the police.

Mr Vlok made his announcement in

the debate on his budget vote in Parliament after Administration and Economic Co-operation Minister Mr Wim de Villiers announced general increases for prison officers, SADF members and nurses.

Constables will get a straight R160 extra a month, sergeants R120 and all other ranks up to colonel R90 in increased service allowances to compensate for overtime and dangerous work, at a cost to the Treasury of R130,7m.

The increases are in addition to the 10% given to all civil servants.

To page 2

DIFFERENCES in the cabinet about pay increases for the police may have been behind the four-hour delay in its announcement by the Law and Order Minister, Mr Adriaan Vlok yesterday.

He was expected to announce the new package at the start of his budget debate but inexplicably called it off. Just before Parliament adjourned, Mr Vlok finally announced the new deal.

He said he had been awaiting a statement by the Minister of Administration and Economic Co-ordination, Dr Wim de Villiers.

Mr Vlok, who was apparently angry at the delay, had fought hard against some members of the cabinet, particularly Dr De Villiers, about the increases.

sta From page 1

Police pay

CAPL Trimp 24/4/90 (95)

as been months actress life long

In addition to the allowances Mr Vlok said the government would:

- Pick up the bill for the examination fees for the National Diploma in Police Administration at a cost of R10m for 1990.
- Pay medical benefits to dependants of permanent black members of the SAP from April 1 at a cost of R30m.
- Reward policemen for working rest days at R50 a day, which will cost a further R18m.
- Introduce promotion system modifications for constables and sergeants from September 1.
- Raise the daily allowance for special constables at a cost of R8,4m.

The minister said the present salary dispensation in which a number of scales overlapped would be replaced by one in which specific salaries would be paid to specific ranks.

Mr Vlok said he wished to point out that the remuneration improvements should be seen together with normal

average 2,5% annual notch increases and the 10% hike given to all civil servants.

The changes he said, were meaningful and illustrated the determination of the President and government to continue to maintain law and order as well as stability in South Africa.

Without this, the country would very soon fall into "bloody revolution and backward third-world conditions".

In his statement Dr Wim de Villiers said the service allowance for defence force and for prison service personnel would also be increased to compensate for the changed circumstances under which they had to render service.

Dr De Villiers said that in the case of nurses a new allowance would be introduced from April 1 for all personnel.

This allowance would be followed by a salary structure adjustment with effect from July 1, during which a partial incorporation of the allowance would take place.

He said the salary adjustment effective from July 1 would not be applicable to student and pupil nurses.

TUESDAY
April 24 1990
Johannesburg

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Police will soon get details of new allowances announced by Vlok

Political correspondent

Police men and women will hear today or tomorrow how much more they will get in their pay packets this month after yesterday's announcement of an allowance increase.

Police sources said each policeman would get R300 to R400 more.

The exact figures were being worked out and telexes would be sent to all police stations today or tomorrow giving details.

The increase in service allowances announced by Law and Order Minister Mr Adrian Vlok have been backdated to April 1. He also said police pay scales would be improved from July 1.

Minister of National Health Dr Rina Venter is expected to provide details soon of a special allowance for nurses also announced yesterday. They would also be backdated to April 1.

The new benefits affect police,

nurses, the South African Defence Force and certain law enforcement officials of the Department of Justice.

There will be no across-the-board pay increase for officials in these departments this year over and above the general 10 percent increase.

But the improved pay structures mean that officials will receive notch increases in their salaries.

Speaking in the debate on his budget vote in Parliament, Mr Vlok said

that an extra R200 million had been set aside by the Government for the allowances.

The amount to be set aside for the improvement in salary structures would be announced later. Government sources have said it could involve at least another R100 million.

Mr Vlok said that an extra R130,7 million would be set aside for allowances for dangerous work and overtime.

He also announced that R10 million would be set aside in allowances for tuition fees; R30 million to improve medical aid benefits for dependants of black policemen and women; R8,4 million to increase compensation for special constables; R18 million for police required to work on free or rest days; and R5 million for a revised system of promotion.

Mr Vlok said that the changes would help lower ranks especially.

New pay allowances for police, nurses detailed

By Peter Fabricius,
Political Correspondent
CAPE TOWN — Police and nurses have received further details of their increased allowances, announced this week.

The new allowances and service conditions will come into effect retrospectively from April 1 and will appear in their May pay packets.

Police sources have indicated that the new allowance will add an extra R300 to R400 to police pay cheques:

- Monthly service allowances

for long and irregular hours and dangerous duty will be increased from R239,75 to R400 a month for constables; from R229,75 to R350 a month for sergeants; and from R209,75 to R300 a month for warrant officers to colonels.

- The daily compensation for special constables will be increased from R15 to R19 and for special sergeants from R17 to R21.

- From April 1 all ranks up to colonel will be obliged to work on their rest days where necessary and will be paid R50 a day

for this.

The system has also been revised to make it easier to be promoted from constable to sergeant and sergeant to warrant officer.

Structural changes to police salary scales have not been finalised.

- Minister of Health Dr Rina Venter has announced that from April 1 all registered nurses will receive the same special allowance — meaning that lower ranks would get a higher percentage increase.

There will be another allowance for staff nurses. Nursing assistants, students and pupils will also receive allowances.

On July 1, nurses will receive a structural salary adjustment which would partly incorporate the allowance — “with due consideration of the extent of the combined improvement”.

The improvement will not apply to student and pupil nurses.

The committee of inquiry into the nursing profession met from April 18 to 20 to formulate the recommendations.

Hospital	% occupancy	Hospital	% occupancy
Craddock	55,21	J D Verster (Koster)	147,8%(B)
Graaff-Reinet	49,08	Natalspruit (Alberton)	99,6%(B)
King William's Town	51,60	Nic Bodenstein	
Middelburg	55,42	(Wolmaranstad)	97,6%(C)
Provincial, Port Elizabeth	55,72	Paul Kruger Memorial (Rustenburg)	121,5%(B)
Steynsburg	53,74	Rob Ferreira (Nelspruit)	93,4%(B)
Walvis Bay	55,41	Sabie	146,8%(C)
<i>Natal:</i>		Schweizer-Reneke	97,1%(B)
<i>Hospital</i>		Far East Rand (Springs)	98,8%(B)
Ikopo (White)	27	Weskoppies (Pretoria)	137,8%(B)
Dundee (all races)	30	<i>Orange Free State:</i>	
Escourt (White and Indian)	30	<i>Hospital</i>	<i>Non-White</i>
Kokstad (White and Coloured)	14	Phekolong, Bethlehem	143,29%
Empangeni (all races)	57c	Boitumelo, Kroonstad	101,85%
Eshowe (White)	24	Welkom (Non-White ward)	187,76%
Greytown (White)	32	Zastron (Non-White ward)	115,2%
Greytown Provincial	45	<i>Cape Province:</i>	
Ladysmith (White)	54	<i>Hospital</i>	<i>% occupancy</i>
Newcastle (all races)	50	Kakamas	92,33
Port Shepstone (White)	50	Reivilo	94,48
Harding (White)	2	Bedford	105,41
Matatiele (White and Coloured)	8	Livingstone, Port Elizabeth	93,81
Utrecht (all races)	54	Oudshoorn	93,20
Vryheid (White)	37	Ceres	101,90
Wentworth (all races)	59	Conradie, Pinelands	90,19
		Somerset West	109,58
		Vredendal	93,31
		Red Cross Hospital	104,73

(5) Yes, certain hospitals are over crowded (a) and (b) Statistical information for hospitals is based on the number of approved beds and not for individual wards. The following hospitals reflect on average percentage bed occupancy in excess of ninety per cent for the 1988/89 financial year:

Hospital	Average percentage bed occupancy	Hospital	Beds % occupancy
Transvaal:		Bruntville CHC	16 138
Amajuba Memorial (Volksrust)	102,0%(B)	Ikopo (Non-White)	160 113
Baragwanath (Soweto)	97,0%(B)	Kokstad (Non-White)	170 93
Boksburg-Benoni	91,3%(B)	King Edward (all races)	1 913 96
	154,9%(C)	Ladysmith (Non-White)	512 92
	127,3%(B)		

Christiana	107,0%(B)
Dr A G Visser (Heidelberg)	95,4%(B)
Ermeelo	97,6%(B)
Ga-Rankuwa (Pretoria)	129,9%(B)
Ishelujuba (Pongola)	

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Patient (Private patients excluded)/Doctor (Full time doctors only) and		(b) Patient (Private patients included)/Nurse (All nurses) ratio as on 31 December 1989 at each specified hospital falling under the control of the provincial administrations?		<i>Natal Provincial Administration</i>			
Hospital	(a) No. of Patients per doctor	Hospital	(b) No. of Patients per nurse				
Addington	13,48	Usher Memorial	27,50	1,69	Phekolong	25,39	1,63
Clairwood	53,77	Eshowe	37,64	2,06	Ondaalsrus	—	1,23
Dundee	35,11	Estcourt	37,87	1,67	Sasolburg	—	0,50
East Griqualand and		G J Crooks	35,67	2,21	Virginia	—	1,29
Grey's	9,46	Greytown	42,85	2,36	Welkom	17,36	1,00
Hillcrest	98,00	Hillcrest	98,00	1,51	Bothaville	—	1,06
King Edward VIII	14,83	King Edward VIII	14,83	1,83	Clocolan	—	2,52
Ladysmith	33,84	Ladysmith	33,84	2,20	Ficksburg	—	1,75
Empangeni	10,50	Empangeni	10,50	0,92	Frankfort	—	1,14
Newcastle	15,80	Newcastle	15,80	0,97	Harrismith	—	1,02
Northdale	20,13	Northdale	20,13	1,61	Heilbron	—	1,52
Port Shepstone	37,41	Port Shepstone	37,41	2,27	Hopetown	—	1,77
R K Khan	22,44	R K Khan	22,44	2,26	Jagerfontein	—	1,46
Stanger	42,23	Stanger	42,23	2,76	Ladybrand	—	0,53
Taylor Bequest	28,75	Taylor Bequest	28,75	1,03	Parys	—	1,11
Utrecht	29,00	Utrecht	29,00	1,91	Reitz	—	1,25
Vryheid	31,87	Vryheid	31,87	2,00	Senekal	—	2,26
Wentworth	9,11	Wentworth	9,11	0,68	Smithfield	—	1,16
Christ the King	55,25	Christ the King	55,25	1,93	Vrede	—	1,16
St Andrews	44,75	St Andrews	44,75	1,37	Winburg	—	1,14
Midlands					Zastron	—	1,64
King George V							
Emmaus					<i>Cape Provincial Administration</i>		
					Barkly West	(a)	(b)
Osindisweni					Colsoberg	—	1,19
Murchison					De Aar	72,00	0,98
St Appollonaris					Douglas	—	1,39
Orange Free State	(a)	(b)			Hartswater	—	1,95
Universitas/National	2,63	0,31			Kakamas	8,00	0,78
Pelonomi	—	0,83			Kimberley	—	1,31
Oranje	72,00	1,96			Kuruman	—	0,89
Voortrekker/	—	0,82			Noupoort	—	1,34
Boitumelo	15,97	1,13			Postmasburg	—	1,34
Bethlehem/	—	0,57			Préska	—	0,86
					Reivilo	—	1,37
					Uppington	120,00	1,10
					Vryburg	—	1,18
					Allwal North	—	0,97
					Barkly East	—	1,18
					Bedford	—	1,22
					Burgersdorp	—	1,56
					Cathcart	—	0,87
					Craddock	97,00	0,96
					Dora Nginza	6,14	0,34
					Elliot	—	1,42
					Fort Beaufort	—	1,00
					Graaff-Reinet	—	0,60
					Grahamstown	—	0,98
					Humansdorp	—	1,00
					King William's Town	6,71	0,38
					Livingstone	6,86	0,77

* = Doctors serve group of hospital. — = No full time doctors employed.

223. Mr M J ELLIS asked the Minister of National Health and Population Development: What was the (a) patient/doctor and (b) patient/nurse ratio in 1989 at each specified hospital falling under the control of the provincial administrations?

		Red Cross	3,66	0,48
Middelburg	—	Tygerberg	2,36	0,61
Frere	6,94	0,62	— = No full time doctors employed.	
Provincial Hospital	3,21	0,45		
Port Elizabeth	28,50	0,73		
Queenstown	—	1,52		
Somerset East	—	1,22		
Steynsburg	10,94	0,66		
Uitenhage	—	0,79		
Walsvlei	—	0,83		
Beaufort West	—	1,00		
Bredasdorp	—	0,77		
Caledon	—	1,04		
Calvinia	—	1,68		
Ceres	—	1,38		
Citrusdal	13,19	1,00		
Conradie	—	0,95		
Garies	—	0,95		
George	6,63	0,58		
G F Jooste	66,50	1,56		
Hermannus	—	0,90		
Karl Bremer	—	0,58		
Knysna	14,00	0,95		
Ladysmith	—	0,83		
Malmesbury	21,00	0,59		
Montagu	—	1,46		
Mossel Bay	58,00	0,92		
Oudshoorn	34,00	0,88		
Paarl	18,36	0,84		
Porterville	—	0,68		
Port Nolloth	—	1,10		
Riversdale	—	1,09		
Robertson	—	1,27		
Somerset	5,20	0,36		
Somerset West	11,00	1,06		
Springbok	—	1,12		
Stellenbosch	14,60	0,76		
Victoria	4,29	0,61		
Eaton Rehabilitation Centre	73,00	0,88		
Lady Michaelis	—	0,90		
Princess Alice	13,17	1,74		
False Bay	10,25	0,77		
Sutherland	—	1,09		
Swellendam	—	1,00		
Volks	—	0,59		
Vredenburg	—	1,06		
Victoria West	—	0,83		
Vredendal	—	1,64		
Westfleur	8,50	0,49		
Woodstock	3,94	0,58		
Worcester	9,05	1,15		
Groote Schuur	1,59	0,42		
Avalon	11,00	0,65		
Mowbray Maternity	—	0,38		
Peninsula Maternity	—	0,57		

Child abuse: reporting by teachers

233. Mr R M BURROWS asked the Minister of National Health and Population Development:

addressed during the present session of Parliament.

(1) Whether she is considering extending the categories of occupation named in section 42 of the Child Care Act, No 74 of 1983, to include teachers as an occupational group who are compelled to report suspected incidences of child abuse to the Regional Director of Health Services and Welfare; if not, why not; if so, when is it expected that the section concerned will be amended in this manner;

(2) whether she will make a statement on the matter?

Hansard 26/4/90 B564E
The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, as a result of consideration of several amendments of the Child Care Act, 1983 (Act 74 of 1983) at present, it will not be

Aids information

235. Dr F H PAUW asked the Minister of National Health and Population Development:

(1) (a) What is the latest available information on the incidence of (i) Aids and (ii) positive tests for HIV among Whites, Coloureds, Indians and Blacks, respectively, and (b) in respect of what date is this information furnished;

(2) how do these data affect the (a) planning for meeting future needs in respect of the provision of health services and (b) anticipated future funding of health services;

(3) what measures are envisaged to protect the public and health services personnel against the risks of contact with HIV-positive patients and HIV carriers?

Hansard 26/4/90 B575E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) and (b)

Population groups	Reported number of Aids patients as on 12 February 1990									
	1982	83	84	85	86	87	88	89	90	
Whites	2	4	8	8	23	31	63	86	5	
Coloureds	—	—	—	—	1	1	4	7	1	
Indians	—	—	—	—	—	1	1	—	1	
Blacks	—	—	—	—	—	5	19	46	9	
TOTAL	2	4	8	8	24	38	87	139	16	

(ii) and (b)

Population Groups	Cumulative total of all reported HIV positive persons in the RSA as on 9 March 1990
Whites	1 066
Coloureds	111
Indians	11
Blacks	1 651
Unknown	592
TOTAL	3 431

Information given in the answer to paragraph "(1)" is based on voluntary anonymous reports received from diagnostic centres.

Note: Best available estimates based on various data sources suggest that the number of persons infected with HIV in South Africa at the end of 1989 were in the order of 55 000 persons.

Poor pay upsets nurses — study

Medical Reporter

POOR pay is the main reason for dissatisfaction among nurses, an in-depth study has established.

The study was commissioned by the Minister of National Health and Population Development, Dr Rina Venter.

The "detailed investigations" into the utilisation, staffing situation and job satisfaction of nurses was undertaken by consultant firms appointed by the minister's committee of inquiry.

HIGHER PERCENTAGE

The government has announced that, from April 1, nurses will get an allowance irrespective of their salary notch which means that lower ranks will get a higher percentage improvement.

Another allowance will be given to staff nurses, nursing assistants, students and pupils.

Details of the allowances have not been released.

A further improvement of salaries is promised with a structural salary adjustment from July 1, but this improvement will not apply to student and pupil nurses.

97-71275 27/4/90 (95) (10/15)

Ciskei nurses arrested during illegal strike

MDANTSANE. — More than 500 nursing staff were arrested yesterday for an illegal strike at Mdantsane's Cecilia Mkhilwane Hospital.

Ciskei's Director-General for Health, Mr L M Mbambani, appealed to relatives of patients who were still being cared for at the hospital to go and nurse them.

He said the situation was still chaotic and very few nurses had remained.

He said even the hospital's general workers had downed tools.

A spokesman for the Ciskei Police community division, Capt M Ngwendu, confirmed the arrest of nurses for committing offences under the Nursing Act by leaving sick patients.

The nurses went on strike in support of demands for more pay and better working conditions. — Sapa

recovers from more than three
in Lebanon. *Capt 7-14-90 28/1/90*

Nurses back to work *95*

EAST LONDON. — Nurses returned to work at Mdantsane's Cecilia Makiwane Hospital yesterday after going on strike on Wednesday in support of demands for better pay and working conditions. This was confirmed by Ciskei's Minister of Health, Dr Henk Kayser.

Reports by Staff Reporter, Own Correspondent, Sapa-Reuter-AP and UPI

Striking docs could face court action

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses.

They are also subject to rules of the South African Medical and Dental Council and the South African Nursing Council respectively.

Doctors also take the Hippocratic Oath and nurses a Pledge of Service on qualification. Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals in the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and the Attorney-General could decide on whether to prosecute.

He said conviction carried a maximum fine of R1 000 or a jail sentence of one year or both. Upon conviction the name of the offending doctor is removed from the register of the SAMDC.

The chairman of the federal council of the

Nurses flout the law

Medical Association of South Africa, Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as the well-being of patients should under all circumstances be their foremost consideration.

Speaking for the National Medical and Dental Association, Dr Max Price said they would not accept a strike which compromised patient care.

Nurses could also face criminal and disciplinary action.

The registrar of the SANC, Mr Frank Germishuizen, said while nurses took a pledge of service, it was not legally binding. At the same time, the Nursing Act of 1978 made strike action by nurses a criminal offence.

Former magazine photojournalist is dead

A FORMER Zonk magazine, Golden City Post and Drum representative in Port Elizabeth during the late '50s, Mrs Mabel Thenjiwe Cetu, of Kwadwezi, has died.

Cetu, of 26 Sithongwa Street, was the first black trained woman photojournalist in South

Africa. She was also one of the black nursing pioneers in the Port Elizabeth black township.

Cetu, daughter of the late reverend and Mrs G Sidlai, was born in Vierdoendrift, Free State, on July 15, 1910 and obtained her education in Thabanchu before train-

ing as a nursing sister at St Monica's Hospital in Cape Town.

On finishing her nursing course she went to Grahamstown in 1932. In 1939 she and her family settled in Port Elizabeth and worked in Port Alfred, the Walmer

Health Centre in Port Elizabeth, the New Brighton and Humansdorp before working as a midwife.

After resigning from nursing, Mrs Cetu was trained by Zonk Magazine as a photojournalist and worked as their Eastern Cape representative.

Striking doctors and nurses may be charged

By Carina le Grange

Two doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for doctors and nurses. They are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic oath and nurses a pledge of service on qualification.

Doctors who are members of medical associations are also bound by the Declaration of Geneva.

An offence

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals throughout the Transvaal.

The registrar of the SAMDC, Nico Prinsloo, said it was an offence for doctors to strike. Any interested party could draw it to the attention of the police who would investigate after which the Attorney-General would decide whether to prosecute.

It could also be brought to the attention of the SAMDC.

He said conviction carried a maximum fine of R1 000 or a jail sentence of one year, or both. On conviction, the name of the offending doctor would be removed from the register of the SAMDC.

On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as patients' well-being should always be their foremost consideration.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean convicted doctors will no longer be summarily erased from registration if found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said his association did not have a policy on strike action.

Nurses could also face criminal and disciplinary action. However, the registrar of the SANC, Frank Germishuizen, said the council could only act if detailed complaints were received.

He said while nurses took a pledge of service, it was not legally binding. The Nursing Act of 1978 makes strike action by nurses a criminal offence.

Sowetan 11/5/90

Striking could lead to action against medics and nurses

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses. Respectively they are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic Oath and

By SOWETAN
CORRESPONDENT

nurses a Pledge of Service on qualification.

Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week old strike by non-medical staff at hospitals throughout the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and any interested party could draw it to the attention of the police who would investigate after which the Attorney-General would decide whether to prosecute.

It could also be brought to the attention of the SAMDC. He said the offence carried a maximum fine of R1 000 or a jail sentence of one year or both.

Upon conviction, the name of the offending medic is removed from the register of the SAMDC.

On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regards it as unethical for doctors to strike as patients' well-being should under all circumstances be their foremost consideration.

Jeopardise

Mandell said every possible other venue should be explored to resolve problems, and should a dead end be reached, whatever action followed should never jeopardise patients.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean the names of convicted doctors will no longer be summarily erased from registration if he has been found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said Namda does not have a policy on strike action.

"We support Nehawu (National Education, Health and Allied Workers' Union) and various forms of industrial action, which does not necessarily mean a total strike," he said.

Parliament and

Hospitals opening hailed in UK as triumph

95
CMT 7/11/90
18/1/90

LONDON. — The South African government's announcement that it is scrapping health apartheid was hailed in the press here yesterday as a diplomatic triumph on the eve of President F W de Klerk's historic meeting with British Prime Minister Mrs Margaret Thatcher.

The move, clearly timed to coincide with the visit, will strengthen Mrs Thatcher in her resolve to continue her policy of rewarding the government for moves away from apartheid by lifting further sanctions.

Anti-apartheid activists are faced with a dilemma: They fear that as petty apartheid is scrapped, international sanctions could collapse, robbing blacks of their main leverage in negotiations.

In reporting the health change and suggestions of a single non-racial education system, The Times also quoted at length from the criticism by Mr Gene Louw, the Home Affairs Minister, of the Population Registration Act.

In South Africa the hospitals move has been warmly welcomed by United Municipalities of SA president Mr Tom Boya, who called on the government yesterday to do away with "own affairs" departments immediately and establish one health department.

The SA Nursing Council has joined other medical organisations in welcoming the government's decision. — Own Correspondent, Sapa

ter's Department for the purpose of his reply, were tried in the Litenhage magistrate's court on or about 27 April 1990 for the illegal receipt, sale, transporting and export of approximately 370 cycads from the Cape Province; if so, (a) (i) with what result and (ii) what penalties were imposed, (b) what was the estimated value of the cycads and (c) what are the names of the persons concerned;

(2) whether an order concerning the disposal of the cycads was made by the court; if so, what order, if not, why not?

BURSE

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT (for the Minister of Justice):

(1) Yes.

(i) All four accused were found guilty of contravention of section 62(1) read with sections 85(1) and 86 of Ordinance 19 of 1974 (Cape Province).

(ii) and (c) The sentences imposed by the court are as follows:

J Albert — a fine of R300,000
K Albert — a fine of R300,000
M Killian — a fine of R300,000
E J Bouwer — a fine of R200,000

(b) The estimated value is approximately R600 000.

(2) No. The cycads were not placed before court as exhibits. The South African Police may, however, in terms of section 31 of the Criminal Procedure Act, 1977 (Act 51 of 1977) make an order concerning the disposal thereof.

Mr R J LORIMER: Mr Chairman, arising from the hon the Minister's reply, perhaps he will be able to exert some pressure on the hon the Minister of Law and Order to ensure that that procedure set out in the Police Act is followed.

The CHAIRMAN OF THE HOUSE: Order! What is the hon member's question?

Mr R J LORIMER: My question is whether he will ensure that this is done. [Interjections.] On an estimated value of R600 000, or in excess of

R1 million, the punishment does not appear to fit the crime. [Interjections.]

The MINISTER: Mr Chairman, the hon member is welcome to approach my colleague directly, but anyhow, I shall give him this Hansard.

Mr R J LORIMER: I hope he is listening.

*9. Adv C H Pienaar — Trade and Industry and Tourism. — [Question standing over.]

*10. Adv C H Pienaar — Planning and Provincial Affairs. — [Question standing over.]

Hospital staff: instruction in African languages

*11. Mr K M ANDREW asked the Minister of National Health and Population Development:

Whether instruction in African languages is made available to hospital staff to enable them to communicate better with patients; if not, why not; if so, (a) on what basis, (b) at what percentage of hospitals and (c) who (i) provides and (ii) pays for such instruction?

Hansard 21/5/90 B1121E
*The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:
NATAL PROVINCIAL ADMINISTRATION

No, the majority of nursing staff dealing with black patients are able to converse in the patient's home language. Other workers are generally fluent in the Zulu language and in cases where a doctor is unable to speak the language, use is made of interpreters. In general, personnel in the Natal Provincial Administration are encouraged to become more proficient in the Zulu language.

CAPE PROVINCIAL ADMINISTRATION

yes.
PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE
yes.
TRANSVAAL PROVINCIAL ADMINISTRATION

no, patients who speak one of the African languages as home language are often treated by someone who can communicate in that language. These personnel are available to act as interpreters.

(a) CAPE PROVINCIAL ADMINISTRATION
PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

a Sotho course consisting of twenty one-hour sessions per annum is made available during which a prescribed curriculum prepared by an expert is followed. Basic communication is covered, which makes modes of greeting, instructions and conversation on basic level possible. The norm applied when nominating persons for the course, is that they have to be in daily contact with Sotho subordinates and public.

(b) CAPE PROVINCIAL ADMINISTRATION

solely at the Groote Schuur Hospital.
PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

the course is offered only at the four academic hospitals in Bloemfontein

(c) CAPE PROVINCIAL ADMINISTRATION

(i) a black qualified teacher,
(ii) the Hospital Board of the Groote Schuur Hospital
PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

(i) an official of the Sotho Department, University of the Orange Free State,
(ii) the Provincial Administration of the Orange Free State.

Mr K M ANDREW: Mr Chairman, arising from the hon the Minister's reply, in respect of the Cape Province would she not see it as desirable to have far more hospitals than Cape Town's Groote Schuur Hospital funded by voluntary donations — that being the only hospital that provides opportunity for instruction in African languages? Should that practice not be extended to some of the other major hospitals in the province?

The MINISTER: Mr Chairman, the need for these courses has not been brought to my attention, but I will look into the matter.

Opening of schools

*12. Mr K M ANDREW asked the Minister of Education: Whether it is his intention to ask parents whether they wish to have schools run by his Department opened to children of all races; if not, why not, if so, when?

B1122E

The DEPUTY MINISTER OF EDUCATION: No. To date no requests have been received from parents or members of the public concerning the opening of schools, except the general demand by some groups that education must be "non-racial". The Department of Education and Training is in any case faced with the practical problem of already being unable to accommodate all black pupils in its schools satisfactorily.

Mr K M ANDREW: Mr Chairman, arising from the hon the Deputy Minister's reply, I want to ask him, surely by implication, when he meets with NECC and many other Black teachers and so on and they call for a non-racial education system in all schools for all children, he could hardly have a more direct request that their schools, amongst other things, be opened to all?

The DEPUTY MINISTER: Mr Chairman, that is exactly what I said. I said in my reply that we had received general demands from some groups that education be non-racial.

The CHAIRMAN OF THE HOUSE: Order! I am not going to allow argumentative questions. If the hon member has a question to elicit information he may put the question, but I am not going to allow arguments to be put in the form of questions.

Mr K M ANDREW: Mr Chairman, arising out of the hon the Deputy Minister's original reply may I ask him, in the light of the fact that all other education departments will be open to some extent to children of all races, whether he will not take the initiative to see to it that the Department of Education and Training also does so as from next year?

The DEPUTY MINISTER: Mr Chairman, I am not able to accommodate all the clients of this Department right now. I think it would be absolutely senseless to consider opening the Black schools.

New deal in hospitals welcomed

Nurses to get pay rises of up to 48%

Cape Times 19/6/90 (95)

By CLAUDIA KING

NURSES' salaries will be boosted from 23% to 48%, the SA Nursing Association (Sana) announced yesterday.

A spokesman for the association told the Cape Times that details of the new deal were made known to them by the Minister of Administration and Economic Co-ordination, Dr Wim de Villiers late last week.

According to the president of the association, Mrs O H Muller, the breakthrough came after months of "intensive negotiation and continual prodding of the authorities by the association".

Pay increases will be effective from July 1.

The increases range from 23% to 41% for registered nurses, 22% to 37% for enrolled nurses and 23% to 48% for enrolled nursing assistants.

These increases include the general 10% non-pensionable allowance granted to all civil servants as well as the special occupational allowance for nurses.

Night duty allowances have increased by 44% for registered nurses, 67% for enrolled nurses and over 100% for enrolled nursing assistants.

Night duty allowances and payment for overtime have been extended beyond the level of chief professional nurse.

Apart from salary increases, changes to career structure have created greater opportunities for promotion and salary progression for many nurses.

Mrs Denise Wilson, chairman of the Natal board of Sana, said a nurse who had just completed her four-year diploma would normally earn R1 284 a month, but this would rise to R1 450 at the end of July.

In addition nurses would receive the 10% non-pensionable allowance as well as a special occupational allowance which would take their monthly earnings up to R1 795.

Sana said nurses in the public sector would benefit differently, depending on their rank, salary scale and whether or not they were entitled to certain allowances.

Yesterday nurses welcomed the boost — and said the increases would stem the flow of resignations from hospitals.

The superintendent of Victoria Hospital, Dr Andrew Laubser, said the news was "fantastic" and he hoped the increases would draw married women back into the profession.

One nursing sister said the increases were welcome, but just not good enough to change the face of nursing in South Africa.

Big pay increase for nurses

stay
19/6/90 Staff Reporter ~~95~~ 95
Nurses will receive salary increases from July 1 — ranging from 23 to 48 percent for registered nurses and enrolled nursing assistants.

SA Nursing Association president Odelia Muller said: "The hard work, careful planning, intensive negotiations and continual prodding of the authorities by the SA Nursing Association have really paid off."

While each individual public sector nurse will have to wait for her or his July pay slip to establish the

exact increment, the increases include the general 10 percent non-pensionable increase granted to all civil servants on April 1.

Compared to March 1990 salaries, increases range from:

- 23 percent to 41 percent for registered nurses;
- 22 percent to 37 percent for enrolled nurses; and
- 23 percent to 48 percent for enrolled nursing assistants.

Night duty allowances go up by 44 to 100 percent, Ms Muller said.

Public sector nurses get healthy rise

95

GERALD REILLY

PRETORIA — Pay increases ranging between 23% and 48% for more than 80 000 nurses in the public sector were announced here yesterday.

Nursing Association of SA president Odelia Muller said hard work, intensive negotiations and continual prodding of government had at last paid off.

The increases are effective from July.

Muller said public sector nurses would benefit to differing degrees, depending on rank, their salary notch and whether they were entitled to certain allowances.

Broadly, the increases were: registered nurses 23% to 41%, enrolled nurses 22% to 37%, and enrolled nursing assistants 23% to 48%.

The increases include the general non-pensionable allowance granted all civil servants as well as the special occupational allowance for nurses.

Night duty allowances have also been increased by 44% for registered nurses, 67% for enrolled nurses and more than 100% for enrolled nursing assistants.

Overtime rates have also been raised.

Night duty allowances and overtime payments had been extended beyond the level of chief professional nurse, Muller said.

Apart from the salary increases, changes to the career structure had created greater opportunities for promotion and salary progression, Muller said.

She said that taking into account the country's current financial situation and the number of nurses involved, the association was delighted that almost every nurse would benefit.

81P 1976/90

Nurses to get better pay deal

REC'D
19/6/90

95

By ANDREA WEISS, Medical Reporter

NURSES' salaries are to increase sharply from July. Increases range from 23 to 41 percent for registered nurses, 22 to 37 percent for enrolled nurses and 23 to 48 percent for enrolled nursing assistants.

Night-duty allowances are to increase by 44 percent for registered nurses and 67 percent for enrolled nurses. Allowances for enrolled nursing assistants will more than double.

The increases are over and above those announced in March this year.

Overtime rates

Other improvements include better overtime rates and night-duty allowances and payment for overtime beyond the level of chief professional nurse.

Apart from salary increases, changes to career structures have created greater opportunities for promotion and salary progression for many nurses.

In the clinical field, nurses do not have to wait for a vacancy before they can be promoted.

"Delighted"

For instance, a professional nurse can be promoted to senior professional nurse, enrolled nurse to senior enrolled nurse and nursing assistant to senior nursing assistant without waiting for a post.

The South African Nursing Association (Sana) said it was "delighted" that almost every nurse had benefited in view of their number and the country's financial situation.

Sana president Miss O H Muller said: "The hard work, careful planning, intensive negotiations and continual prodding of the authorities by Sana (South African Nursing Association) has paid off. We are proud of what we have been able to achieve for the nurses."

1963

FRIDAY, 22 JUNE 1990

1964

- Handwritten: Hansard*
4. Remainder of Groendraai 117, Subdivision 1 of Kleinpan 183, Remainder of Majoorstraat 757
J C M Naudé 1-7-89 to 30-6-90 R 7 650 pa
 5. Remaining Portion of Voorspoed 772, Remaining Portion of Groenvallei 741
J C M Naudé 1-7-89 to 30-6-90 R12 700 pa
 6. Remainder and Subdivision 2 of De Kamp 1294
J C M Naudé 1-7-89 to 30-6-90 R 8 850 pa
 7. Diefontein 1263
K J Kirchner 1-1-90 to 31-12-92 R 9 900 pa
 8. Subdivision 2 of Davelstrust 1131
J G Blignaut 1-7-89 to 30-6-90 R 8 450 pa
 9. Remaining Portion and Portion of Prins 1738, Welverdiend 1804
Paul Farrell
Boerdery 1-7-89 to 30-6-90 R15 450 pa
 10. Subdivision 5 and Subdivision 6 of Bramleyshoek 52
A Grobbelaar 1-5-89 to 30-4-91 R12 250 pa
 11. Sterkfontein 118, Remaining Portion of Gegund 739, Hawee 1203, Remaining Portion of Groenhoeck 1190, Anna's Hope 1257
L M Blignaut 1-7-89 to 30-6-90 R 7 550 pa
C A van Niekerk and L M Blignaut 1-7-89 to 30-6-90 R 6 100 pa
 12. Onssam 1741, Waterval 290
C A van Niekerk 1-7-89 to 30-6-90 R 9 650 pa
W D F Viljoen 1-3-89 to 31-8-90 R 1 710 pa
 13. Remainder of Welgedacht 189, Welgedacht 1740, Portion 1 of Betsemes 1346, Hoogte van Pisga 1537, Subdivision 1 of Letsewaan 1213, Remainder of Letsewaan 1213, Remainder of Betsemes 1213, Remainder of Betsemes 1346, Subdivision 1 of Bosch-en-Dal, Remaining Portion of Bosch-en-Dal 1217, Bosch-en-Dal 1217, Bosch-en-Dal 1739
C A van Niekerk 1-7-89 to 30-6-90 R 9 650 pa
W D F Viljoen 1-3-89 to 31-8-90 R 1 710 pa
 14. Mooigeleggen 115
C A van Niekerk 1-7-89 to 30-6-90 R 9 650 pa
W D F Viljoen 1-3-89 to 31-8-90 R 1 710 pa
- Handwritten: Bloemfontein/Dewetsdorp*
1. Remaining Portion of Palmietfontein 67 (326 ha)
C A van der Linde 14-9-89 to 13-9-90 R 3 850 pa
G Hendriks 1-9-89 to 31-8-90 R 1 850 pa
 2. Ramalitze 22
G Hendriks 1-9-89 to 31-8-90 R 1 850 pa
 3. Portion of Remainder and Portion 2 of Ramahutshe 47 (400 ha), Remainder of Travalgar 2 (662, 2066 ha)
Ds J Mohapi and J Mfokasie 1-11-89 to 31-10-90 R 850 pa
 4. Portion of Remainder and Portion 2 of Ramahutshe 47 (375 ha)
N J A Henning 31-8-89 to 30-8-90 R 750 pa
J A van der Linde 14-9-89 to 13-9-90 R 550 pa
 5. Remainder of Travalgar 2
J A van der Linde 14-9-89 to 13-9-90 R 550 pa
 6. Melville 768 (100 ha)
STK 1-11-85 continuously R 150 pa

HOUSE OF ASSEMBLY

1965

FRIDAY, 22 JUNE 1990

1966

Nurses: applications not accepted

495. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether any applications to train as nurses at institutions for the training of (a) White, (b) Coloured, (c) Indian and (d) Black nurses were not accepted in 1989; if so, (i) how many, and (ii) why, in each case?

Handwritten: Hansard 22/6/90 B1149E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a), (b), (c) and (d) Yes. *(95)*

(i) During 1989, 45 172 persons applied at institutions for training as nurses of which 2 598 reported for training. (NB Records are not kept according to population groups.)

The number of applications received does not reflect the actual situation as often one person applies to more than one training school. There is no way to verify these numbers.

(ii) Definite guidelines are applied when selecting the candidates. The number

Typhoid

497. Mr M J ELLIS asked the Minister of National Health and Population Development:

How many (a) cases of and (b) deaths as a result of typhoid were reported in respect of each race group in each province in 1989?

Handwritten: Hansard 22/6/90 B1151E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Notified cases of typhoid fever in the Republic of South Africa by population group, 1989 (as on 25 May 1990):

Province	Indian	Black	Coloured	White
Cape	2	52	11	5
Natal	15	408	1	4
Orange Free State	0	29	0	1
Transvaal	2	1 466	3	19

(b) Notified deaths as a result of typhoid fever in the Republic of South Africa by population group, 1989 (as on 25 May 1990).

Province	Indian	Black	Coloured	White
Cape	0	0	0	0
Natal	0	10	0	0
Orange Free State	0	1	0	0
Transvaal	1	17	0	0

Notifications received by the Department of National Health and Population Development.

HOUSE OF ASSEMBLY

1975

FRIDAY, 22 JUNE 1990

1976

(b) R1 063 903. ~~Handwritten~~

(c) The State President, Cabinet, state departments, provincial councils, other state institutions according to the nature and subject of the research and under certain circumstances, to interested private bodies. ~~Handwritten~~ 22/6/90

(d) November 1987 — 5 May 1990.

Personal/company tax

526. Mr D P DU PLESSIS asked the Minister of Finance: ~~Handwritten~~ 22/6/90

What total amount was collected in (a) personal tax in respect of the (i) White, (ii) Coloured, (iii) Asiatic and (iv) Black population groups and (b) company tax during the latest specified tax year which figures are available? ~~Handwritten~~ B1260E

THE MINISTER OF FINANCE:

In consequence of the Final Deduction System and the Standard Income Tax on Employees a large number of taxpayers are not on the therefore not available. An income split between the various population groups has accordingly been made on the basis of statistical returns furnished by certain employers.

Income Tax Collections — 1988/89 Tax Year

(a) Individuals	
(i) Whites	R12 143 360 379
(ii) Coloureds	525 403 921
(iii) Asians	331 484 899
(iv) Blacks	1 473 900 507
Total	R14 474 149 706
(b) Companies	R10 680 090 305

KwaZulu/St Lucia: area/population

527. Mr J CHIOLE asked the Minister of Development Aid: ~~Handwritten~~ 22/6/90

(1) With reference to his reply to Question No 16 on 29 May 1990, (a) how big is the portion of KwaZulu (Reserve No 1) surrounded by the St Lucia wilderness area and (b) (i) how many people are estimated to live in this reserve, (ii) what is their approximate rate of increase and (iii) in respect of what date is this information furnished; ~~Handwritten~~

HOUSE OF ASSEMBLY

1977

FRIDAY, 22 JUNE 1990

95

1978

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) White

	(aa)	(bb)	(cc)
	1980-12-31	1985-12-31	1990-03-31
PE Provincial	997	635	626
Livingstone, PE			31
Dora Nginza, PE	62	57	54
Elizabeth Donkon, PE	3	3	2
Empilweni, PE	225	234	244
Uitenhage			
(b) Black			
PE Provincial			
Livingstone, PE			
Dora Nginza, PE	37	23	43
Elizabeth Donkon, PE	121	55	903
Empilweni, PE	112	112	13
Uitenhage	80	82	114
Coloured			
PE Provincial			
Livingstone, PE			
Dora Nginza, PE			
Elizabeth Donkon, PE			
Empilweni, PE			
Uitenhage			
Indian			

(c) Coloured

	(aa)	(bb)	(cc)
	1980-12-31	1985-12-31	1990-03-31
PE Provincial			
Livingstone, PE	12	28	70
Dora Nginza, PE	120	61	321
Elizabeth Donkon, PE			
Empilweni, PE			
Uitenhage	55	87	98
(d) Indian			
PE Provincial			
Livingstone, PE			
Dora Nginza, PE			
Elizabeth Donkon, PE			
Empilweni, PE			
Uitenhage			

(2) yes, Livingstone, Port Elizabeth: The emergence of job opportunities in the private sector eg private hospitals, Regional Services Councils and the commissioning of Dora Nginza Hospital. Port Elizabeth Hospital: A decreasing in the supply of White applicants especially for student training and the emergence of job opportunities in the private sector;

(2) whether the number of nurses employed at any such hospital has decreased since 1980; if so, for what reasons; (95)

(3) whether any nursing posts have been abolished at any of these hospitals since 1980; if so, (a) how many posts at each specified hospital and (b) why in each case?

HOUSE OF ASSEMBLY

1979

FRIDAY, 22 JUNE 1990

1980

(3) no. 116 posts were transferred from the establishment of Provincial Hospital Port Elizabeth to the establishment of the CPA-regional office in Port Elizabeth.

PE/Uitenhage area: staff/theatres at State-run hospitals *Hansford* 22/6/90
 534. Mr E W TRENT asked the Minister of National Health and Population Development:

- (1) In respect of each State-run hospital in the Port Elizabeth/Uitenhage area, (a) how many doctors are in full-time employment, (b) how many operating theatres are there and (c) how many (i) interns,
- (2) in respect of what date is the above information furnished;
- (3) how many surgical operations under general anaesthetic were performed at each of the above hospitals in 1989?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:
 (1) and (2) State-run hospitals in the Port Elizabeth/Uitenhage area as on 11 June 1990

	Number full-time doctors		Number operating theatres		Number interns		Number medical officers		Number consultants		Number surgical operations under general anaesthetic	
	(1)(a)	(1)(b)	(1)(c)(i)	(1)(c)(ii)(aa) and (bb)	(1)(c)(ii)(aa) and (bb)	(1)(c)(ii)(aa) and (bb)	Full-time	Part-time	Full-time	Part-time	1989	1989
Provincial PE	24	12	4	17	22	7	55	8	131			
Dora Nginza PE	17	3	0	14	41	3	9	434				
Elizabeth Donkin PE	3	0	0	7	0	1	3	0				
Empilweni PE	2	0	0	2	0	0	0	0				
Livingstone PE	107	7	31	89	10	18	27	12 466				
Uitenhage	11	11	4	10	2	1	11	4 888				
Grand Total	164	33	39	134	82	30	105	25 919				

PE/Uitenhage area: beds in State-run hospitals

535. Mr E W TRENT asked the Minister of National Health and Population Development:

- (1) What was the total number of beds, (a) including and (b) excluding beds in wards closed temporarily or permanently, in each State-run hospital in the Port Elizabeth/Uitenhage area as at the latest specified date for which information is available;
- (2) what was the reason for the closure of each ward referred to above;
- (3) what was the bed occupancy rate, (a) including and (b) excluding beds in wards closed temporarily or permanently, in each State-run hospital in the said area in 1989;
- (4) what percentage of beds in each State-run hospital in the said area, (a) including and (b) excluding beds in wards closed temporarily or permanently, was occupied by (i) private and (ii) hospital patients in 1989?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:
 (1) (a) PE Provincial

- Livingstone, PE : 722
- Dora Nginza, PE : 673
- Elizabeth Donkin, PE : 220
- Empilweni, PE : 163
- Uitenhage : 331
- : 339

HOUSE OF ASSEMBLY

1981

FRIDAY, 22 JUNE 1990

1982

- (b) PE Provincial : 587 (135 closed)
- Livingstone, PE : no closed wards
- Dora Nginza, PE : no closed wards
- Elizabeth Donkin, PE : 132 (31 closed)
- Empilweni, PE : no closed wards
- Uitenhage : no closed wards

(2) PE Provincial Elizabeth Donkin, PE : 3 wards closed due to inadequate number of staff. : 1 ward closed for restoration purposes.

- (3) (a) PE Provincial : 62,52%
- Livingstone, PE : 166,15%
- Dora Nginza, PE : 78,25%
- Elizabeth Donkin, PE : 59,69%
- Empilweni, PE : 92,61%
- Uitenhage : 88,29%

- (b) PE Provincial : 76,89%
- Livingstone, PE : 116,15%
- Dora Nginza, PE : 78,25%
- Elizabeth Donkin, PE : 73,71%
- Empilweni, PE : 92,61%
- Uitenhage : 88,29%

The number of beds reflected are authorised beds. Bed occupancy rates have been calculated on the number of authorised beds in paragraph 3 (a).

(4) (a)	Private (i)	Hospital (ii)
PE Provincial	72,57%	27,42%
Livingstone, PE	8,69%	91,30%
Dora Nginza, PE	0%	100%
Elizabeth Donkin, PE	0%	100%
Empilweni, PE	0%	100%
Uitenhage	49,93%	50,06%
(b) PE Provincial	72,57%	27,42%
Livingstone, PE	8,69%	91,30%
Dora Nginza, PE	0%	100%
Elizabeth Donkin, PE	0%	100%
Empilweni, PE	0%	100%
Uitenhage	49,93%	50,06%

The number of beds reflected are authorised beds. Bed occupancy rates have been calculated on the number of authorised beds in paragraph 3 (a).

Phuthaditjaba/Industriqwa: decentralisation benefits

536. Mr W C MALAN asked the Minister of Development Aid: *Hansford* 22/6/90
 (a) What total amount was spent on decentralisation benefits in (i) Phuthaditjaba and (ii) Industriqwa in each financial year from 1978-79 up to and including 1989-90 and (b) how many job opportunities were created by way of the amounts so spent in each of these financial years?

The MINISTER OF DEVELOPMENT AID:

(i) Phuthaditjaba	(a) Amount spent on decentralisation benefits	(b) Job opportunities created
Financial year		
(i) 1978-79	Nil	2)
(ii) 1979-80	Nil	2)

HOUSE OF ASSEMBLY

Three-year plan needed to correct nurses' pay - union

Recent salary increases awarded to nurses were "far from adequate", the National Education and Allied Workers' Union (Nehawu) said in statement in Johannesburg yesterday.

It said the only way the situation could be remedied was for the Government to announce a three-year plan to bring salaries to "their proper levels".

This would require a similar 25-50 percent increase each year in order to make up the backlog.

"Only if nurses are told now that within a defined period they will have caught up to their reasonable target income, will the nursing crisis be resolved," the statement said.

"We also regret that the Minister (of Health, Rina Venter) did not address the problems of

conditions of work that constitute the other major complaint of nurses.

"Nehawu will continue to campaign for a long-term solution to these issues."

It said that although Nehawu welcomed the increases, announced on June 19, most nurses were now poorer than they were in 1986 because their salaries had failed to keep up with inflation.

"As a result, we predict that the private sector will increase the salaries they pay nurses so that they remain 10 percent higher than the public sector.

"The flow of nurses from the public sector will probably continue after a short delay," said the statement.

Nurses' pay increase a timely move

THE government's announcement of pay rises for public sector nurses has been timely, as desegregating SA's hospitals is likely to put more strain on the profession. (95)

Nursing Association of SA president Odelia Muller says the increases, which range from 23% to 48% for more than 80 000 nurses in the public sector is welcome.

The increases become effective from the beginning of next month.

The increases are: registered nurses 23% to 41%;

enrolled nurses 22% to 37%; enrolled nursing assistants 23% to 48%.

Night duty allowance has also been increased by 44% for registered nurses, 67% for enrolled nurses and more than 100% for enrolled nursing assistants.

National Health Minister Rina Venter says the desegregation of hospitals will lead to a demand for more nurses.

"But this subject is being dealt with in the investigation into the nursing situation in SA."

The private sector will

probably be called upon to take a greater responsibility in the provision of training, she says.

MediClinic executive vice-chairman Dr Edwin de la Hertzog says if more hospital beds are to be utilised the nursing shortage will become worse.

"This will lead to higher salaries which leads to an increase in the cost of hospitalisation," he says.

President Medical Investments MD Carl Grillenberger says it will probably exacerbate the nursing crisis.

"Nursing staff is, and can

be expected to remain, the major problem for the hospital industry," he says.

The nursing shortage has been critical for some years and late last year was estimated to be about 20%.

The shortage will be a drawback for the opening of more beds to accommodate patients of all races, although the extra funding for salaries may help.

It has been estimated, about 80% of state-trained nurses move to the private sector within three years of completing training.

95

BUSINESS DAY, Tuesday, July 3 1990

TPA cannot afford to fill nursing vacancies

TRANSVAAL's hospitals were short of about 5 000 nurses, but the TPA did not have the money this financial year to fill most of the vacancies.

In response to queries regarding the impact of the recent pay increases on the nursing shortage, a TPA spokesman said yesterday provision had not been made for a large number of the vacancies.

Attempts were being made to improve the situation in the budget for the 1991/92 financial year, the spokesman said.

The increases announced last month ranged from 23% to 48%. Other benefits included night duty allowances, up in some cases by 100%.

The shortage differed from hospital to hospi-

EDYTH BULBRING

tal while the biggest shortages were in certain urban areas.

This was due to various factors including unsocial hours, working conditions and remuneration packages, the spokesman said.

The province expected more people to enter the profession in the light of the pay increases and also hoped the drain of nurses to the private sector would diminish.

The filling of the vacancies would depend on the budgets of the different hospitals, the spokesman said.

At present 26 753 nurses and trainee nurses were employed at the 81 hospitals managed by the TPA.

Returning ANC medics may face shock

ABOUT 30 doctors and 50 nurses are among the ANC exiles who will be returning to South Africa but, because they trained in the Eastern bloc, their qualifications might not be recognised by the respective authorities.

This was said yesterday at the first national congress of the South African Health Workers' Congress at the University of Durban-Westville.

Sahwco president Mr Krish Vallabhjee said: "Those who trained in the Eastern bloc - 30 doctors and 50 nurses - will not have their qualifications recognised under existing South African Medical and Dental Council and South African Nursing Council regulations.

"An immediate challenge for Sahwco is to campaign for the recognition of their qualifications."

Harsh

Vallabhjee said that while "Sahwco was born and bred amid harsh repression from the State and courageous defiance by the people, members needed to now shift their emphasis from defiance to development".

SOWETAN Correspondent

return to this country, Hayes said: "Each returnee will probably also have a particular set of problems.

"Consequently, the social and health services face a potentially enormous amount of work in helping them adjust to everyday life."

He added, however, that while the issue of

returning exiles and repatriation would strain the capacity of social and

health organisations, it would be possible to meet this challenge.

This included "arming communities with information in simple language, building grassroots health structures and tackling issues such as Aids.

"The main weapon against Aids is mass awareness. But we have failed to advance the campaign against Aids because we lack the grassroots health structures at a mass level and the mass consciousness around health despite the seriousness of the issue," said Vallabhjee.

Anxieties

Mr Graham Hayes, from the Organisation for Appropriate Social Services in South Africa, said that although the health care workers returning to South Africa would be coming back with anxieties, fear and insecurities about the new South Africa, they would also be bringing with them substantial political experience and skills acquired during their years of exile.

With some 20 000 ANC exiles expected to

Wave of worker action engulfs the Eastern Cape

By PATRICK GOODENOUGH

A MOOD of worker militancy is taking hold in the Eastern Cape, with municipal, health, hotel and metal workers at a motor manufacturing plant out on strike.

The region's busiest hospital, Livingstone, has been targetted for the second time in six weeks, with workers protesting the sacking of 39 staff nurses.

Medical superintendent Dr Graham White said all of the general assistants and many of the nurses were not working.

Workers at two other city hospitals, Dora Nginza and Provincial, also stopped working to demand that action be taken against the critical shortage of staff at black hospitals. Staff at a number of township clinics joined the action.

Many non-critical cases have had to be sent away, and nursing sisters have had to deal with laundry and cleaning.

White said the 39 nurses had not been retrenched, as they had originally been employed in temporary posts. They had therefore reached the end of their service.

Because of the acute shortage of trained nursing sisters, it was essential that temporary posts be filled by student professional nurses, he said.

Workers are also demanding that something be done about a serious staff shortage at black hospitals. Other demands included that black patients in the overcrowded, understaffed hospitals be accommodated in empty beds in white hospitals.

They said that although hospital apartheid has been certified dead, nothing had

changed.

Meanwhile garbage is piling up after a three-day strike by over 2 000 Port Elizabeth municipal workers.

Following a deadlock in wage talks, the workers downed tools. Talks to try end the dispute also broke down, with each side demanding action from the other, before being prepared to capitulate.

The municipality has taken out full-page advertisements in the daily press, asking householders to dispose of their refuse themselves.

The town clerk, Paul Botha, said things were under control.

A South African Municipal Workers' Union (Samwu) representative said the workers were demanding an across-the-board monthly increase of R300, and an additional 20 percent raise.

Members of the Amalgamated Municipal Employees' Association also joined the strike.

The Delta motor corporation suspended production after workers there stopped work to demand that the company participate in wage negotiations on a national level.

Strikes are continuing at the Elizabeth Sun and Holiday Inn hotels, where 300 workers are sitting-in as part of a national wage action.

And about half the workforce at Stellenbosch Farmers Winery were locked out yesterday after refusing to accept a management wage offer. They were later also dispersed by police, and 74 arrested. — Ecna

Upset nurses want Minister to solve row

By MONK NKOMO (95)

NURSES at Westford Hospital in Pretoria who submitted a petition to their superintendent early this year complaining about alleged unprofessional behaviour of matrons are to take up the matter with the Minister of Health.

They claim the hospital has not attended to their grievances.

Nurses accused matrons of using abusive language when addressing them in the presence of patients.

Matrons were also accused of being "high-handed and rude in their interference with ward management".

They also alleged that matrons openly discussed and gossiped about their personal affairs such as salaries, marital status and housing loans. *Sowetan*

Commission 20/7/90

The petition called for the replacement of matrons and recommended that a commission of inquiry be held immediately to investigate allegations of maladministration and malpractices at the hospital.

Superintendent of the hospital Dr A van Zyl confirmed yesterday he had received the petition and said he had referred it to the Transvaal Provincial Administration.

"The TPA has launched an investigation into the allegations made by the nurses and the matter has not yet been finalised," Van Zyl said.

He and a representative of the nurses confirmed that a TPA official had told them on Tuesday that this was an internal matter which they should resolve on their own.

"We want to take up the matter with the Minister of Health", a representative of the nurses said.

Doctors threaten action over 'low' fees

Big city medical aid crisis looms

Cape Times 4/8/90 95

A MAJOR row appears to be looming between the administrators of the Cape-based Pro Sano Medical Aid Scheme and numerous Greater Cape Town doctors — who have threatened to implement a policy of cash-before-treatment to scheme members from Monday.

The row is sure to affect Pro Sano's 75 000 membership — 50 000 in the Western Cape alone — who will be caught in the middle of the rumpus, as the Association of Medical Scheme Administrators (Amsa), the Society for Dispensing Family Practitioners (SDFP) and the National General Practitioners' Group (NGPG) sort out differences between the "high" medical aid subscriptions received as opposed to the "low" medical aid fees received by dispensing doctors.

In a pamphlet circulated in the Greater Cape Town area this week, nearly 200 doctors pledged

to support the non-recognition of Pro Sano membership cards from Monday, following several "unsuccessful attempts" by their respective bodies to liaise with Pro Sano or its administrators.

In the notice, the doctors warn all Pro Sano members that although they will not recognise any Pro Sano membership card from Monday, they will, however, continue to care for members and their families — but only as private patients.

The pamphlet further states:

● "You are no doubt aware that your subscriptions have increased substantially over the past few years. However, you are probably not aware that the medical aid fee paid to doctors is now less than 50% of the recommended professional rate.

● "Pro Sano expects you to pay a levy on medicines. This is impractical and inconvenient.

● In addition your medical aid administrators now also demand a (15%) discount on medicine. Many other administrators do not

demand a discount."

The action yesterday received the backing of the Cape Western branch of the Medical Association of South Africa (Masa), which said the policy would affect only "non-emergency patients" who produced Pro Sano membership cards.

In a statement dated July 30, Pro Sano said that during 1989 Amsa had, on behalf of Pro Sano, negotiated a 15% discount on medicine with the SDFP and the NGPG, with effect from January 1 this year.

Pro Sano said the 15% discount was based on the Ethical Price List, which was the highest price for medicine and if applied, this would guarantee direct payment to the doctor for medicine dispensed.

"The unilateral decision by the doctors was taken without prior attempt to discuss their actions with all parties concerned, and this decision has caused financial hardship to members," Pro Sano said.



Doctors' moves backed in medical aid battle

95
Rikus
7/5/96

By **SHARKEY ISAACS**
and **ANDREA WEISS**
Staff Reporters

THE Medical Association of South Africa has come out in support of dispensing doctors waging a campaign for a better deal with two major medical aid schemes of the Medscheme group in the Cape and the Transvaal.

The move follows the refusal by doctors to recognise the medical aid cards of more than 600 000 beneficiaries of the Cape-based ProSano and the Transvaal Bonitas medical aid funds.

Masa said in statement the decision of doctors not to accept certain medical aid cards was the result of "continuous interference by certain medical aid schemes in doctors' professional practices".

The chairman of Masa's federal council, Dr Bernard Mandell, urged patients having difficulties settling their accounts before claiming from medical aids, to discuss the problem with their doctors.

He stressed the action was aimed against medical aid schemes and not against patients.

In the Cape deadlock has been reached in the latest round of talks between dispensing doctors and a ProSano on the refusal by general practitioners to recognise members' cards.

The move has left nearly 50 000 members of the ProSano Medical Aid Scheme facing the prospect of being treated as private patients and paying cash up front.

The doctors, members of the Dispensing Family Practitioners' Association of the Western Cape, operating mainly in sub-economic areas, said their representatives had been treated discourteously by the pre-

siding chairman at the talks.

"We shall not be returning for further talks until an apology is forthcoming."

He denied ProSano's claim that the doctors had taken a "unilateral decision".

Claims for medicine paid by ProSano exceeded R45-million a year, one of the major drains of members' funds. To contain costs in this area, ProSano had obtained discounts on medicines dispensed by pharmacists and private hospitals in exchange for direct and prompt payment.

The doctors, representing about 350 dispensing general practitioners, demanded direct and prompt payment for medicines and refused to reduce their mark-up on the cost of medicine.

Doctors break with two aid schemes

Cape Times 7/8/90

By DANIEL SIMON

ABOUT 350 doctors in Cape Town and Johannesburg stopped recognising the validity of membership cards from two medical aid schemes yesterday, in protest against levies imposed for medicines and demands that doctors allow a 15% discount to the schemes on medicines dispensed.

The decision not to recognise both Pro Sano Medical Aid Scheme and Bonitas Medical Aid Scheme membership cards was adopted unilaterally by the doctors, despite a meeting between them and the management committees of both schemes on Saturday.

Yesterday's move was supported by the Cape Western branch of the Medical Association of South Africa, which said that under these circumstances both schemes would be shown as "redundant" organisations.

"In effect, the hold they had on doctors has now been broken. This action will now allow the doctors to set their rates while the patients must now claim from their medical aids."

Pro Sano and Bonitas — which are part of the Medscheme stable — represent about 850 000 medical fund beneficiaries countrywide.

Pro Sano represents about 75 000 coloured state employees and Bonitas represents about 140 000 black state employees. About 50 000 Pro Sano members live in the Western Cape.

Pro Sano and Bonitas said: "The 350 dispensing doctors demand direct and prompt payment for medicines and refuse to reduce their mark-up on the cost of medicine — the profit margin — as is already provided by pharmacists, private hospitals and by more than 80% of about 3 000 doctors."

Laboratory for training nurses

TANIA LEVY

95

A VIDEO and simulation laboratory was opened at the RAU Nursing Education Department last week.

JSE-listed private hospital group Clinic Holdings funded the installation of the R250 000 laboratory in which hospital situations are simulated for student nurse training.

Clinic Holdings MD Jeffrey Hurwitz said RAU's training facilities would help solve the country's nursing crisis and were a tangible illustration of the group's belief in the future of SA and its nursing profession. 6/24/90

Nurses strike causes chaos

CAF 7648 1/9/90
95

MARITZBURG. — Chaos erupted at Edendale Hospital yesterday when hundreds of nurses went on strike to protest "massive" deductions in salaries after they claim they were promised substantial salary increases.

Late yesterday afternoon, a delegation from the kwaZulu Department of Health in Ulundi flew to Edendale in an attempt to resolve the crisis.

Doctors were reported to be frantically trying to maintain control. Surgeons had to ferry patients from the wards into the theatres and all routine operations were cancelled.

A police spokesman said police were called to the scene, but said no clashes occurred.

A Department of Health spokesman said the strike had arisen out of a discrepancy in salaries due to payments made regarding new dispensations, and there were "some increases and some deductions" on the staff's pay cheques yesterday. — Sapa

Emotional farewell to top nurse



BIG SEND OFF . . . Hundreds of nurses and other hospital staff gather outside Groote Schuur Hospital to bid farewell to deputy director of nursing Miss June Du Preez before she was whisked off for a quiet lunch with some of her colleagues.

AM- TIA'S 1/9/78

95

Picture: STEWART COLMAN

Salute to 35 years of CPA service

By CLAUDIA KING

EMOTIONAL doctors, nursing and administration staff formed a guard of honour at Groote Schuur Hospital yesterday morning to bid farewell to deputy director of nursing services Miss June Du Preez.

Miss Du Preez is retiring after more than 35 years of service with the Cape Provincial Administration — the past 10 of which were spent as head of the division of nursing at the hospital.

Hundreds of colleagues lined the corridors of the new hospital and clapped,

cheered and sang as Miss Du Preez left the building.

She was met at the front door by the superintendent of the hospital, Dr Jocelyn Kane-Berman, who tearfully presented her with a gift before she was whisked away to lunch by a waiting car.

Later she said she was driving up the West Coast in the afternoon to join friends and spend the next week "among the flowers".

"When I get back I plan to pursue my career in nursing in a different and more low-key manner," she said adding that her

"wonderful job" had brought tremendous enrichment to her life while teaching her survival skills and discipline.

"Nursing is a unique and privileged career where you can form relationships and land up in situations that you'd never encounter in any other work," she said.

Miss Du Preez said many changes had taken place in the field of nursing over the years and emphasised the increase in technology and specialisation in medicine which has created a need for highly skilled specialist nurses.

Hospital strike: two dead

DURBAN — An emergency is expected to be declared at government hospitals in Natal and KwaZulu under the Civil Protection Act following a wage strike by more than 1 000 nurses in Natal.

At least two deaths at Maritzburg's Edendale Hospital have been linked to the strike. *Blow 4 9190*

MEC in charge of hospital and health services Peter Miller said yesterday the province was facing "a crisis of major proportions", stemming from the virtual closure of the 2 000-bed Edendale.

The other strike-hit hospitals — Prince Mshiyeni Hospital and the Kwamashu polyclinic in KwaZulu — have closed their doors after similar walkouts.

Miller said the Civil Protection Act would give Natal powers to call in the private sector and the SADF, as well as to mobilise civil protection volunteers. Elective surgery had been stopped.

The nurses are striking over May salary increases which did not materialise and because deductions were made from their

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Own Correspondent

salaries in August for no apparent reason.

Patients had been diverted to Grey's Hospital and Northdale Hospital in Maritzburg. The latter is "at breaking point".

Sapa reports that at least two deaths — one a baby and another a seriously ill adult — occurred at Edendale at the weekend as a result of nurses leaving the hospital unattended from Friday afternoon. A doctor working at Edendale reported the deaths yesterday and said more than 100 babies in the paediatric ward were not fed on Friday night and went for more than 12 hours without food.

A baby that died on Friday was left dead in its bed until Saturday afternoon.

Miller said women in labour were lying in the corridors of the hospitals waiting to give birth.

KwaZulu Health Minister Dr Frank Mdlalose is to meet representatives of the strikers today.

LOA considers social upliftment schemes

8/10/90 5/11/90

A DELEGATION from the Life Office's Association (LOA) met adviser to the Finance Minister, Japie Jacobs, last week to discuss ways in which life companies could invest in social upliftment programmes.

The LOA has appointed a sub-committee to look into the issue, which has become one of concern to the assurance industry, particularly in the light of the investigation by the Jacobs committee into the flow of funds between life offices, building societies and banks.

In the past, the industry has felt constrained from investing in risky, low-return social upliftment programmes by the need to uphold the trustee principle and to achieve the highest returns for policyholders.

LOA executive director Dick Geary-Cooke said the delegation expressed to

LINDA ENSOR

Jacobs the LOA's willingness to help with such investments, stressing the need for suitable instruments for such investments to be devised.

While the LOA subcommittee's work was at an exploratory stage, LOA participation in the securitisation of mortgage bonds by building societies was being looked into.

LOA director Jurie Wessels said it was difficult to respond to views that life assurers should invest in venture capital projects "because we do not know what exactly people are expecting of the industry."

"Life Offices do not really have the skills to identify and monitor high risk investments. They also do not feel that it is in the interest of policyholders that their retirement and insurance savings should be exposed to high risks."

FM, Sage accord stops printing of report

AN AGREEMENT was reached late on Monday between Sage Holdings and the Financial Mail (FM), averting a move by Sage Holdings to obtain an urgent court interdict yesterday against the weekly magazine.

FM editor Nigel Bruce said the FM intended to publish an article on Sage Holdings in today's edition, parts of which Sage had said were incorrect.

Sage would not specify which parts

EDYTH BULBRING

of the article were wrong, and threatened to bring an interdict to stop publication.

Bruce said the parties had reached agreement late on Monday. He could not elaborate, but part of it was that the FM would not publish the article.

A Sage spokesman said yesterday. "I am not commenting at all, except to say there is no interdict."

Hospitals bending under strike strain

Own Correspondent

95

DURBAN — The pressure on Natal Provincial Administration hospitals as a result of the nurses' strike was getting worse, hospitals MEC Peter Miller said last night.

KwaZulu health officials, led by Minister of Health Dr Frank Mdlalose, hospital authorities and nurses' representatives were still locked in talks at Edendale Hospital last night, and there were indications that the meeting might continue "until midnight".

A statement by the KwaZulu Nurses' Organisation (KNO), of which all striking nurses are members, released yesterday said their main grievance was that they had "expected a higher salary increment" and what the nurses got "did not meet their expectations".

The other grievances related to "the gross shortage of staff especially in intensive care units and theatres" and security at Edendale.

It has been estimated that the crisis at Edendale is costing the province R600 000 a day, and it has placed an almost unbearable burden on staff and finances.

Speculation which could not be confirmed was that the strike had spread to clinics in the greater Edendale area.

A skeleton staff was working at Prince Mshiyeni Hospital in Durban and at Umlazi Hospital.

Edendale
nurses' strike ends

MARITZBURG. — The crippling strike at Edendale Hospital near Maritzburg has been resolved, with nurses agreeing to return to work immediately.

The strike at the Prince Mshiyeni Hospital in Durban had not been unresolved by late last night and negotiations are to continue today.

The Kwazulu secretary for health, Dr Darryl Hackland, said agreement was reached with the nurses at Edendale Hospital last night and would apply to all nurses and general assistants employed by the Kwazulu Department of Health.

In terms of the agreement, nurses and general assistants are to be refunded in a lump sum the overpayments on allowances which were deducted without warning from their salaries. The overpayments are to be recovered in monthly deductions until March 1991.

INCREASES

The authorities have also undertaken to implement by September 15 the promised pay increases that will bring Kwazulu nurses and general assistants' salaries in line with those of nursing staff in the rest of the country.

It was also agreed that Edendale Hospital staff members who failed to return to work by tomorrow would have to appear before the hospital administrator to explain their absence according to the usual conditions of service. — Sapa.

Agreement ends strike at Edendale Hospital

MARITZBURG — The six-day strike by nurses at Maritzburg's Edendale Hospital, which plunged Natal provincial hospitals into near crisis, ended yesterday after agreement between nurses and Health Department officials.

Some nurses returned to work almost immediately and the hospital will begin re-admitting patients this morning. However, the strike at the Prince Mshiyeni Hospital in Umlazi remained unresolved yesterday.

The wage strike involved more than 1 000 nurses in Natal and at least two deaths at Edendale Hospital were linked to the strike. Nurses had claimed promised pay increases had not materialised and that unexplained deductions had been made from their salaries.

Dr Daryl Hackland, Secretary for Health in KwaZulu, said last night discussions between Health Department officials and worker representatives had been constructive and a joint working committee (JWC) had been formed which would monitor progress and report to the parties.

They had agreed any payment of the dispensation granted to nurses would be explained and corrected by September 15.

A circular explaining the implementation of salary dispensations would be sent to all staff and any individual problems addressed.

Own Correspondent

In addition, any changes in salary would be "accurately reflected" on pay slips, percentage increases in salaries or wages would be specified by means of salary scales and advertisements, and sums which were overpaid would be refunded in September and then deducted monthly until the end of March.

The statement said "the amount of money to be deducted from each worker monthly would have to be arranged".

Victimisation

Both parties recognised that "communication was essential to establish good labour relations between employer and employee and specific attention will be given especially when this relates to any salary and wage adjustments and/or working conditions".

It was agreed workers would return to work as soon as the agreement was signed.

None of the workers involved in the strike would face disciplinary action or be subjected to victimisation, according to a statement released last night.

The Department of Health agreed to analyse the problems identified, and further grievances and demands would be referred to the JWC.

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W/14/91 719-1319/90

Edendale nurses' strike ends - but not the confusion

By GLENDA DANIELS

95

A SIX-DAY strike at Edendale Hospital in Pietermaritzburg ended this week when an agreement was signed by striking nurses and the kwaZulu Health Department — but there was confusion as to who should have handled the strike.

According to the Midlands branch of the African National Congress, "Edendale does not fall under kwaZulu but under the Natal Provincial Administration", and therefore the matter should have been "handled by the NPA rather than Ulundi".

The National Education and Health Workers Union's Monde Mditshwa explained: "The provinces actually control the homelands, but giving (the homelands) finances to administer makes it look like they have credibility".

The ANC said the facilities at Edendale — which were provided by the NPA — "have deteriorated to such an extent that the services have now become a farce".

A wage dispute had led to the strike by more than 1 000 nurses. The staff claimed they had not received wage increases promised in May by the Department of Health.

In terms of the agreement signed this week, salary problems are to be corrected by September 15 and no worker is to be subjected to disciplinary measures.

The crisis at Edendale is estimated to have cost R600 000 a day.

Conduct of nurses 'disgraceful'

Own Correspondent
14/9/90

DURBAN — Peter Miller, Natal MEC for Health and Hospital Services, yesterday lashed out at the "disgraceful professional and ethical conduct" of striking nursing staff at Natal hospitals.

"The Natal Provincial Administration will not be party to any efforts to bring the health services in KwaZulu to their knees," Mr Miller said, "for the simple reason that the patients and the people are our first responsibility."

Nurses were on strike

at Maritzburg's Edendale Hospital from August 31 to September 5 and at Prince Mshiyeni from September 3 to 12.

Mr Miller said he believed nurses at Edendale were once again not working yesterday.

He said the reason given for the strikes was that there was a "fragmented, duplicated" health service in Natal — an issue that had to be solved at the political negotiating table, not industrial action.

Mr Miller estimated that the burden of treating patients who were

diverted to provincial hospitals during the recent strikes had cost the NPA between R6 million and R10 million.

He said every responsible person had to realise that health services in KwaZulu and Natal had to continue to function until a new health dispensation was negotiated.

Mr Miller said the strikes were "a blot against the good name of the nursing profession".

He said in terms of their ethics nurses had to place the interests of patients above all else.

Mowbray Maternity closes two sections

CAPE TIMES 28/9/90

By GLYNNIS
UNDERHILL

THE Mowbray Maternity Home is closing its obstetrics labour and neo-natal section on Monday because of an acute shortage of nurses and midwives.

Six hundred expectant mothers will be moved to the Peninsula Maternity Home and to Groote Schuur Hospital over the next six months. An estimated 20 to 30 nurses from Mowbray will be transferred to



NURSES SHORTAGE ... Mowbray Maternity Home

these two hospitals in an effort to concentrate the skeleton staff, according to a Groote Schuur spokesman.

There are 60 unfilled nursing posts at Mowbray with an overall 23% nursing vacancy at the hospital. The decision to close the obstetrics section was made yesterday and expectant mothers were told they would have to be moved to the other provincial hospitals, said the spokesman.

The attractive salaries and flexitime working conditions provided by the five private maternity homes that had opened in the Cape Peninsula over the past two years had lured away the provincial hospital midwives and nurses, said Professor Johannes Dommissie, acting head of the department of obstetrics and gynaecology at Groote Schuur medical school.

The recent opening of the Vincent Pallotti maternity home had taken away an estimated half of the Mowbray Maternity Home's nursing staff, said Professor Dommissie.

The lack of specialised training on nurses' courses meant there were now fewer midwives in the country, he said.

"I don't see an answer to this problem. Provincial nursing salaries can't compare to those provided at private hospitals," he said.

The shortage of nursing staff in all specialised areas of the profession has led to widespread concern about the health service. However, a Groote Schuur spokeswoman said the shortage of midwives in the city was only a "temporary problem".

One hundred and eighty nurses had begun a Groote Schuur "bridging course" in 1989 and 1990 and by the end of February 1992 these women would be registered nurses and midwives, she said.

The Mowbray Maternity Home had recently stopped taking private patients and had accepted only patients with no medical aid in an attempt to "slowly run down" the scale of its labour operation.

Some of the older obstetrics equipment at Mowbray Maternity Home would have to be "condemned" and equipment in good condition would be given to provincial hospitals, said the spokeswoman.

No expectant mothers would be turned away from the provincial hospitals despite the shortage of staff and beds at both Groote Schuur and the Provincial Maternity Home.

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NURSING SHORTAGE 95
SERVICES in hospitals countrywide have been affected by the shortage of medical staff. The executive director of the South African Nursing Association has said that 32 000 qualified nurses will have to be trained in the next decade to alleviate the shortage.

Calcium silicate.

Calcium stearate.

Calcium sulphate.

Fumaric acid.

Glucono delta lactone.

Potassium, ammonium or sodium bicarbonate.

Silicon dioxide, amorphous.

Sodium aluminium phosphate, acidic.

Sodium aluminium sulphate.

Sodium chloride.

Sodium silica aluminate.

Starch, other cereal products or carbohydrate materials.

L(+)- tartaric acid or its potassium or sodium salts.

4. (1) The minimum percentage of available carbon dioxide in baking powder determined by the method as described in the publication *Official Methods of Analysis of the Association of Official Analytical Chemists* compiled by the Association of Official Analytical Chemists in the United States of America shall be 8% (m/m).

(2) Baking powder and chemical leavening substances and the ingredients thereof shall comply with the standards of purity as set out in the latest issue of the publication *Food Chemicals Codex* compiled by the Committee on Codex Specifications in the United States of America.

5. The analysis and examination of baking powder and chemical leavening substances to determine the presence of substances therein or properties thereof shall take place in accordance with the methods set out in the latest issue of the publication referred to in regulation 4 (1).

6. Regulation 13 of the regulations made under the repealed Food, Drugs and Disinfectants Act, 1929 (Act No. 13 of 1929), as published under Government Notice No. 575 of 28 March 1930, is hereby withdrawn.

7. These regulations shall come into effect on a date six months from the date of publication hereof.

No. R. 2488

95

26 October 1990

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE CONDITIONS UNDER WHICH REGISTERED MIDWIVES AND ENROLLED MIDWIVES MAY CARRY ON THEIR PROFESSION

The Minister of National Health and Population Development has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (q) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

Kalsiumlaktat.

Kalsium-, magnesium-, kalium- of ammoniumkarbonaat.

Kalsiumsilikaat.

Kalsiumstearaat.

Natriumaluminiumfosfaat, suur.

Natriumaluminiumsulfaat.

Natriumchloried.

Natriumsilika-aluminaat.

Silikondioksied, amorfies.

Stysel, ander graan produkte of koolhidraat-stowwe.

L(+)- wynsteensuur of die kalium- of natriumsoute daarvan.

4. (1) Die minimum persentasie beskikbare koolstofdioksied in bakpoeir bepaal volgens die metode soos beskryf in die publikasie *Official Methods of Analysis of the Association of Official Analytical Chemist* saamgestel deur die Association of Official Analytical Chemists in die Verenigde State van Amerika, moet 8% (m/m) wees.

(2) Bakpoeier en chemiese rysmiddels en die bestanddele daarvan moet voldoen aan die standarde van suiwerheid soos uiteengesit in die jongste uitgawe van die publikasie *Food Chemicals Codex* saamgestel deur die Committee on Codex Specifications in die Verenigde State van Amerika.

5. Die ontleding en ondersoek van bakpoeier en chemiese rysmiddels ten einde die aanwesigheid van stowwe daarin of eienskappe daarvan te bepaal, moet geskied ooreenkomstig die metodes uiteengesit in die jongste uitgawe van die publikasie bedoel in regulasie 4 (1).

6. Regulasie 13 van die regulasies uitgevaardig kragtens die herroepe Wet op Voedingsmiddels, Medisyne en Ontsmettingsmiddels, 1929 (Wet No. 13 van 1929), soos gepubliseer by Goewermentskennisgewing No. 575 van 28 Maart 1930, word hierby herroep.

7. Hierdie regulasies tree op 'n datum ses maande vanaf die datum van publikasie hiervan in werking.

No. R. 2488

26 Oktober 1990

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE VOORWAARDES WAARONDER GEREГИSTREERDE VROEDVROUE EN INGESKREWE VROEDVROUE HUL BEROEP MAG UITOEFEN

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 45 (1) (q) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

2. The Regulations are hereby amended by the addition of the following qualification:



University or examining
authority and qualification

Abbreviation for
registration

"Department of National Education—

National Higher Diploma in Medical Technology NHD Med Tech (SA)".

No. R. 2676

16 November 1990

95

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE SCOPE OF PRACTICE OF PERSONS WHO ARE REGISTERED OR ENROLLED UNDER THE NURSING ACT 1978.—AMENDMENT

The Minister of National Health and Population Development has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (g) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 2598 of 30 November 1984, as amended by Government Notice No. R. 1469 of 10 July 1987.

Amendment of the Regulations

2. The Regulations are hereby amended by the addition of the following regulation:

"CHAPTER 4.—THE SCOPE OF PRACTICE OF ENROLLED MIDWIVES"

4. The scope of practice of an enrolled midwife shall entail the following acts or procedures which apply to the practice of midwifery:

(a) The identification of a health need and the promotion of the health of the mother and child by means of examination and advice during, and supervision over and handling of, normal pregnancy, uncomplicated labour and normal puerperium;

(b) the promotion or maintenance of hygiene and physical comfort and the reassurance of the mother and child;

(c) the promotion of exercise, rest and sleep;

(d) the control, promotion and maintenance of the following in the mother and child:

(i) Respiratory functions;

(ii) intake and output functions;

(iii) blood pressure, temperature, pulse rate and foetal heart;

(e) the promotion, maintenance and improvement of the nutritional status of the mother and child;

2. Die Regulasies word hierby gewysig deur die volgende kwalifikasie by te voeg:

Universiteit of eksaminerende liggaam
en kwalifikasie

Afkoring van registrasie

"Departement van Nasionale Opvoeding—

Nasionale Hoër Diploma in Geneeskundige Tegnologie NHD Geneesk Teg (SA)".

No. R. 2676

16 November 1990

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE BESTEK VAN PRAKTYK VAN PERSONE WAT KRAGTENS DIE WET OP VERPLEGING, 1978, GEREGISTREER OF INGESKRYF IS.—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) (g) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskenningsgewing No. R. 2598 van 30 November 1984, soos gewysig by Goewermentskenningsgewing R. 1469 van 10 Julie 1987.

Wysiging van die Regulasies

2. Die Regulasies word hierby gewysig deur die volgende regulasie by te voeg:

"HOOFSTUK 4.—DIE BESTEK VAN PRAKTYK VAN INGESKREWE VROEDVROU"

4. Die bestek van praktyk van 'n ingeskrewe vroedvrou behels die volgende handeling of prosedures van toepassing op die praktyk van verloskundige verpleegkunde:

(a) Die identifisering van 'n gesondheidsbehoefte en die bevordering van die gesondheid van die moeder en kind deur ondersoek en adviesgewing tydens, en toesig oor en die hantering van, normale swangerskap, ongekompliseerde baring en norale puerperium;

(b) die bevordering of instandhouding van higiëne en fisiese gemak en die gerusstelling van die moeder en kind;

(c) die bevordering van oefening, rus en slaap;

(d) die kontrolering, bevordering en instandhouding van die volgende by die moeder en kind:

(i) Respiratoriese funksies;

(ii) inname- en uitskeidingsfunksies;

(iii) bloeddruk, temperatuur, polsslag en fetale hart;

(e) die bevordering, instandhouding en verbetering van die voedingstatus van die moeder en kind;

- 95 (f) the promotion of breastfeeding;
 (g) the provision of information on health and family planning;
 (h) the care of a dying patient, a recently deceased patient and a stillborn infant."

No. R. 2677

16 November 1990

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT No. 54 OF 1972)

**ENFORCEMENT BY LOCAL AUTHORITY.—
GILLITTS**

I, Elizabeth Hendrina Venter, Minister of National Health and Population Development, hereby authorise under section 23 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), the Municipality of Gillitts to enforce the relevant provisions of the said Act within its area of jurisdiction and through its duly authorised officers.

E. H. VENTER,
 Minister of National Health
 and Population Development.

SOUTH AFRICAN POLICE

No. R. 2674

16 November 1990

**EXPLOSIVES ACT, 1956
 AMENDMENT OF REGULATIONS**

The Minister of Law and Order has, under section 30 of the Explosives Act, 1956 (Act No. 26 of 1956), made the regulations in the Schedule.

SCHEDULE

1. In these regulations "the Regulations" means the regulations published by Government Notice No. R. 1604 of 8 September 1972, as amended by Government Notices Nos. R. 2371 of 14 December 1973, R. 155 of 4 February 1977, R. 2153 of 21 October 1977, R. 2135 of 21 September 1979, R. 2292 of 19 October 1979, R. 405 of 27 February 1981 and R. 2382 of 25 October 1985.

2. Regulation 4.9 of the Regulations is hereby amended by the substitution for the expression "R300" of the expression "R600".

3. Regulation 9.21 of the Regulations is hereby amended by the substitution for the expression "three hundred rand (R300)" of the expression "R600".

4. Regulation 10.39 of the Regulations is hereby amended by the substitution for the expression "R300" of the expression "R600".

A. J. VLOK,
 Minister of Law and Order.

- (f) die bevordering van borsvoeding;
 (g) die verskaffing van gesondheids- en gesinsbeplanningsinligting;
 (h) die versorging van 'n sterwende pasiënt, 'n pasafgestorwene en 'n doodgebore baba."

No. R. 2677

16 November 1990

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

**TOEPASSING DEUR PLAASLIKE BESTUUR.—
GILLITTS**

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid en Bevolkingsontwikkeling, magtig hierby kragtens artikel 23 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die Munisipaliteit van Gillitts om binne sy regsgebied en deur middel van sy behoorlik gemagtigde beamptes die toepaslike bepalings van genoemde Wet uit te voer.

E. H. VENTER,
 Minister van Nasionale Gesondheid
 en Bevolkingsontwikkeling.

SUID-AFRIKAANSE POLISIE

No. R. 2674

16 November 1990

**WET OP ONTPLOFBARE STOWWE, 1956
 WYSIGING VAN REGULASIES**

Die Minister van Wet en Orde het kragtens artikel 30 van die Wet op Ontplobbare Stowwe, 1956 (Wet No. 26 van 1956), die regulasies in die Bylae uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1604 van 8 September 1972, soos gewysig deur Goewermentskennisgewings Nos. R. 2371 van 14 Desember 1973, R. 155 van 4 Februarie 1977, R. 2153 van 21 Oktober 1977, R. 2135 van 21 September 1979, R. 2292 van 19 Oktober 1979, R. 405 van 27 Februarie 1981 en R. 2382 van 25 Oktober 1985.

2. Regulasie 4.9 van die Regulasies word hierby gewysig deur die uitdrukking "R300" deur die uitdrukking "R600" te vervang.

3. Regulasie 9.21 van die Regulasies word hierby gewysig deur die uitdrukking "driehonderd rand (R300)" deur die uitdrukking "R600" te vervang.

4. Regulasie 10.39 van die Regulasies word hierby gewysig deur die uitdrukking "R300" deur die uitdrukking "R600" te vervang.

A. J. VLOK,
 Minister van Wet en Orde.

FUNCTIONS AND DUTIES OF THE PROFESSIONAL BOARD

6. It shall be the duty of the professional board to—

(a) promote high standards of professional education and professional conduct among medical scientists, medical physicists, biokineticians and clinical biochemists;

(b) report to the council on any matter affecting medical scientists or medical physicists or biokineticians or clinical biochemists referred to it by the council;

(c) advise the council on the removal under the provisions of section 19 or section 32 (2) of the name of any person from the register of medical scientists or medical physicists or biokineticians or clinical biochemists kept under section 32; and

(d) make recommendations to the council in regard to the recognition of institutions for the prescribed practical training of medical scientists or medical physicists or biokineticians or clinical biochemists and in regard to the recognition of qualifications of medical scientists or medical physicists or biokineticians or clinical biochemists whose names are placed on the register in terms of section 32.

7. These regulations published by Government Notice No. R. 1737 of 9 August 1985 are hereby repealed.

8. These regulations shall come into effect on 30 November 1990.

No. R. 2786

30 November 1990

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE COURSE FOR THE DIPLOMA FOR GENERAL NURSE INSTRUCTOR.—WITHDRAWAL

The Minister of National Health and of Health Services: House of Assembly has, on the recommendation of the South African Nursing Council, in terms of section 45 of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations contained in the Schedule hereto.

SCHEDULE

1. The regulations published under Government Notice No. R. 1514 of 21 July 1978, as amended by Government Notices Nos. R. 2204 of 31 October 1980, R. 1427 of 1 July 1983 and R. 2555 of 15 November 1985 (hereinafter referred to as "the Regulations") are hereby withdrawn with effect from 30 November 1990.

2. Notwithstanding the withdrawal of the Regulations, the provisions thereof shall continue to apply to a person who was registered as a student in terms of regulation 3 thereof before 30 November 1990: Provided that such student shall be allowed by the council to sit for the examination referred to in the Regulations only until 31 December 1991.

WERKSAAMHEDE EN PLIGTE VAN DIE BEROEPSRAAD

6. Dit is die plig van die beroepsraad om—

(a) 'n hoë peil van professionele onderrig en professionele gedrag by mediese wetenskaplikes, geneeskundige fisici, biokineticici en kliniese biochemici te bevorder;

(b) aan die raad verslag te doen oor enige aanleentheid rakende mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici wat deur die raad na hom verwys word;

(c) die raad te adviseer oor die skrapping, kragtens die bepalings van artikel 19 of artikel 32 (2), van die naam van 'n persoon uit die register van mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici wat kragtens artikel 32 gehou word; en

(d) aanbevelings by die raad te doen omtrent die erkenning van inrigtings vir die voorgeskrewe praktiese opleiding van mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici en omtrent die erkenning van kwalifikasies van mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici wie se name kragtens artikel 32 op die register geplaas word.

7. Die regulasies afgekondig by Goewermentskennisgewing No. R. 1737 van 9 Augustus 1985 word hierby herroep.

8. Hierdie regulasies tree op 30 November 1990 in werking.

No. R. 2786

30 November 1990

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA VIR ALGEMENE VERPLEEGINSTRUKTEUR.—HERROEPING

Die Minister van Nasionale Gesondheid en van Gesondheidsdienste: Volksraad het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan vervat, uitgevaardig.

BYLAE

1. Die regulasies afgekondig by Goewermentskennisgewing No. R. 1514 van 21 Julie 1978, soos gewysig by Goewermentskennisgewings Nos. R. 2240 van 31 Oktober 1980, R. 1427 van 1 Julie 1983 en R. 2555 van 15 November 1985 (hierna "die Regulasies" genoem), word hierby met ingang van 30 November 1990 herroep.

2. Ondanks die herroeping van die Regulasies bly die bepalings daarvan van toepassing op 'n persoon wat hom voor 30 November 1990 uit hoofde van regulasie 3 daarvan as 'n student laat registreer het: Met dien verstande dat sodanige student slegs tot 31 Desember 1991 deur die raad toegelaat sal word om die eksamen bedoel in die Regulasies af te lê.

HEALTH & DISEASES — NURSES

1991 — 1992

8/1/91

Nurses light up — 100 years as professionals

The Argus Correspondent
JOHANNESBURG. — Hundreds of lamps will be lit all over the country on Thursday to mark the centenary of the registration of nurses in South Africa.

Sister Henrietta Stockdale lobbied for the registration of nurses and the Cape government agreed in 1891, making South Africa the first country in the world to register nursing professionals.

Since then most other countries have followed suit.

Part of the aim of registration was to insist on recognised qualifications and end the unprofessional Sarah Gamp legend.

A figure of the Dickens era, Sarah Gamp was a patient's nightmare — she would never take on an assignment without a bottle of gin, which she drank without paying much attention to her patient's health.

INTEGRITY

Today all nursing professionals are registered with the South African Nursing Council.

"The council governs all the professional aspects of nursing," said Matron Pam Ayliffe of Fleming House. "No one can practise unless registered. The council governs the integrity and correct practice of nursing and determines the rules and regulations of the profession."

Nurses throughout the country will light lamps in commemoration of the first registration.

Also planned are an international conference in Bloemfontein in September, a stamp issue, parades and a video.

PHOTO: G. W. ...

Nursing: Gem of a beginning

Centenary celebrations from today

**BY VIVIEN HORLER
Medical Reporter**
NURSING in South Africa owes a lot to the discovery of diamonds.

It was almost certainly the activity in Kimberley in the second half of the 19th century that ultimately led South Africa to become the first country in the world to legislate for the normal registration of nurses and midwives.

"Registration protected both nurses and their patients and provided for the formalisation of a training system in this country," says Mrs Aletta Todd, head of the Sarelh Dollie nursing college in Parow.

Anniversary

It is 100 years this year since state registration was introduced and the celebrations begin today with dozens of ceremonies around the country in which nurses will light symbolic lamps in memory of the profession's founder, Florence Nightingale, and her work among soldiers during the Crimean War.

But another, more local,

nurse will also be honoured in South Africa. She is Sister Henrietta Stockdale, regarded as the founder of the profession in this country and an indefatigable fighter for State registration.

According to Mrs Todd, Sister Henrietta's work for State registration and training, and her adherence to the principles of empathy and absolute professional integrity, remain the foundations of the profession today.

"She believed nurses should be ladies, and she was an extremely intelligent and determined woman. But she also had a great sense of humour, and is still respected for her work."

A critical shortage of nurses, particularly those trained in intensive care, has led to the closure of many wards, and there have been claims that the shortage could lead, in extreme cases, to loss of life.

Yet, in spite of the current crisis, there are still thousands of nurses countrywide who will take part in this year's celebrations.

Sister Henrietta was born in England in 1847 and decided at an early age to become a missionary in Africa.

After gaining nursing experience at Great Ormond Street Hospital for Sick Children in London, she accompanied five members of the Anglican community of St Michael and All Angels to Bloemfontein in 1874.

The discovery of diamonds in the Kimberley area had, meanwhile, led to an influx of of people. Facilities were scarce, with clean water at a premium and little in the way of sanitary sewage disposal.

Outbreaks of typhoid, typhus and dysentery swept the mining camps.

Doctors in the area asked the local bishop, Bishop Webb, to send sisters to help staff the new Carnarvon Hospital in the mining town, and in 1876 Sister Henrietta and several colleagues started work. Working conditions included free board and lodging in return for a days' work, but no salary.

After three months in the mining camps, Sister Henrietta caught typhoid and returned to



CHANGING FACES: Sister Henrietta Stockdale, left, founder of nursing in South Africa and one of the country's first matrons, and, right, the modern face of matrons.

England to recuperate and to study nursing training.

She returned to Bloemfontein and later to Kimberley as matron of the Carnarvon Hospital, which became the Kimberley Hospital, and launched the training of nurses in South Africa.

The subjects her students studied included anatomy and physiology, ethics and the forefront of what became social

science. Their training integrated theory and practice, still a vital principle of nurses' training in South Africa today.

The course lasted a year culminating in an exam, and the students spent a second year as staff nurses before they were awarded certificates. Nurses from Kimberley Hospital left to join hospitals around the country, and the training school was for years considered the best in South Africa.



STEPPING OUT: Nurses' uniforms have come a long way since Sister Henrietta donned a nun's habit. Uniforms today are cool, attractive and practical.

Protest looms over action against nurses

Staff Reporter

Hospitals are facing a looming nationwide protest campaign after the South African Nursing Council (SANC) recently announced it would discipline nurses who took part in strike action last year.

The National Education, Health and Allied Workers Union (Nehawu) yesterday announced it would launch the campaign soon and accused the SANC of insensitivity towards its members,

the public and the nursing profession.

The SANC's announcement has threatened to open old wounds — it was agreed at the end of the strikes last year that disciplinary action would not be taken.

The SANC says it was not party to the agreement between authorities and Nehawu and is determined to go ahead.

SANC legal adviser Annelie van Zyl said the nurses would be charged with deserting their posts and endangering the lives of their patients.

Nurses from Prince Emshieni and Edenvale

Hospitals in Natal, Settlers Hospital in Grahamstown and Johannesburg Hospital would come before the disciplinary board next month.

Only one nurse from Johannesburg Hospital faces charges — she is nursing sister Sheila Brokenshaw, Nehawu's only white member.

Union organiser Monde Mdishwa accused the SANC of racism and discrimination for attempting to discipline her.

"Last year in the Transvaal alone there were 10 000 nurses who went on strike, but why

is she the only nurse who is being disciplined?"

"They are trying to discourage other white nurses from joining Nehawu by making an example of her," he said.

Mrs van Zyl said the SANC took action only if it received an official complaint from the hospital concerned.

Asked if any action would be taken against Baragwanath Hospital nurses who participated in a strike last year that allegedly caused the deaths of patients, Mrs van Zyl said discipline would definitely be implemented if a complaint was received.

Star 15/1/91

95

Nursing: pride without prejudice

By SIZAKELE KOOMA

Sowden 2/1/91

95

"I SOLEMNLY pledge myself to the service of humanity and will endeavour to practise my profession with conscience and dignity". This is part of a recital that binds South African nurses and has also sustained them through the most trying and turbulent times peculiar only to their country.

For a hundred years to date nurses and midwives have been working under the statutory constraints of the Medical and Pharmacy Act of 1891 which holds them accountable for their acts and omission.

The Act also made provision for their registration, which is the focal point of this year's centenary celebrations.

Stalwart

The prime mover for statutory registration - South Africa was the first to register nurses as professionals - was nursing stalwart Sister Henrietta Stockdale, who came to this country from England in 1874 as part of a Sisterhood.

Stockdale launched a vigorous campaign to secure State registration for nurses and midwives in 1890 to fight "exploitation of nurses and the lack of a legal standard by which the public could discover whether a person was a properly trained



nurse or an impostor".

She enlisted the aid of politicians, medical practitioners, clergymen and other community leaders.

Achieved

A year later her goal was achieved. Basic principles for nurse training, examination, certification, registration, recognition of further training and protection of the rights of nurses and the public were legislated.

For the past 47 years the South African Nursing Council has been the

statutory body responsible for the control of the profession with the Nursing Association playing the role of encouraging a sense of pride and enthusiasm in all nurses, aimed at stimulating the community's faith and confidence in the nursing profession.

Priceless

President of the Nursing Council Professor WJ Kotze told a centenary celebration meeting in Pretoria that Stockdale had given the nursing profession a cornerstone that "led to the priceless privilege of control of the profession by the profession".

"This privilege demands from us faithfulness to our mission and to the quality with which we maintain it. It is towards this that we have pledged ourselves in public and before God," Kotze said.

She urged nurses to work to the standards of Stockdale and her predecessors, among them Cecilia Makiwane, Constance Nothards, Charlotte Searles and Alina Lekgetha. "Each of these people

made an investment which we have inherited with the foundations they laid.

professional descendants through our commitment and work, adding our own investments and building meaningful and strong bridges to the future," she said.

Both the Nursing Association and the Council are planning several activities to commemorate the centenary, the highlight of which is an inter-



national conference in Bloemfontein in September.

Cecilia's first step took courage

WOMAN

Sowetan 21/1/91

95



The battle against prejudice in the nursing profession has lasted since the turn of the century.

By SIZAKELE KOOMA

AGAINST a background of prejudice towards African women entering the nursing profession at the turn of the century, Cecilia Makiwane's qualification as the first registered black nurse was remarkable.

Makiwane, after whom the East London Hospital is named, and a colleague Mina Coleni, were the first black people in 1903 to enrol for training as nurses.

They took the courageous step when the Victoria Hospital, Lovedale Mission, decided to embark on an uncharted course for African women.

Education

Makiwane was born in Alice in 1880 during a time when education for women was considered unnecessary.

Although her mother died when she was young, she received some education at home.

Her father, a church minister, later sent her to a preparatory school in Lovedale and later a girl's school where she completed her education.

For the pilot nurse-training scheme she and Coleni had to pay an entrance fee of four pounds to make them understand that "the training was a privilege and not a unpleasant duty.



Sister Henrietta Stockdale, who campaigned for registration of nurses, was their supervisor and mentor.

They went through all the aspects of training, which included working in the surgical and general wards.

Makiwane completed her training and wrote the examination of the Cape Colony Medical Council and became the first registered black nurse in Africa.

It is not known what happened to her fellow

probationer, who completed her training but did not register.

Makiwane's example was followed eagerly in the ensuing years.

She continued to nurse at Lovedale for some years after registration. Little is known of the rest of her life.

Strain

Her niece, Mrs Noni Jabavu, in a letter to a Cape newspaper said Makiwane had moved to the Transvaal after having been under a lot of strain, physically and emotionally.

Victoria Hospital granted her long sick-leave and her parents allowed her to convalesce with her sister, Mrs Majombozi, in the Transvaal.

Tragically she did not recover. She died and was buried there.

* Extracted from Nursing RSA (Vol 2 No 1)



A statue honouring Cecilia Makiwane who paved the way for the black nursing profession.

Strike nurses to be disciplined

C/P 100 27/1/91

95

• By S'BU MNGADI and THABO THULO

THOUSANDS of nurses from many parts of the country who took part in strike action over the past year will start appearing before the South African Nursing Council's (Sanc) disciplinary committee next month.

The summonses have again plunged Sanc and the South African Nursing Association (Sana) on the one hand, and nurses and their unions on the other, into a war of words.

Nurses, most of them members of the National Education, Health and Allied Workers' Union, say that at the time they had no alternative but to embark on industrial action.

Sanc and Sana say nurses should not strike under any circumstances.

Nehawu spokesman Bongani Tsimo said the Council was violating a clause agreed on between nurses and the administrations of the various hospitals at the end of last year's strike.

The clause read: "Both parties agree that no worker, by virtue of being on strike action, shall be subjected to either victimisa-

Row on again over health care ethics

tion or disciplinary action - be it arbitrary transfers, suspensions or unfair dismissals."

Tsimo also accused Sanc of racism and union-bashing. Nehawu's only white member, nursing sister Sheila Brokenshaw, is the only nurse from Johannesburg Hospital facing the disciplinary hearing.

"Last year, in the Transvaal alone, 10 000 nurses went on strike. Why is she the only one to be disciplined?" he said.

"They are trying to discourage other white nurses from joining Nehawu by making an example of her."

Sanc registrar Frank Germishuizen said the Council was guided by its own rules and regulations and was not bound by agree-

ments reached between nurses and their employers. He denied that his council practised "racism and union-bashing".

"The Sanc disciplinary machine grinds slowly but fine. All those who broke regulations will ultimately get their turn to face the disciplinary committee as soon as complaints have been received and enough evidence gathered against them," he said.

Replying to criticisms that Sana did not have the interests of the nurses at heart and did not offer any assistance to them in 1988, when more than a hundred were summoned to the disciplinary committee for striking, Sana maintained the nurses had no right to strike.

An article in Sana's official journal *Nursing News* says: "Never once have nurses had to appear before the Nursing Council when the association represented them, unlike now when a union represents them."

The newsletter appealed to nurses to think carefully, not only about bargaining with patient care, but also about bargaining with their licences to practice.

Monday a vital date for unions

PUBLIC sector unions will be left out in the cold when the Cosatu-Saccola-Nactu accord is passed into legislation this year.

But unions in this sector are determined to have, at least, similar rights to those enjoyed by most workers, who will be covered by amendments to the Labour Relations Act.

Most important among these are grievance and disciplinary procedures, the right to strike, bargaining forums, access to members and stop-order facilities.

Arrayed against them are government departments which make it difficult to establish a relationship with the State at a national level.

Laws such as the Public Service Act and Post Office Services Act declare it illegal for state employees to strike.

Conservative staff associations which have worked within the old system of labour relations in the public sector

also frustrate union efforts.

Yet unions, including the National Education, Health and Allied Workers Union (Nehawu) and the Post Office and Telecommunications Workers Association (Potwa) have succeeded in increasing their membership to the extent that the authorities have had to take notice.

Potwa was established in 1982 and has a membership of 22 000, while Nehawu has grown from 9 500 in 1987 to about 50 000 today.

Industrial action in the public sector reached unprecedented levels last year.

Now the Commission for Administration and the Post Office have recognised the necessity to deal with the unions.

Potwa general secretary Mlungisi Hlongwane and Nehawu national organiser Monde Mdishwa agree that a centralised bargaining structure has to be established where general grievances af-

Public sector workers are to meet representatives of the Commission for Administration on Monday, reports BRENDAN TEMPLETON.

fecting all public sector workers can be addressed.

This would do away with the delays experienced where unions and different departments come to agreement, then have to wait for higher-up approval.

At the same time, differences in the problems facing, say, nurses and postmen, have to be addressed.

The Commission last year called on trade unions and interested parties to work out a new labour dispensation. They are to meet on Monday.

Mr Mdishwa said the invitation caught Nehawu off-guard, but said the union was determined not to be side-

tracked by the sudden open-

door policy. He believes bargaining procedures could prevent situations arising where health staff feel they have no alternative but to strike.

The associations agreed with Nehawu representatives that the Public Service Act could not remain, but disagreed that the Labour Relations Act should be extended to them.

A big stumbling block with the Commission is its definition of "public service". Mr Mdishwa believes it is too narrow and should be broadened to include municipal, post office and railway workers.

A centralised bargaining forum on common public service matters should be established.

Mr Hlongwane agrees. Although negotiations are taking place on a national level with the post office, management's

new attitude has yet to trickle down to regional and local levels. Even agreements made at national level have to be approved higher up, creating delay and frustration.

Head-on confrontation with the Post Office will take place for at least the next six months, he says.

A massive campaign, which will include community organisations, is being planned against the proposed Post Office Amendment Bill which Potwa believes is paving the way towards privatisation.

Nehawu is planning a campaign to protect nurses, who participated in last year's strikes.

Despite an agreement after the strikes between hospital authorities and the union not to take disciplinary action, the Nursing Council says it was not party to the agreement and will go ahead with disciplinary procedures if it receives any complaints. □

disciplinary procedure for strike action

By PORTIA MAURICE

NURSING sister Sheila Brokenshaw woke up on January 2 in an officious letter in the post. She was to be charged by the South African Nursing Council for "improper and disgraceful conduct", because she joined the strike at Johannesburg Hospital on May 8 and 9 last year.

Brokenshaw is the only Transvaal nurse to have been summoned to appear before the council's disciplinary committee. She is also the only white member of the National Education, Health and Allied Workers' Union (Nehawu), which spearheaded the strike in all areas but the Cape.

Eight months pregnant and on maternity leave from the Garden City Clinic, Brokenshaw worked in a children's ward at Johannesburg Hospital during the strike.

Her case, along with those of more than 60 other nurses charged for industrial action across the country, has brought into focus the apartheid mentality which prevails in South Africa's health care establishment, despite apparent liberalisation.

The nursing council's move has put it on a collision course with Nehawu, which says disciplinary action runs contrary to the strike agreement.

At Settlers Hospital in Grahamstown, 52 nurses have been charged with offences relating to a three-hour work stoppage on April 19 1990, and at Natal's Prince Ernest and Edenburg hospitals an as yet undetermined number of nurses with a strike there in October. If they are found guilty, their registration may be withdrawn.

Brokenshaw said this week although she was angry about the charge, she viewed it as an opportunity to unite progressive health organisations in protest action.

"I am angry, not so much because they've picked on me but because it's really an attack on the union. There has been a lot of competition between progressive organisations in the health sector though, and this campaign may present an opportunity to build unity.

"The health authorities always argue that 'the patient comes first'. But we are taught in our training that health care is multi-dimensional. If the workers who are part of the team caring for the patient are starving, they cannot do their job and are more likely to become patients themselves."

She fully identified with the demands of the strike for desegregation, higher wages and an end to privatisation — "these aren't just 'worker issues'" — and thinks it essential to break down the traditional distinction made between health care professionals and non-medical workers.

Just after the strike, she says, the SANC and SA Nursing Association brought out a pamphlet saying that "nurses are professionals, not workers". "They are always trying to create divisions," she says.

Brokenshaw was the only nurse at her hospital to join the strike, and she says there were ample staff on duty in her ward when she left. There is one other Nehawu member at the hospital.

"No one feels happy about the casualties, but we have to consider the long-term effects of corrupt health care. Many people don't even get to hospital and die at home, although many wards are still empty at provincial hospitals."

This is not Brokenshaw's first run-in with health authorities because of her outspoken stance and union involvement.

After completing a microbiology degree, she joined a laboratory at Baragwanath Hospital in 1980 and, after supporting the struggle of other nurses who had been refused study leave and turning down an offer to become laboratory supervisor, she was forced to resign.

In 1986 she was detained in solitary confinement for six weeks and, while at college three years later, Brokenshaw was disciplined for reporting discrimination at an East Rand hospital to the press.

These incidents, she says may have added up to the present case. She fears losing her registration, especially with a baby on the way, but is convinced she acted in the interests of better health care for all.

●Nehawu Johannesburg branch organiser Khumba Magudulela said this week the union would launch a protest campaign with lunch-time pickets outside various hospitals on Monday, to demand that the

8/14/77
**More demos
by workers
at Reef
hospitals**

By Brendan Templeton

Demonstrations at several Reef hospitals continued yesterday.

They called for the retraction of disciplinary measures planned against nurses who struck last year.

Minister of Health Dr. Rina Venter entered the controversy supporting the decision by the South African Nursing Council (SANC) to take disciplinary steps.

The lunchtime protests by general practitioners, and at some works by nurses, were centred at Johannesburg, Hillbrow, Natal, and Far East Rand hospitals.

The Transvaal Provincial Administration confirmed the demonstration but said services were not disrupted because of the small numbers who took part.

Nehawu national organiser Monde Mditshini said the union would meet political organisations and other Cosatu unions to discuss supportive action.

Downed tools

Nehawu is incensed by the SANC's decision because provincial authorities agreed at the end of last year's strikes that no action would be taken against nurses who downed tools.

Dr Venter said in her statement that the SANC had "a responsibility to look after patients".

"One of the cornerstones on which the new South Africa is to be built is the maintenance of definite values and standards."

"The nurse who puts the interests of her patients first cannot allow her services to be interrupted by political activities."

● About 150 nurses from KwaZulu and Natal provincial hospitals marched through central Durban yesterday to protest over the disciplinary proceedings against some of their colleagues.

and that inadequate body performed. Teachers were allowed to congregate on the same grandstand, although there was no barrier in place to stop the crowd from mixing. Ambulances and stretchers were positioned around the stadium while emergency vehicles waited nearby inside the grounds. A commission recommended that the police be responsible for punishing those who misbehaved at games, although it said there was no fool-proof way to enforce this. The incident was not part of a plan to increase soccer. Minister Kobie Coetsee announced more than two weeks ago that a commission would be held to investigate deaths, but did not say when it would begin. The recommendations would be put into the NSL constitution.

Teachers want R600m more

GERALD REILLY

PRETORIA — SA's 180 000 teachers are seeking increases which could add an extra R600m to next month's Budget.

The Teachers Federal Council (TFC) — the body representing teachers of all race groups — yesterday declined to comment on its salary demands. However, a senior educationist said it was expected increases would at least match inflation.

The total teachers' pay bill for the current financial year is estimated at R4bn.

The TFC, according to a spokesman, has submitted "detailed input" on the pay issue to National Education Minister Louis Pienaar. 6/10am 6/2/91

Teachers, along with all other executive personnel, received a 10% non-pensionable allowance in April last year. Along with the rest of the public sector, teachers have

demanding this be incorporated into basic earnings.

Teachers received a further 12% increase from March 1 following months of negotiations with government. This was meant to bring teachers' salaries in line with those of other public sector workers with comparable qualifications.

Teacher resignations, informed sources said, were still causing serious concern.

Transvaal Teachers' Association president Ron Yule said the shortage of highly qualified high school teachers, particularly in maths and science, was causing concern.

But other education authorities said resignations could decline this year because of the recession and lack of well-paid work in the private sector.

Strike action sparks nurses' protest

TANIA LEVY

NURSES demonstrated at several Transvaal provincial hospitals yesterday in protest at disciplinary action against staff who took part in strike action last year.

The Transvaal Provincial Administration (TPA) and National Health and Allied Workers' Union said demonstrations took place at Baragwanath, Tembisa, Hillbrow, Johannesburg and other hospitals.

Sapa reports a placard demonstration was staged at Umlazi's Prince Mshiyeni Hospital, near Durban.

Another will be held at Durban's King Edward Hospital tomorrow.

Nehawu Johannesburg branch organiser Bongani Tsimo said nurses at Johannes-

burg, Prince Mshiyeni and Settlers' (Grahamstown) hospitals had been told last week they would have to appear in front of an SA Nursing Council (SANC) disciplinary committee. All had taken part in strikes last year. The SANC said the nurses would be charged with unprofessional conduct.

A TPA spokesman said the province had agreed not to act against the strikers.

SANC deputy registrar David Harmse confirmed that 35 nurses from Natal's Edendale and Prince Mshiyeni hospitals had been called before a disciplinary committee, which would sit next week.

Criticism of church role draws fire

Business Day Reporter

SA INSTITUTE of Race Relations executive director John Kane-Berman was criticised yesterday for saying that some church leaders had helped to legitimise violence as an instrument of liberation.

SACC general secretary the Rev Frank Chikane said in a statement the council was "disgusted" by his "vicious and unwarranted attack on the churches".

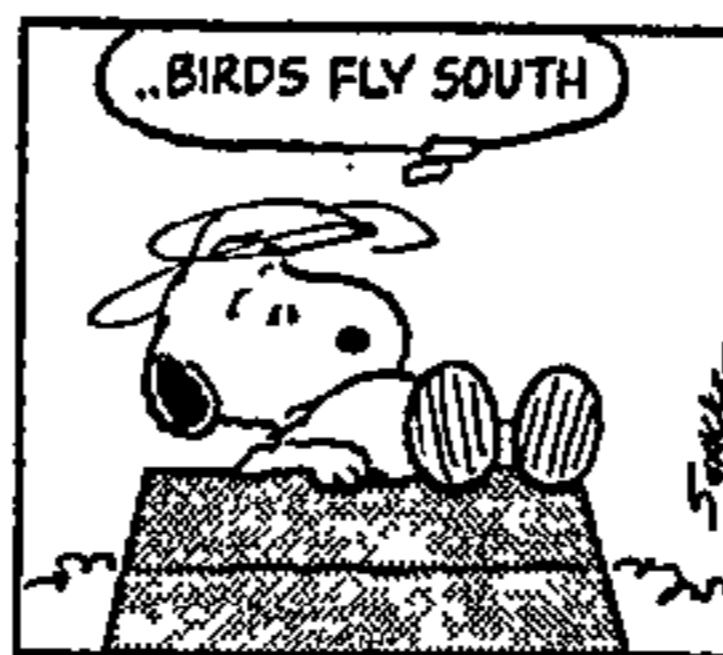
The ANC Youth League accused the institute of misrepresentation, one-sided research and sweeping generalisations.

The league said Kane-Berman's reference to the 1987 endorsement by church leaders of armed struggle could not be equated with the current township violence.

They were responding to recent remarks by Kane-Berman that township residents were "reaping a whirlwind of violence that the churches helped sow".

PEANUTS

By Charles Schulz



Nurses use lunch break to protest

By Brendan Templeton

Nurses and general workers at four Reef hospitals yesterday held demonstrations protesting at disciplinary action being taken against nurses who took part in strikes last year.

Some placard-wielding protesters warned that their lunch-time protests could be lengthened — from 9 am to 2 pm — if the authorities did not relent.

But the SA Nursing Council (SANC) yesterday reiterated its determination to go ahead with disciplinary steps.

Transvaal Provincial Administration liaison services director Piet Wilken said protesters had been allowed "to do anything they want during lunch-time". Services were not disrupted, he said.

Yesterday's protests at the Johannesburg, Hillbrow, Baragwanath and Tembisa hospitals were the start of a threatened nationwide campaign by the National Education, Health and Allied Workers Union (Nehawu), which claimed that hospital authorities had reneged on last year's strike agreement.

A Nehawu spokesman distanced the union from the workers' warning that demonstrations would be lengthened, and said the union was at present taking pains to ensure that protests took place during their members' free time.

At the end of last year's strike, hospital authorities and the union agreed there would be no disciplinary steps taken against nurses who went on strike.

But the SANC said it was not party to the agreement. Nurses from Princess Mshieni and Edenvale hospitals in Natal, Settlers Hospital in Grahamstown and Johannesburg Hospital were then charged with deserting their posts and endangering patients' lives.

Asked whether the SANC intended proceeding with disciplinary action, deputy registrar D J Harmse said: "At this stage, yes."

A Nehawu spokesman said today the protests would continue every lunchtime until the SANC gave in.

ation . . . Hillbrow Hospital workers toy-toy at a lunchtime protest calling for an end to disciplinary nurses who took part in last year's strike.

Picture: Ken Oosterbroek



Nurses (95) step up hospital protests

By Brendan Templeton

Hospital lunchtime protests in the PWV area gained momentum when they spread to four more centres yesterday, a union spokesman said.

Affected hospitals now include Johannesburg, Hillbrow, Tembisa, Natalspruit, Westfort, Kalafong and Far East Rand, National Education, Health and Allied Workers Union (Nehawu) organiser Monde Mditshwa said yesterday.

The union had requested the Transvaal Provincial Administration to set up talks with the South African Nursing Council (SANC) and Health Minister Dr Rina Venter, he added.

Nehawu last month threatened to embark on a national protest campaign if the SANC failed to withdraw disciplinary procedures against nurses who took part in strikes last year.

Provincial authorities agreed at the end of the strikes that no action would be taken against the nurses.

But the SANC insisted it was not party to the agreement.

Now the SANC seems determined to step up its disciplinary activities.

The TPA told Nehawu yesterday that the SANC had informed them they would send letters initiating disciplinary action against other nurses in the Transvaal.

Mr Mditshwa described this as "madness" because about 10 000 nurses in the Transvaal had taken part in the strike.

"What criteria are they going to use when deciding whom to prosecute?" he asked.

Nurses on Tuesday threatened to increase the length of their protests from 9 am to 2 pm if the SANC did not review its position.

Mr Mditshwa stressed this was not official union policy: "Nehawu has committed itself to solving the crisis in a peaceful way. But the nurses are very agitated. We ask SANC to find a different solution."

The SANC and the TPA were not available for comment yesterday.

Hospital anger mounts

LUNCH-TIME hospital protests escalated across the country this week as nurses and general workers voiced anger at disciplinary action which their colleagues face.

Pickets were held at the Johannesburg, Hillbrow, Tembisa, Natalspruit, Baragwanath, Westfort, Kalafong and Far East Rand hospitals on the Reef, at Settler's Hospital in Grahamstown, and Prince Emshieni and Edenvale hospitals in Natal. w/m 8/2-14/2/91 95

The SA Nursing Council (SANC) has called over 60 nurses before a disciplinary committee for their participation in last year's hospital strikes. This, says the National Education, Health and Allied Workers Union is contrary to the strike agreement, but the SANC has adopted a hard-line stance and threatened to summons more nurses.

Wielding placards which read: "Black racist matrons, join us" and "Step down SANC, we want an interim council", protesters at Hillbrow Hospital rebuked the SANC for being "toothless".

'Don't waste time pointing fingers at nurses'

Star 12/2/91

Last year's hospital strikes challenged accepted definitions of professional nursing conduct. Labour Reporter **BRENDAN TEMPLETON** spoke to the only white nurse who took part in the strikes.

WHEN a human life is lost, it is natural for the rest of society to point fingers and apportion blame. When the victim is a helpless patient who dies when nurses down tools, that tendency to look for someone to blame is even greater.

Shelia Brokenshaw is a quiet, unassuming, expectant mother caught in the current row between workers and health authorities at several Reef hospitals.

She was one of thousands of nurses in the Transvaal who participated in strikes last year to support general worker demands and recognition of her trade union — the National Education, Health and Allied Workers Union (Nehawu).

Patients did die during the strikes — some say because of the effect the lockdown had on services — and Ms Brokenshaw has been singled out for disciplinary action.

It would be easy for her to argue that the deaths were the result of the authorities' failure

to deal adequately with the crisis at the time, but she believes the issue is too complicated and important to waste time pointing fingers.

"Of course I'm upset that people died during the strike.

"This is very difficult to put into words. The deaths which occurred during last year's strike were simply more visible and sensational than the deaths which occur every day in South Africa due to inadequate and badly managed health resources.

"They (the deaths) were part of a bigger problem which needs to be addressed. It doesn't do any good to try and find who was to blame," she says.

Being the only white nurse in the union does not strike her as unusual — she points out that several white doctors and technicians have joined and she hopes more will follow suit.

The shock of last year's strike had just started to die down when the South African Nursing

Council (SANCO) suddenly announced it would investigate charges against her and nurses in Natal and the Eastern Cape.

That spurred Nehawu into action as provincial authorities had agreed at the end of the strikes that no disciplinary action would be taken against nurses.

Several hospitals on the Reef have become targets for general worker protests demanding the charges be withdrawn. At some, nurses have joined in.

But the SANCO claims it was not party to the post-strike agreement and was not bound by it. It would investigate charges against any nurse about whom it received complaints, a spokesman said.

If the implications of the charges against her are to be believed, Ms Brokenshaw is someone who is callously prepared to sacrifice helpless patients in pursuance of political and economic goals.

Yet the contrast between the projected image and reality could not be greater. She talks in a soft, friendly voice and strikes one as a person who cares deeply about her fellow-human beings.

She believes the interests of



Flashback . . . domestic hospital staff on strike.

the patient must come first — but argues that official health policies are endangering patients' lives, not workers and nurses who down tools.

She clearly values human life, yet quietly holds firm to nurses' rights to strike.

Opposed to her is the whole established nursing profession — as was made clear by Health Minister Dr Rhina Venter last week when she approved the Nursing Council's decision to prosecute.

The SANCO had a proud rec-

ord and its standard of service had to be maintained, she said.

It is this sort of attitude which Ms Brokenshaw believes must be turned on its head — it is misleading and dangerous, she says.

Modern medicine is already too mysterious and foreign to the man on the street. It cannot afford further alienation from broader society by presenting nurses and doctors as deities who magically dispense cures, pills and bills.

She believes all members of

the public need to take a hands-on attitude towards medicine to ensure it becomes easily accessible to all.

And nurses and doctors are part of a team which includes general hospital workers. It is one part of that team is hampered in its work, then the whole team suffers.

That, and Health Department policies, spurred her on to participate in the strike.

A large proportion of general workers were employed on a temporary basis — entitling them to none of the usual employee benefits. Some had been "temporary" for over 20 years.

No bargaining forums existed to address worker grievances and Nehawu was not recognised by authorities. Also, legislation made it illegal for public sector workers to strike — which meant workers were legally forced to accept conditions of service and wages.

"Management was always pushing the view that we were professionals and we should not go on strike. But what do you do if you get a situation where you have an incredibly corrupt health system? Do you just blindly follow their preachings? "If they aren't going to look

at it (health) in a broader view, it is actually them who are endangering the lives of patients," she says.

Health authorities claim they are restricted by their budgets, yet they never challenge their budget allocation.

The result is that many people — mainly black people who have no say in State health policies — are cut off from the adequate health services.

Aspects of health like primary health care need to be addressed urgently. She believes the State presently treats primary health as a palliative, addressing only the symptoms yet never taking a step further to address the causes of some easily avoidable illnesses.

That last year's strike went a long way to achieving many worker aims is clear. Nehawu now enjoys de facto recognition as a trade union and is involved in regular talks with provincial authorities on health and worker matters.

And talks are underway between Nehawu, other staff associations and the Commission for Administration to hammer out a new labour dispensation for public sector workers.

But many general workers

are still regarded as "temporary" and it is still illegal for nurses to strike.

Public sector workers have no centralised bargaining forum, making it easy for Government departments to fob them off on to others.

Ms Brokenshaw believes her pending prosecution is an example of this: the fragmentation of the Government bureaucracy serves to disguise shared interests, she says.

"The Transvaal Provincial Administration (TPA) and the SANCO are both Government statutory bodies. The Nursing Council would not be investigating charges against me if the matter at Johannesburg Hospital had not lodged a formal complaint against me. And she is an employee of the TPA which agreed no disciplinary steps would be taken."

She believes authorities are trying to intimidate other nurses, particularly white ones, from joining Nehawu by making an example of her.

Yet this small, quiet woman still holds to her belief that nurses have, as a last resort, the right to strike if management refuses to recognise legitimate grievances. □

Protesting nurses arrested

81pam
1312/91 Own Correspondent

MARITZBURG — More than 100 nurses were arrested in the city centre yesterday for taking part in an illegal gathering while protesting against an SA Nursing Council disciplinary hearing in the city hall. (95)

Police said 128 women nurses and 11 male nurses were arrested, given summonses and released.

The disciplinary committee agreed to postpone until April 17 the proceedings in respect of 18 of the 20 Edendale nurses facing charges of improper or disgraceful conduct in connection with strike action last year.

Two nurses were found guilty of disgraceful conduct and it was recommended that they be suspended for three months (conditionally suspended for six months).

200 nurses arrested in Natal

About 200 nurses were arrested for demonstrating outside the city hall in Maritzburg yesterday where two nurses were facing charges of misconduct for taking part in a strike last year.

guilty of disgraceful conduct by the South African Nursing Council. *95*

They were sentenced to three month job suspensions, held over for six months providing they are not found guilty again. — Staff Reporter.

The two were found

*11/2/71
870/13/2/71*

utor and our judge, said Loggenberg.
ing after their Supreme Court applica-
oard's membership changed was set
said on Wednesday the Department of
ces have indicated that the inquiries
pers are not served on them by the end

of Correctional Services said it could
ie investigation by the boards as the
als have not been finalised".

Nurses (95) face probe after strike

ABOUT 140 Edendale
Hospital workers were
arrested and charged for
attending an illegal gath-
ering outside the Pieter-
maritzburg City Hall on
Tuesday during a disci-
plinary hearing by the
South African Nursing
Council. *South*

14/2-20/2/91.
The council called the
hearing into the conduct of
certain nurses at the hospi-
tal in August and Septem-
ber last year.

A National Education,
Health and Allied Workers
Union organiser was also
arrested during this week's
protests.

They were released on an
admission of guilt fine of
R100 each.

The disciplinary hearing
was postponed to April 17
for 16 of the 25 nurses
whose case was supposed
to be heard on Tuesday.

The hearing for four other
Prince Mshiyeni Hospital
nurses was postponed to
April 17.

above



300 strike over hospital shooting

By Brendan Templeton

About 300 nurses and workers went on strike at Natalspuit Hospital, Germiston, yesterday because a worker was shot by a hospital security guard on Monday.

The worker, Isaac Mmotong, was injured in the right foot when he and other workers tried to prevent hospital security from arresting a shop steward who had staged a sit-in at the hospital secretary's office.

Shop steward Daniel Nyao accused hospital authorities of blocking his application for a housing loan because he was an organiser for the National Education, Health and Allied Workers Union.

Services at the hospital had

not yet been affected because the strike had just started and some staff were still working, he said.

Union officials addressed patients earlier in the day and asked them to bear with the union, he added.

Striking staff gathered next to the hospital parking area yesterday and toyi-toyed, carrying placards calling for the resignation of two officials they accused of blocking Mr Nyao's housing loan application.

"We have been calling for their dismissal for a long time, and now we are determined to get rid of them," Mr Nyao said.

Union membership was "very high", and strikers were determined to continue with the tools-down action until their de-

mands were met.

Strike demands include:

- Dismissal of the two officials.
- Termination of the hospital's contract with the Peaceforce Security firm which employs the guard involved in the shooting. *stew 14/2/91*
- Approval of housing loans for Mr Nyao and another union organiser.
- The reopening of a case against a worker who was recently dismissed "without a proper hearing".

Hospital superintendent Dr Norman Kearns said he could not comment on the strike because negotiations were planned between the union and the Transvaal Provincial Administration.

No. R. 259

15 February 1991

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS REGARDING THE CONDUCT OF REGISTERED MIDWIVES WHICH SHALL CONSTITUTE IMPROPER OR DISGRACEFUL CONDUCT AND THE CONDITIONS UNDER WHICH THEY MAY CARRY ON THEIR PROFESSION.—WITHDRAWAL

The Minister of National Health hereby, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), on the recommendation of the South African Nursing Council, withdraws the regulations promulgated under Government Notices Nos. R. 1886 of 18 October 1974, R. 1784 of 19 September 1975 and R. 478 of 10 March 1978.

No. R. 260

15 February 1991

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE SCOPE OF PRACTICE OF PERSONS WHO ARE REGISTERED OR ENROLLED UNDER THE NURSING ACT, 1978.—AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (q) of the Nursing Act, 1978 (Act No. of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Regulations" shall mean the regulations published under Government Notice No. R. 2598 of 30 November 1984, as amended, by Government Notices Nos. R. 1469 of 10 July 1987 and R. 2676 of 16 November 1990.

Amendment of the Regulations

2. The Regulations are hereby amended by the addition of the following regulations:

"CHAPTER 5: THE SCOPE OF PRACTICE OF ENROLLED NURSES

5. The scope of practice of an enrolled nurse shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision:

- (a) The carrying out of nursing care to fulfil the health needs of a patient or a group of patients;
- (b) caring for a patient, and executing a nursing care plan for a patient, including the monitoring of vital signs and the observation of reactions to medication and treatment;
- (c) the prevention of disease and the promotion of health and family planning by means of information to individuals and groups;
- (d) the promotion and maintenance of the hygiene, physical comfort and reassurance of a patient;

No. R. 259

15 Februarie 1991

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE GEDRAG VAN GEREGISTREERDE VROEDVROU WAT ONBETAAMLIKE OF SKANDELIKE GEDRAG UITMAAK EN DIE VOORWAARDES WAARONDER HULLE HULBEROEP MAG UITOEFEN.—HERROEPING

Die Minister van Nasionale Gesondheid herroep hierby kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies uitgevaardig by Goewermentskennisgewings Nos. R. 1886 van 18 Oktober 1974, R. 1784 van 19 September 1975 en R. 478 van 10 Maart 1978.

No. R. 260

15 Februarie 1991

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE BESTEK VAN PRAKTYK VAN PERSONE WAT KRAGTENS DIE WET OP VERPLEGING, 1978, GEREGISTREER OF INGESKRYF IS.—WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) (q) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 2598 van 30 November 1984, soos gewysig, by Goewermentskennisgewings Nos. R. 1469 van 10 Julie 1987 en R. 2676 van 16 November 1990.

Wysiging van die Regulasies

2. Die Regulasies word hierby gewysig deur die volgende regulasies by te voeg:

"HOOFSTUK 5: DIE BESTEK VAN PRAKTYK VAN INGESKREWE VERPLEEGKUNDIGES

5. Die bestek van praktyk van 'n ingekrewe verpleegkundige behels die volgende handeling en prosedures as deel van die verpleegregimen wat deur 'n geregistreerde verpleegkundige of geregistreerde vroedvrou beplan en geïnisieer is en onder sy direkte of indirekte toesig uitgevoer word:

- (a) Die uitvoering van verpleegsorg om in die gesondheidsbehoefte van 'n pasiënt of 'n groep pasiënte te voorsien;
- (b) die versorging van 'n pasiënt en die uitvoering van 'n verpleegsorgplan vir 'n pasiënt, met inbegrip van die monitor van die vitale tekens en die waarneming van reaksies op medikasie en behandeling;
- (c) die voorkoming van siekte en die bevordering van gesondheid en gesinsbeplanning deur middel van inligting aan individue en groepe;
- (d) die bevordering en instandhouding van die higiëne, fisiese gemak en gerusstelling van 'n pasiënt;

- (e) the promotion and maintenance of exercise, rest and sleep with a view to the healing and rehabilitation of a patient;
- (f) the prevention of physical deformity and other complications in a patient;
- (g) the supervision over and maintenance of a supply of oxygen to a patient;
- (h) the supervision over and maintenance of the fluid balance of a patient;
- (i) the promotion of the healing of wounds and fractures, the protection of the skin and the maintenance of sensory functions in a patient;
- (j) the promotion and maintenance of the body regulatory mechanisms and functions in a patient;
- (k) the feeding of a patient;
- (l) the promotion and maintenance of elimination in a patient;
- (m) the promotion of communication and by and with a patient in the execution of nursing care;
- (n) the promotion of the attainment of optimal health in the individual, the family, groups and the community;
- (o) the promotion and maintenance of an environment in which the physical and mental health of a patient are promoted;
- (p) preparation for and assistance with diagnostic and therapeutic acts by a registered person;
- (q) preparation for and assistance with surgical procedures and anaesthetic;
- (r) care of a dying patient and a recently deceased patient.

CHAPTER 6: THE SCOPE OF PRACTICE OF ENROLLED NURSING ASSISTANCE

The scope of practice of an enrolled nursing assistant shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision:

- (a) The promotion and maintenance of the health of a patient, a family and a community;
- (b) the provision of health and family planning information to individuals and groups;
- (c) the care of a patient and the execution of a nursing care plan for a patient;
- (d) the promotion and maintenance of the hygiene of a patient, a family and a community;
- (e) the promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a patient;
- (f) the prevention of physical deformity and other complications in a patient;

- (e) die bevordering en instandhouding van oefening, rus en slaap met die oog op die genesing en rehabilitasie van 'n pasiënt;
- (f) die voorkoming van fisiese misvorming en ander komplikasies by 'n pasiënt;
- (g) die toesig oor en instandhouding van suurstofvoorsiening van 'n pasiënt;
- (h) die toesig oor en instandhouding van die vloeistofbalans van 'n pasiënt;
- (i) die bevordering van die genesing van wonde en frakture, die beskerming van die vel en die instandhouding van sensoriese funksies by 'n pasiënt;
- (j) die bevordering en instandhouding van die liggaamsregulerende meganismes en funksies van 'n pasiënt;
- (k) die voer van 'n pasiënt;
- (l) die bevordering en instandhouding van uitskeiding by 'n pasiënt;
- (m) die bevordering van kommunikasie deur en met 'n pasiënt by die uitvoering van verpleegsorg;
- (n) die bevordering van die bereiking van optimale gesondheid by die individu, die gesin, groepe en die gemeenskap;
- (o) die bevordering en instandhouding van 'n omgewing waarin die fisiese en geestesgesondheid van 'n pasiënt bevorder word;
- (p) die voorbereiding vir en bystand met diagnostiese en terapeutiese handeling deur 'n geregistreerde persoon;
- (q) die voorbereiding vir en bystand met chirurgiese prosedures onder narkose;
- (r) die versorging van 'n sterwende pasiënt en 'n pasafgestorwene.

HOOFSTUK 6: DIE BESTEK VAN PRAKTYK VAN INGESKREWE VERPLEEGASSISTENTE

Die bestek van praktyk van 'n ingeskrewe verpleegassistent behels die volgende handeling en prosedures as deel van die verpleegregimen wat deur 'n geregistreerde verpleegkundige of geregistreerde vroedvrou beplan en geïnisieer is en onder sy direkte of indirekte toesig uitgevoer word:

- (a) Die bevordering en instandhouding van die gesondheid van 'n pasiënt, 'n gesin en 'n gemeenskap;
- (b) die voorsiening van gesondheids- en gesinsbeplanningsinligting aan individue en groepe;
- (c) die versorging van 'n pasiënt en die uitvoering van 'n verpleegsorgplan vir 'n pasiënt;
- (d) die bevordering en instandhouding van die higiëne van 'n pasiënt, 'n gesin en 'n gemeenskap;
- (e) die bevordering en instandhouding van die fisiese gemak, rus, slaap, oefening en gerusstelling van 'n pasiënt;
- (f) die voorkoming van fisiese misvorming en ander komplikasies by 'n pasiënt;

(g) the supervision over and maintenance of a supply of oxygen to a patient;

(h) the taking of the blood pressure, temperature, pulse and respiration of a patient;

(i) the promotion and maintenance of the body regulatory functions of a patient;

(j) the promotion of the nutrition of a patient, a family and a community;

(k) the maintenance of intake and elimination in a patient;

(l) the promotion of communication with a patient during his care;

(m) the preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person;

(n) the preparation for and assistance during surgical procedures under anaesthetic;

(o) the care of a dying patient and a recently deceased patient."

(g) die toesig oor en instandhouding van suurstofvoorsiening aan 'n pasiënt;

(h) die meet van die bloeddruk, temperatuur, pols en asemhaling van 'n pasiënt;

(i) die bevordering en instandhouding van die liggaamsregulerende funksies van 'n pasiënt;

(j) die bevordering van die voeding van 'n pasiënt, 'n gesin en 'n gemeenskap;

(k) die bevordering en instandhouding van inname en uitskeiding by 'n pasiënt;

(l) die bevordering van kommunikasie met 'n pasiënt tydens sy versorging;

(m) die voorbereiding van individue en groepe vir die uitvoering van diagnostiese prosedures en terapeutiese handeling deur 'n geregistreerde persoon;

(n) die voorbereiding vir en bystand tydens chirurgiese prosedures onder narkose;

(o) die versorging van 'n sterwende pasiënt en 'n pasafgestorwene."

No. R. 261

15 February 1991



THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL

REGULATIONS RELATING TO THE QUALIFICATIONS ENTITLING MEDICAL PRACTITIONERS AND DENTISTS TO REGISTRATION.—AMENDMENT

The Minister of National Health has, in terms of section 24 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 1243 of 8 June 1990.

2. The Regulations are hereby amended by the addition in Annexure B of the following qualification with the corresponding abbreviation under the heading Medical University of Southern Africa:

University or examining
authority and qualification

Abbreviation for
registration

"Bachelor of Dental Science..... BDS Medunsa".

No. R. 261

15 Februarie 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE
EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE KWALIFIKASIES WAT GENEESHERE EN TANDARTSE DIE REG OP REGISTRASIE VERLEEN.—WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 24 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1243 van 8 Junie 1990.

2. Die Regulasies word hierby gewysig deur in Aanhangel B die volgende kwalifikasie met die ooreenstemmende afkorting onder die opskrif "Mediese Universiteit van Suider-Afrika" by te voeg:

Universiteit of eksaminerende
liggaam en kwalifikasies

Afkorting vir
registrasie

"Baccalaureus in Tandheelkundige Wetenskap BDS Medunsa".

Top doctor moved, files court action

2577
3199
4130

Cam-Tin 15/2/91 (95)

Medical Reporter

THE former medical superintendent of the South Peninsula Hospitals Group, Dr Andrew Loubser, has been replaced — and he is taking the matter to the Supreme Court.

Dr Loubser has been transferred to the Western Cape regional office of the hospital and health services branch, according to a spokesman for the Cape Provincial Administration.

He had been replaced by Dr P G Morris, the spokesman added.

An application by Dr Loubser had been made to the Supreme Court and is to be heard on March 8, he said.

Dr Loubser would not confirm yesterday that he was contesting his transfer. He refused to give details of his application to the Supreme Court.

A deputation of doctors from four government hospitals in the group allegedly asked last year that Dr Loubser be removed.

Complaints about the administration of False Bay, Victoria, Lady Michaelis and Princess Alice hospitals were first made in October, according to a source who declined to be named.

Medical Reporter

REGIONAL hospital authorities are to meet the deputy director of health and hospital services, Dr George Watermeyer, today to discuss the looming financial crisis that see cuts in health services.

"Drastic savings" need to be made at provincial

Hospital debts crisis to be raised with Watermeyer

hospitals to clear arrears before the end of the financial year, according to hospital sources.

Each hospital would trim services according

to its level of overspending, they said.

A doctor at a provincial hospital said inflation in medical services was nearing 20%.

Don't criticise nurses' inquiry, council says

CRITICISM about SA Nursing Council (SANC) investigations into alleged misconduct by nurses was undermining the basic rights of citizens to acceptable standards of nursing. *Sowetan 21/2/91* (95)

This is the view of SANC president Prof Wilma Kotze who yesterday reacted to criticism by the National Education, Health and Allied Workers' Union (Nehawu) to council hearings into alleged misconduct by nurses arising from strikes.

She gave assurances that each nurse would be given the full opportunity to raise any defense or excuse for any alleged unprofessional conduct.

The Council was responsible for promoting and maintaining acceptable health and nursing standards, to the benefit of all South Africans, irrespective of race, colour or creed, she pointed out.

Kotze denied an allegation by Nehawu, that the Council had given an undertaking to the union not to take disciplinary action against nurses participating in strikes.

She called on Nehawu to cancel a planned protest march on Saturday, February 23, and to instead meet the Council to discuss the dispute. - Sapa

Nurses' meeting 'encouraging'

The meeting between the National Education, Health and Allied Workers' Union (Nehawu) and the SA Nursing Council in Pretoria on Monday, was encouraging, the union said. *8/26/91*

Nehawu had demanded that the Nursing Council withdraw disci-

plinary action against those who took part in strikes last year, and that an independent commission of inquiry be set up to address the causes of strikes. (95)

Although the demands were not met, Nehawu said it was optimistic the problems would be resolved. — Staff Reporter.



Training is inadequate, says doctor

Sowetan 28/7/91

By PEARL MAJOLA

MEDICAL training in South Africa does not prepare students to work under the poor conditions prevailing at rural and township health facilities, a leading doctor has said.

Eastern Transvaal obstetrician Dr Eddie Mhlanga, addressing the Lesedi Health Discussion Group conference at Vista University, said: "The environment for training and the facilities available (in medical school) are all not in the real world. In the training institutions, sophisticated machinery receives priority."

When doctors left those institutions and joined facilities lacking such equipment, they found themselves at a loss as to how to treat patients.

He said diseases doctors encountered as professionals bore little resemblance to those they were taught at medical school.

"Is it a wonder then that more than 50 percent of the graduates of Wits and Cape Town leave the country for Australia, Canada, America and Europe?" Mhlanga asked.

He said that those who left were replaced by doctors often recruited from Europe who were not familiar with the health problems facing people in South Africa.

Mhlanga also highlighted the plight of rural health workers and patients. The 266-bed hospital where he was based in the eastern Transvaal had not expanded since the 1970's, he said.

It was overcrowded and in a state of disrepair. More than 80 patients shared two toilets and two showers. Patients often shared beds.

More than 50 mothers died every year during or immediately after childbirth from postpartum bleeding, uncontrollable hypertension or infections.

Mhlanga said Aids was a threat to health workers. He noted that there was no policy holding employers responsible for the safety of health workers.

He also stressed that there should be co-operation between all health workers, including traditional healers and spiritualists.

He urged training institutions, when admitting students, to consider how well they would serve the needs of various communities.

He said currently "as long as one passes matric with good symbols in mathematics, physical science and English there is a place for him at medical school".

Answered set aside or alter such order or to issue another order which he may deem just. The procedure to be followed by such a member is set out explicitly in Prisons Regulation number 78. In terms hereof a member who wishes to appeal to the Minister against an order of dismissal or demotion in rank or seniority must within fourteen (14) days of written notification to him of the issue of such order, lodge a notice of appeal in writing to his commanding officer for transmission to the Commissioner. The member concerned must clearly and specifically set out the grounds on which the appeal is based and he may at the same time himself or through his legal representative submit written arguments or representations in support thereof. The Commissioner must then submit the notice of appeal and written arguments or representations together with the record of the proceedings of the inquiry and the findings and reasons of the commissioned officer who conducted the inquiry to the Minister for consideration.

Of the thirty six (36) members concerned six (6) have appealed against the decisions. These applications for appeal are being dealt with at present.

In conclusion I would like to mention that strikes by members of the Department of Correctional Services are seen in a very serious light, inasmuch that a Bill was passed by Parliament as recently as 1990 making provision for the summary dismissal of members who make themselves guilty of this practice.

Petrol: maximum price

*11. Mr W UNEL asked the Minister of Mineral and Energy Affairs and Public Enterprises:†

- (1) Whether he envisages prescribing only a maximum price for petrol in all the fuel zones in the Republic; if not, why not; if so, when;
- (2) whether such maximum prices will be calculated on exactly the same basis as the present fixed prices; *Answered* 12/3/91
- (3) whether this arrangement in respect of a maximum price will also apply to the wholesale price of diesel;

HOUSE OF ASSEMBLY

- (4) whether consideration is being given to reducing the price of paraffin; if not, why not? *Answered* 12/3/91 B417E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

- (1) In accordance with Government's policy on commercialisation and deregulation, an investigation into Government's involvement in the petroleum industry is also being conducted. The investigation is a comprehensive exercise and is still not fully finalised. The Competition Board was also approached for advice. Any possible change to the existing pricing policy can only be considered after the lifting of oil sanctions against South Africa.
- (2) Falls away.
- (3) The prices of petrol, diesel and illuminating paraffin have for many years been controlled on wholesale level only as maximum prices.
- (4) Yes, an announcement will be made in the not too distant future.

Independent Black states: reincorporation into RSA

*12. Mr A E DE WET asked the Minister of Foreign Affairs: *Answered* 12/3/91

- (1) Whether the South African Government has been approached by any of the four independent Black states with a view to reincorporation into the Republic; if so, (a) by which states, (b) when and (c) what was the response in each case; if not,
 - (2) whether the Government will take steps to facilitate the reincorporation of these states into the Republic at the earliest opportunity; if not, why not; if so, (a) what steps and (b) when;
 - (3) whether he will make a statement on the matter? B431E
- The MINISTER OF FOREIGN AFFAIRS:
- (1) and (2) I have already replied to these questions in my response today to question 1 of the interpellation.
 - (3) No, not for the time being.

Group areas permits: abolishment

*13. Mr L FUCHS asked the Minister of Planning, Provincial Affairs and National Housing:

Whether, in view of the reply by the Minister of Justice to Question No 20 on 19 February 1991 in regard to prosecutions against persons contravening the Group Areas Act, No 36 of 1966, he will take steps to abolish the necessity to apply for group areas permits; if not, why not; if so, (a) what steps and (b) when?

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING: *Answered* 12/3/91 B432E

In view of the announced repeal of the Group Areas Act, I have requested all institutions which are concerned with the administration of permits, to grant permits on a free basis. No further group areas or free settlement areas will be proclaimed.

- (a) and (b) Fall away.

Nurses: salary increase

*14. Mr B B GOODALL asked the Minister of National Health: *Answered* 9/5

- (1) On what date did nurses receive their most recent salary increase;
- (2) whether radiographers were given a salary increase at the same time; if not, why not; *Answered* 12/3/91
- (3) whether it is the intention to increase radiographers' salaries in the near future;
- (4) whether she will make a statement on the radiography profession in South Africa? B441E

The MINISTER OF NATIONAL HEALTH:

- (1) 1 July 1990;
- (2) no, the occupational class Radiographer was not identified by the Cabinet for an occupational specific investigation during the 1990/91 financial year;
- (3) finality has not been reached yet about which occupational classes' salary structures will be improved during the 1991/92 financial year. An announcement in this respect will be made soon;

Single department of health

*15. Mr M J ELLIS asked the Minister of National Health: *Answered* 9/5

- (1) Whether her Department has taken any steps to consider the administrative, financial and national health implications of a single department of health for South Africa; if so, what steps; if not, why not;
- (2) whether she will make a statement on the matter? *Answered* 12/3/91 B446E

The MINISTER OF NATIONAL HEALTH:

- (1) The Department of National Health and Population Development is at present in the process of considering various models for the restructuring of health services. Extensive deliberation and consultation by the Department with the relevant role players take place at high level on a continuous basis. In the consideration of the different models various factors, including the administrative, financial and health implications, are taken into account;
- (2) no.

*16. Mr P G Soal — Home Affairs. [Withdrawn.]

Johannesburg: rapid rail transit system

*17. Mr P G SOAL asked the Minister of Transport:

Whether, with reference to his reply to Question No 106 on 2 March 1988, a decision has been taken on the introduction of a rapid rail transit system for Johannesburg; if not, why not; if so, what was the decision? B461E

The MINISTER OF TRANSPORT:

No. Upon recommendation of the then National Transport Commission (NTC), the former Minister of Transport approved, in September 1988, a full feasibility study to a mass transit system for the Greater Johannesburg Area. This comprehensive study, which is being conducted by the Masstran Consortium, will include an investigation into a rapid rail transit system as an alternative transport system and is expected to be completed by the end of June 1991. A report will then be

HOUSE OF ASSEMBLY

Streamlined college for Mmabatho

^{Biday 1313/91}
A NEW nurses' training college, designed by local architects Stauch Vorster, is to be built in Mmabatho for the Boputhatswana Department of Health.

"The building is scheduled to be on site by June 1991 for completion by the end of 1992," Stauch Vorster said.

The brief was jointly developed by Stauch Vorster and specialist consultants

from the University of the Witwatersrand and the Development Bank of SA, and called for an appropriate and cost-efficient design within the SA socio-economic environment.

The college was planned to accommodate 600 students a year on a "block-release" system and would be in continuous use.

As a result, far less accommodation needed to

be provided for, which in turn had lessened large capital building costs, Stauch Vorster said.

The buildings would be grouped around three main courts.

The academic court would centre on teaching and administrative facilities, while the second court would focus on recreational facilities.

The third would act as a

unifying space for the residential component.

"The courts are intended as a series of interconnected, controlled spaces, providing psychological and practical security in the expanse surrounding the buildings," Stauch Vorster concluded.

As details for the financing of the project had still to be finalised, no figure was released for the development.

Airports to be commercialised

GEORGE — SA's nine state airports could be fully commercialised by next year, Transport Minister George Bartlett said yesterday.

Bartlett said state airports would not be privatised but would probably continue to be run on a commercial basis by companies owned 100% by the state.

Bartlett was speaking at a ceremony at which George's P W Botha Airport received the Airport of the Year award.

He said full privatisation of airports was "a long way off" and that commercialisation under state control was the preferred means of making them profitable concerns.

"Airports have to offer all user airlines equal service opportunities and accommodation in landing slots, ground facilities and passenger and baggage handling services," he said.

Bartlett said a task group comprising the Directorate of Civil Aviation and other parties with interests in the commercialisation of airports had been convened to investigate several possible models.

Bartlett said full commercialisation

LINDEN BIRNS

could be expected within the next year.

In terms of the commercialisation proposals, separate companies would be set up each responsible for one of the nine state airports.

"These companies, with independent trading accounts, will be accountable for the failure or success of each airport which will have to be run according to sound business practices," he said.

Bartlett likened the proposed model to the UK's previous state-controlled Airport Authority, and said the new structures would probably resemble state corporations similar to Eskom, Iscor and Sasol.

He added that the Transport Department had been preparing for the change in airport management and had called for nominations of people to sit on an Air Services Licensing Council which would be charged with implementing new policies.

SAA CE Gert van der Veer said the airline was not going to make a nomination as it was not prudent for airport users to be put in a position where they would be granting themselves licences.

'Major health care challenges face SA'

PRETORIA — The provision of an equitable non-discriminatory health care system was one of the major challenges facing the health care sector, National Health and Population Development director-general Coen Slabber said yesterday.

Speaking at the SA Nursing Council AGM, Slabber

GERALD REILLY

said other challenges were AIDS, the unacceptably high population growth, rapid urbanisation, the low economic growth rate and shortage of funds.

It was decided that the future health care system had to be based in primary health care and had to pro-

vide an equitable service accessible to all.

And Nursing Council president Wilma Kotze said there was reason for grave concern about the shortage of nurses particularly in the fields of intensive care and cancer.

She said the number of nurses had risen by 2% last year.

Delegates will discuss union issues

VERA VON LIERES

THE Nactu-affiliated Metal and Electrical Workers' Union (Mewusa), representing 26 000 workers, is to hold its national congress in Johannesburg this weekend.

Mewusa general secretary Tomi Oliphant said yesterday about 350 delegates from various regions countrywide would meet to discuss a range of issues.

Mewusa is one of the 12 unions involved in negotiations in the metal and engineering industries.

It is demanding a R1,50-an-hour across-the-board increase for all employees and a minimum hourly rate of R6 for the lowest grade workers.

It is also demanding a 40-hour week and pushing for wage differentials between various grades to be eliminated.

Other demands include March 21 as a paid public holiday; an increase in shift allowances; and a minimum four weeks severance pay per year of service.

The union has also tabled demands on the training of operatives and artisans which, it says, is one of its main demands.

The next round of talks in the metal and engineering industry will take place early next week.

FURNTECH

FURNTECH LIMITED

(Registration number 68/12431/06)
("Furntech")

OFFER TO MINORITY SHAREHOLDERS:

HOUSE OF ASSEMBLY

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Rural hospitals: shortages

98. Dr W J BOTHA asked the Minister of National Health:

- (1) (a) At what medium-sized rural hospitals of approximately the size of the Paul Kruger Memorial Hospital at Rustenburg are shortages of (i) doctors, (ii) paramedics and (iii) administrative control staff being experienced and (b) what is the extent of these shortages, in each case;

- (2) whether any action is being taken to fill vacancies in such hospitals so that it will no longer be necessary to refer patients to academic hospitals for treatment; if not, why not; if so, what action? B274E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) and (b) At the Paul Kruger Memorial Hospital with 314 beds, there are no vacancies in the relevant categories. At other rural hospitals with approximately the same number of beds, the situation is as follows:

BARBERTON HOSPITAL

Number of beds: 298

Number of vacancies:

- (i) medical: one post of Specialist for session allocation, 4 sessions per week

- (ii) paramedical: one post of Radiographer

- (iii) administrative control staff: no vacancy

KALIE DE HAAS HOSPITAL

Number of beds: 313

Number of vacancies:

- (i) medical: no vacancy

- (ii) paramedical: two posts of Physiotherapist

- (iii) administrative control staff: no vacancy

MIDDELBURG HOSPITAL

Number of beds: 331

Number of vacancies:

- (i) medical: four posts of Specialist for session allocation (altogether 17 sessions per week)

- (ii) paramedical: no vacancy

- (iii) administrative control staff: no vacancy

ROB FERREIRA HOSPITAL

Number of beds: 308

Number of vacancies:

- (i) medical: no vacancy

- (ii) paramedical: one post of Occupational Therapist

- one post of Speech Therapist

- (iii) administrative control staff: no vacancy

WITBANK HOSPITAL

Number of beds: 333

Number of vacancies:

- (i) medical: four posts of Specialist for session allocation (altogether 14 sessions per week)

- (ii) paramedical: one post of Radiographer

- (iii) administrative control staff: no vacancy

- (2) Yes, action is being taken to fill vacancies at such hospitals. Vacant posts are advertised regularly.

The Directorate Liaison Services of the Provincial Administration of Transvaal is also primarily involved in the recruitment of school pupils to undergo training in several occupations. Much input is annually made in this connection.

So, for instance, recruitment actions and

exhibitions were held at 70 schools in the Transvaal during the year, 1990. In addition, the Provincial Administration of Transvaal participated in Careers 2000 during May 1990 at the Pretoria Showgrounds where thousands of pupils and national servicemen from across the whole Province could find out more about occupations in the Provincial Administration of Transvaal for a period of a week. As far as written advertising is concerned, the following special actions were launched during 1990:

* Six pages on various medical occupations appeared in the publication "Careers Unlimited". The publication is specially directed at making known several careers.

* In *Sarie* of 21 March 1990, a detailed article appeared under the title "Modern nursing—a challenge".

* In *Rapport* of 30 September 1990, a similar article appeared under the same title.

* In *The Pretoria News* of 20 September 1990, several occupations in the Provincial Administration of Transvaal were made known in a special supplement on various occupations.

* A similar recruitment article also appeared in *Beeld* in 1990.

It should be pointed out that these type of recruitment actions take place on an ongoing basis. In addition to this many open days are held at provincial hospitals in order to propagate various supplementary medical occupations.

The establishments are constantly being reviewed where the workload justifies it and funds for this purpose are available.

Nursing crisis

120. Miss M SMUTS asked the Minister of National Health:

- (1) Whether there is a nursing crisis in South Africa at present; if so, what steps are being taken in this regard;

- (2) whether any of the recommendations made in the South African Nursing Association's Report on the Inquiry into the Nursing Profession, 1990, have been implemented; if not, why not; if so, which recommendations;

- (3) whether nurses' salaries were improved recently; if not, why not; if so, what are the new salary scales; *from 26/3/91*

- (4) (a) how many nursing posts are vacant in provincial hospitals and (b) in respect of what date is this information furnished? B336E

The MINISTER OF NATIONAL HEALTH:

- (1) No;

- (2) The South African Nursing Association did not publish a report with regard to the Nursing Profession. The Health Matters Committee did publish a report in May 1990 with regard to the investigation into the nursing profession. All the recommendations related to salaries and conditions of service have been implemented within the framework of available funds except the following for the reasons indicated—

— the introduction of a shift allowance— financial implication;

— the increase in overtime allowance— financial implication;

— the increase in uniform and shoe allowances— financial implication;

— contractual binding and post standstill measures are at present being investigated by the Commission for Administration.

Other recommendations regarding internal matters were referred to the relevant health authorities, the Department of Finance and the SA Nursing Council who are involved in the execution thereof;

- (3) Yes, with effect from 1 July 1990. The disclosure of particulars in respect of the new salary scales is the prerogative of the Commission for Administration and information thereof can be requested from the relevant Minister;

- (4) (a) 4 186 and

- (b) 31 December 1990.

HEALTH MATTERS



Nurses in the health hierarchy - the myth of the health team approach to health care

New Nation (Learning Nation)

The health hierarchy in context

95

12/4 - 18/4/91

Before we can look at work within the health sector, it is important to consider the sexual division of labour and roles in our society as a whole.

In society, men are expected to be active participants in the labour force and are generally considered to be the breadwinners and decision-makers in the family. Women, on the other hand, are assigned responsibility for the caring and nurturing of the family - so-called "women's work". In the economy, women are usually employed in less skilled jobs with lower pay and lower status than men. Women often fulfil a supportive function to men in the workplace, for example as secretaries.

These sexual divisions are easily identified in the health sector. The function of curing patients is regarded largely as the work of doctors, who are usually men. In addition, the decision-makers in the health hierarchy are doctors.

Women health workers are found mostly lower down in the hierarchy in supportive or domestic positions which are viewed as requiring less proficiency and carry less responsibility. This work is seen as "women's work" and as an extension of the "traditional" role of women in the home.

Supportive roles to doctors include nursing, radiography and indirectly, domestic duties such as cleaning, cooking or laundry work. Women are therefore doing most of the jobs which are considered less professional, less skilled and less desirable and certainly the least pleasant. The results of the sexual division of health care labour have important consequences for women workers. These include less decision-making, less status and lower pay, with non-classified workers at the bottom of the scale.

In South Africa, the situation is made worse by racial discrimination, with black women representing the most oppressed group in our society. This discrimination is obvious in the large numbers of black women employed in the health sector doing the most unpleasant and least skilled work at the lowest pay.

The process of socialisation

The majority of nurses are women who have been socialised into accepting the role of care-giver and who are in a weaker position in the labour market. This has various implications for the nurse. Nurses accept a subordinate, supportive role in the health 'team'. They work long and unsociable hours with overtime, for poor salaries. They are expected to endure this without complaint. The education of nurses reinforces their socialisation as women by demanding subservience and uncritical acceptance of their role as care-giver.

Within the health hierarchy, nurses are expected to play a subordinate role not only to doctors, but also to the nursing and hospital bureaucracy. The nursing hierarchy is structured on a strict order of rank which is imposed from above and is largely inflexible. Relations between different ranks of nurses are often strained and based on fear rather than on co-operation.

Nurses are often afraid to oppose hierarchical structures for fear of victimisation. They are afraid to voice their dissatisfactions publicly and challenge authorities, either at hospital level or within their professional associations. Loyalty to employers and to patients prevents nurses from exploring and expressing their own needs. In the end this can only lead to demoralization. And so, loyalty to existing structures and hierarchies is not finally benefitting the patients!

The role and status of nurses

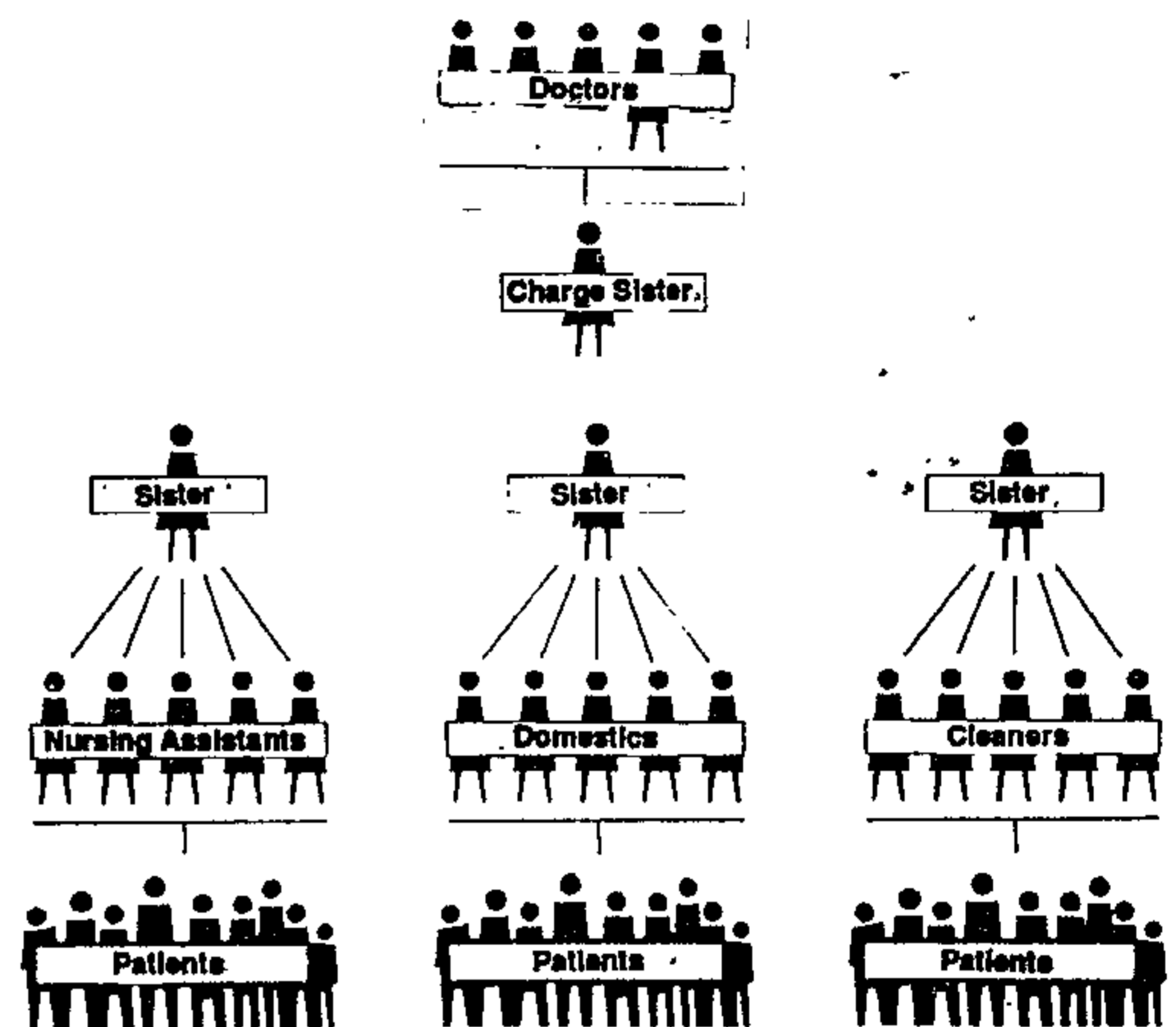
Although nurses are expected to play a subordinate role to doctors, it can be argued that this role is often unclear. On the one hand, nurses are expected to play a supportive role and to take and carry out doctors' orders. On the other hand, they are expected to accept a very responsible role in patient care.

Unable to make many decisions on the treatment of patients, the nurse nonetheless is often left to take sole responsibility for patients' welfare in the absence of doctors - for example, on night duty or in rural clinics. This is particularly common in the private hospital situation. The nurse is often the only person immediately available in an emergency. The nurse takes responsibility for administering most of the patients' care, giving medication, intravenous injections and fluids, maintaining tracheotomies and so on, any one of which could cause death of the patient if mishandled.

This is a difficult situation, which causes conflict in the doctor-nurse relation-

A hierarchy is a system of grades of authority from lowest to highest. For example, in the nursing hierarchy, matrons have more authority than sisters, and sisters have more authority than student nurses, and so on.

This is an example of a hierarchy in a hospital ward.



ship. On the one hand, doctors insist on maintaining their powerful decision-making role on the health 'team' and on the other hand they expect nurses to take the responsibility for the patient's life when they are not around.

Although the capabilities of nurses are acknowledged, doctors are still reluctant to consider equal working relations with nurses. While in many ways the roles of doctor and nurse are very different, the one is no more important than the other and therefore does not justify such great differences in authority, rank, salary and reverence. This inequality creates disharmony, resentment, even fear between the two sectors of health workers who should be working closely together.

Authoritarian relationships work against good patient care for a variety of reasons. Nurses are afraid to query orders they don't understand, are afraid to report mistakes and may simply refuse to co-operate in order to protect themselves. In the interests of patient care, the health 'team' should work towards equity and away from the elitism that has prevailed for so long.

Learning Nation will be running a series on organising nurses in the near future. This is an important issue. How can nurses improve their working conditions and the conditions of their patients? Perhaps you would help us to write these articles by writing in to us and telling us what you think about the following:

1. Should nurses join unions such as NEHAWU?
2. If you are a nurse, do you want to join a union?
3. Should nurses go on strike?
4. Do nurses have the right to fight for better conditions of work?
5. Do you think the South African Nurses Association is a trade union? What reasons do you have for saying that it is or is not?
6. Does SANA look after the needs of nurses?

Please send your letters to Learning Nation, P.O. Box 11350, Johannesburg, 2000.

Acknowledgement:

This article first appeared in Critical Health No. 24 in October 1988. If you want to subscribe to Critical Health you can write to them at P.O. Box 16250, Doornfontein, 2028.

(c) (i) and (ii)(aa)

Prosecutor	3
Regional Court	1
Pietermaritzburg	1
Pretoria	1
Pretoria North	1
Pietermaritzburg	1
Johannesburg	10
Verulam	4
Springs	2
Wynberg	2
Stanger	1
Alberton	1
Durban	1
Benoni	3
Mtunzini	1
Krugersdorp	1
Greytown	1
Moussie	1
Kimberley	1
Vanderbijlpark	1
Empangeni	1
Witbank	1
Potgietersrus	1

State Advocate

Krugersdorp	1
Malmesbury	1
Johannesburg	1
Attorney-General, Cape Town	1

(c) (i) and (ii)(cc)

Prosecutor

Regional Court	4
Durban	4
Port Shepstone	1
Verulam	4
Chatsworth	4
Durban	4
Scottsburg	3
Pietermaritzburg	1
Pinetown	2
Johannesburg	2
Wynberg	2
Queenstown	1
Kimberley	1

Magistrate (District Court)

King William's Town	1
Stanger	1

(c) (i) and (ii)(bb)

Prosecutor

Regional Court	4
Cape Town	2
Wynberg	2
Worcester	19
Port Elizabeth	4
Vanderbijlpark	2
Worcester	1
Port Elizabeth	1
Witbank	5
Johannesburg	1
Springbok	1
Evander	1
King William's Town	2
East London	1
Goodwood	1
Grahamstown	4
Malmesbury	1
Kuilsriver	1
Relief Staff	2
Randburg	1
Wynberg	1
Queenstown	1

State Advocate

Durban	1
Verulam	1
Stanger	4
Ladysmith	1
Chatsworth	1
Pinetown	3
Attorney-General, Johannesburg	1
Attorney-General, Durban	1

Assistant State Attorney

State Attorney, Durban	2
State Attorney, Johannesburg	1

Senior Assistant State Attorney

State Attorney, Johannesburg	1
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Unemployment insurance cards

277. Mr P H P GASTROW asked the Minister of Manpower: 23/4/91

Whether any employers were (a) prosecuted and (b) warned in 1990 for failing to keep their employees' unemployment insurance cards up to date; if so, how many in each category?

B736E

The MINISTER OF MANPOWER:

- (a) Yes — 2
- (b) Yes — 7 728.

Education authorities: amounts allocated

284. Mr R M BURROWS asked the Minister of National Education: 23/4/91

- (1) Whether he or his Department has been granted powers or additional powers in order to oversee or control the amounts of money allocated by his Department to the various education authorities; if not, by what mechanism will spending be limited to the allocation; if so, what is the nature of the powers granted;
- (2) whether any of the existing education authorities exceeded the allocation made to it by his Department in any of the past three financial years; if so, (a) which authorities exceeded their allocation and (b) by what sum did they exceed it;
- (3) whether he will make a statement on the matter?



B750E

The MINISTER OF NATIONAL EDUCATION:

- (1) No. Control over the amount of money allocated to the various education authorities is carried out in terms of the Exchequer and Audit Act, 1975 (Act 66 of 1975). The accounting officers of the various Education departments and Administrations are in the first place responsible that the amounts budgeted are not exceeded. Appropriation accounts of departments must be audited by the Auditor-General each year.
- (2) The heads of the Education departments and Administrations concerned are accountable for their department's allocation.

Information requested in (a) and (b) should therefore be obtained from their respective Ministries.

Nurses: new salary scales

310. Miss M SMUTS asked the Minister of State Expenditure and for Regional Development:

- Whether new salary scales for nurses were introduced with effect from 1 July 1990 or a later date; if so, (a) what are these scales and (b) when were they introduced?

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B811E

The MINISTER OF STATE EXPENDITURE AND FOR REGIONAL DEVELOPMENT: 23/4/91

- (a) see attached Annexure
- (b) new salary scales were introduced for nurses with effect from 1 July 1990.

Annexure

The salary scales are as follows:

Student Nurse:	R7 011.9 999/7 410-12 429 + 10% non-pensionable allowance
Professional Nurse:	R17 403-25 584 + 10% non-pensionable allowance
Senior Professional Nurse:	R23 766-30 561 + 10% non-pensionable allowance
Chief Professional Nurse:	R31 917-37 341 + 10% non-pensionable allowance
Nursing Service Manager:	R37 341-43 335 + 10% non-pensionable allowance
Senior Nursing Service Manager:	R41 694-48 258 + 10% non-pensionable allowance
Chief Nursing Service Manager:	R48 258-56 217 + 10% non-pensionable allowance
Deputy Director: Nursing Services:	R58 323-68 763 + 10% non-pensionable allowance

'Racist' nurses rapped 95

Sowetan 24/4/91
NURSES at Pietersburg Provincial Hospital have been reprimanded by the hospital's superintendent for ill-treating a black patient, a doctor there said.

Mr Peter Makonyama, a Seshego teacher admitted to the "white" section of the hospital, said he had complained to hospital authorities of racial insults by white nurses, some of whom used gloves when touching him.

Dr DJ Moolman said the matter had been resolved.

By MATHATHA TSEDU

She said: "There is a lot of adjustment to be done by many people here as far as the new South Africa is concerned. Some take a longer time than others.

"The reality is that the hospital is now open and we are trying our best to do the best for our patients."

Makonyama said he was told the nurses

● To Page 2

Hospital warns 'racist' nurses 95

Sowetan 24/4/91
From Page 1

responsible had been reprimanded, but asked: "How do I know whether this is true or not when this was not done in my presence? I feel unsafe here."

He said the nurses, in an apparent protest against his admission to the hospital, had been singing songs on Saturday afternoon calling for the reintroduction of apartheid.

The nurses also sang songs to the effect that they did not want to talk to "kaffir boeties", Mokonyama said.

He said the nurses even avoided coming into his side of the ward, where he was alone.

When nurses were supposed to go to Mokonyama's ward and explain his condition to their counterparts coming in for a new shift, they discussed his condition in the corridor, he said.

Then the nursing sister in charge would open the door and greet him from there before moving on.

Mokonyama said one nurse had put on gloves each time she took his temperature.

PRIVATE TAX TO TRAIN DOCTORS

SI Time 5/19/91 By EVELYN HOLTZHAUSEN 95 (12) (12)

PRIVATE hospitals could be asked to pay a special tax to fund academic medicine and the training of nurses in teaching hospitals, if state funding continues to be slashed.

The stern warning has come from Professor John Terblanche, president of the South African College of Medicine.

"We are lurching from crisis to crisis," he said. "And if academic medicine collapses and our medical schools just don't have the funds to attract top academics to train doctors and nurses, the training will become a corpse that will be extremely difficult to revive."

He said private hospitals and clinics were responsible for "stealing" nurses from training hospitals as they did not train nurses themselves.

"You can't blame the nurses for wanting to earn more," he said. "The state cannot compete with the salaries offered by private hospitals."

"But private hospitals and clinics could be taxed and the money earned from the tax could go back to the training institutions."

Professor Terblanche said that in the old Groot Schuur Hospital there had been 30 beds available for surgical patients but, because nurses trained in intensive care had been "stolen" by the private hospitals, there were now only six.

The state, he said, was forcing cuts to budgets which had already been cut the the bone and in effect by so doing "punishing success". If the situation continued, the practice of medicine in South Africa would drop from First World to Third World standards.

Nurses face the challenge of cost-effective health care

Own Correspondent

DURBAN — Affordability is as much the keyword in health care as it is in all of our daily living, the patron of the South Africa Nursing Association, Margaret Lessing, said.

She was speaking at the fourth biennial congress of the National Society of Community Nurses of South Africa, where she pushed for the greater use of registered nurses.

"By any world standards we

are — bearing in mind our circumstances — a healthy nation well aware that to maintain and improve the standard of health to meet the challenges and the contingencies, we have forever to be planning and adapting, training and seeking knowledge that will enable us to meet today's problems and circumstances and to lay the foundations for tomorrow," she said.

"Achieving the balance between funding, quality and service in providing cost-effective

health care and efficient alternatives for delivering health care in the future is the challenge of today."

With emphasis now on a plan between funding, quality and service, Mrs Lessing said there was tremendous interest being shown in the Department of Health's new umbrella policy-making council where nurses would be directly represented. Nursing was an important component of the health manpower system, she said.

The World Health Organisation recommended six years ago that there should be a ratio of one registered nurse for every 250 people in First World countries and one for every 500 in Third World countries.

"In the WHO's latest recommendation for South Africa, it gives one registered nurse for every 263 people or 38 nurses for every 10 000 people," she said. As the current ratio was far less, the enormity of the task ahead could be seen.

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W4
8 Feb 14/5/91

Six Venda nurses to stand trial

By Willie Mashau
Northern Transvaal Bureau

THOHOYANDOU — Venda's Attorney-General, Bruce Morrison, has ordered the prosecution of 14 Siloam Hospital staff members, including six nurses whom the government alleges had intentionally caused the closure of the hospital in January.

Yesterday Mr Morrison said all accused would stand trial on May 27, charged with intimidation and sabotage. Eight accused are on R1 000 bail each and six on bail of R2 000 each.

Branded

According to the indictment, the accused, as members of Siloam Hospital Workers Representative Committee (SHWRC), forced the termination of the services of the medical superintendent, Dr E Helms, after he was branded a racist, and further demanded the termination of all Dutch doctors' contracts. All 11 Dutch doctors at the hospital resigned.

The prosecution of the 14 follows strikes and sit-ins at the hospital during November and December last year when most of the nurses and administrative staff demanded the resignation of two newly recruited Dutch doctors from Holland after the doctors' qualifications and credentials were questioned.

The SHWRC alleged that "these two doctors who have only four years' medical training" left a swab inside a patient's stomach during surgery, and after the patient had complained, Dr Helms disposed of the surgery report.

● Temporary doctors are keeping the hospital running.

Row over nursing shortage

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Sowetan
17/5/91

ONLY a fraction of nursing staff leave teaching hospitals to join private clinics, an official of the National Association of Private Hospitals said.

Mr Brian Davidson, NAPH vice-chairman, was responding to a Press report which said private hospitals and clinics were stealing nurses from State hospitals.

"About 15 percent of State-trained nurses are employed by private hospitals to care for 20 percent of the population. The majority of nurses join private industry to earn better salaries and because they do not have such long working hours," he said.

Referring to the warning that private hospitals could be asked to pay a special tax to fund academic medicine, Davidson said private hospitals were already contributing much to training.

"Job-specific training is often sponsored with the hospital picking up the bill for training costs. It must be remembered that private hospitals pay considerable income tax to the Government.

"NAPH has on three occasions made proposals to the Minister of Health regarding the funding of nurses but to date we have had no response to the proposal.

"NAPH believes time is opportune to review the present four-year registered nursing course as it is felt that the additional year is not producing the quality of nurse originally envisaged," Davidson said.

Qualities of nursing counsellors 95

NURSING student

counsellors from nursing colleges throughout South Africa have attended a three-day symposium at the Nann Latsky Nursing College of the JG Strijdom Hospital in Johannesburg.

The symposium, titled 'The Student Counsellor: A Must for Nursing Education', was aimed at establishing and maintaining student counselling services at nursing colleges.

A student counsellor at the Baragwanath Nursing College, Mrs Mildred Makhaya, said a

are outlined

BY GRACE
RAPHOLO

student was a person assigned to help and support students pursuing the nursing education programme.

Competent

"She is a person qualified with counselling skills and is competent to form a well-organised guidance system for students in order to provide personal and professional develop-

ment."

Speaking about the qualities required of counsellors, she said a counsellor must be able to function as an independent practitioner while maintaining a mutually co-operative relationship with the principal of the nursing college.

The appointed person was required to have self-awareness, self-confidence, empathy, initiative, insight, clear judgment and profes-

sional confidentiality.

She should also be capable of sound decision making, good interpersonal relationship and an ability to function within the college environment.

Channels

Makhaya said the counsellor was expected to ensure her continued professional competence and development by using correct communication channels.

She said the location of the counselling service was important although there was little choice.

A separate service

housed away from the main hospital or college was ideal as it provided total autonomy. She said clients were reluctant to use a service where they were seen by colleagues and members of staff.

The Academic Support Programme available at Bara offers nursing student study skills, life skills, English and subject help.

The symposium was well attended by counsellors from as far afield as Ciskei, Venda, Gazankulu and the Cape Region.

New nurses' body to challenge old 'undemocratic' association

Star 6/6/91
By Montshiwa Moroke

A historic conference to launch the Nurses' Forum is to be held in Johannesburg at the weekend, it was announced this week.

The announcement was made at a media conference of the nurses' interim committee at the offices of the Congress of South African Trade Unions (Cosatu).

The forum's long-term goal would be to transform itself into a viable organ of the nursing profession and to articulate the democratic ideals of

nurses in a post-apartheid South Africa, the body said in a statement.

It said State policy on the nursing profession had been characterised by racial discrimination to such an extent that the majority of nursing staff, mainly black, were permitted to work "only at the expense of their personal dignity".

It said the nursing association, which was almost exclusively white, had "blatantly ignored the principle of freedom of association" and had demanded compulsory membership under white management.

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The nursing council, it said, "adjudicates over the careers of thousands of nurses in an undemocratic and imperious manner".

The new structure would devise an effective campaign to stop the SA Nursing Council from taking disciplinary action against nurses who took part in protests.

The conference, which is open to all nurses, will be held at the Allied Building on Saturday. Details can be obtained from the National Education, Health and Allied Workers' Union at (011) 29-3202/3.

Nurses support right to strike

By SHARON CHETTY

A NEW nursing body which recognises the right of members to take industrial action, including strikes, was formed yesterday.

The Transvaal Nurses' Forum was launched in Johannesburg in opposition to the SA Nursing Council — which has a predominantly white membership — and the SA Nursing Association.

It will campaign for nurses to be recognised as "workers" with full trade union rights.

Among the issues the forum will tackle immediately are racial discrimination in the profession, unsatisfactory working conditions and the right to strike.

It will also encourage nurses in other provinces to form similar groups.

Spokesman Mondli Gungurelel said nurses had "wide-ranging" grievances against SANA and its governing body, SANC.

Pressure

"Every nurse is required by law to join SANA. But, while SANA has a membership of around 160 000, its track record shows it has not been truly representative.

"Working conditions and promotion prospects for black nurses still leave much to be desired."

The forum's first action will be to pressurise SANC, through protests and mass marches, to cancel disciplinary hearings for more than 100 nurses who took part in strikes last year over working conditions and salaries. *5/ Times*

The hearings are set for the end of June and the protests will begin next week. *9/6/71*

Mr Gungurelel said discussions were still being held on whether or not the forum would become a fully-fledged trade union.

It also had the option of working with other groups representing health sector workers, he said.

Nurses' Forum plans demos

BLACK nurses from the newly-formed Nurses Forum, set up in opposition to the SA Nurses Council and the SA Nurses Association on Saturday, will engage in a programme of mass action to protest against disciplinary action to be taken against several nurses.

Task force

At a consultative conference at the weekend, addressed by former nurse and deputy chairwoman of the ANC Womens League Mrs Albertina Sisulu, a task force to co-ordinate the actions was elected.

About 52 nurses from hospitals in the Transvaal face disciplinary action from Sanc on July 12 for "breach of the code of conduct" arising from protest actions earlier this year. - Sapa.

SOUTH AFRICA is desperately short of nurses and unless quick and creative action is taken, state hospital services may collapse, according to the June issue of "Reader's Digest".

The South African Nursing Association recorded a shortfall of at least 12 000 registered nurses last year with these resigning at the rate of 10 a day.

As a result, hospitals around the country are

Call for urgent action as 10 nurses resign each day

reducing the numbers of patients admitted, closing wards and delaying surgery — even emergency surgery.

The critical shortage of nurses is compounded by a lack of non-medical support staff. In a 1987 study, it was found that

nurses spend as much as 46% of their time on non-nursing activities. These include paperwork, ordering and distributing meals, checking linen, answering phones and running to the laboratory and the pharmacy.

In a summary of the

Mount Grace Report published by the nursing association, it was found that nurses left for five reasons: poor salaries, inflexible work schedule, having to perform house-keeping and paramedical duties instead of nursing, an excessive work-

load and inadequate conditions of service.

The Report recommended immediate salary adjustments and clearer job descriptions for all categories of hospital staff, and that nurses should be involved in every level of hospital management.

It further recommended that arrangements regarding working hours be handled with greater sensitivity.



South Africa desperately needs more eager young nurses like these.

Nurses to march in protest ⁽⁹⁵⁾

The Interim Nurses Forum has planned protests, including nationwide marches by health workers, on Saturday.

They will protest against disciplinary measures to be taken against nurses who parti-

icipated in industrial action last year. *SK 4791*

The National Education, Health and Allied Workers' Union said yesterday the disciplinary action was contrary to an agreement. — Sapa.

Council finds nurse guilty

By ALINAH DUBE

A NURSING assistant and member of the National Union of Wine, Spirits and Allied Workers, who joined a strike at Distillers Corporation, was yesterday found guilty of disgraceful conduct by the disciplinary committee of the South African Nursing Council.

Mrs Mabel Nkosi (55) was suspended from duty for three months. Her sentence was suspended for six months provided she is not found guilty of a similar offence within the period.

The committee heard that workers at the Wadeville depot of Distillers went on strike following a decision taken by secret ballot.

Although the strike was to have started on July 11 1990, workers were locked out six days before the scheduled date.

Nkosi said she could not go to work as a result of the lock-out by management and intimidation. She said she had been threatened with violence by other strikers.

Professor W Kotze, chairman of the committee, said the nurse's involvement in strike action was both unethical and unprofessional and could not be tolerated by the council.

In another hearing, two male nurses from KwaZulu were cautioned for having been found guilty of assault in a court of law.

Mr Mzamo Luthuli (26) and Mr Vitalis Lushaba (25) were both found guilty of assault in the Madadeni Magistrate's Court following an incident at Edendale Nursing College.

The two told the disciplinary hearing that they assaulted a man who was found trying to rape a nurse. They did this without intention but out of an emotional reaction because their colleague was about to be raped.

"We were emotional and assaulted the man while trying to apprehend and hand him over to the police. We ask for forgiveness," Lushaba said in mitigation.

Meanwhile, a Baragwanath Hospital nurse who went on strike in 1985 was also cautioned.

The case of Miss Windy Mogano follows a strike in which more than 800 nurses participated.

The committee said it was taking into consideration the fact that all the nurses who were dismissed by the Transvaal Provincial Administration at the time were reinstated following a ruling by Mr Justice Goldstein.

The ruling was based on the fact that those nurses were not given a hearing while they indeed had grievances.

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sowetan

17/7/91

(95) Star 18/7/91
Nurse found guilty over drugs

Pretoria Correspondent

A nursing sister who stole habit-forming drugs from a Pretoria hospital is to be removed from the nursing register subject to ratification in September.

Alta van der Merwe was yesterday found guilty of disgraceful conduct by a disciplinary committee of the SA Nursing Council.

The committee heard that Mrs van der Merwe

was convicted in 1983 of stealing 140 ampoules of Sublimaze, which contains morphine.

She was sentenced to one year's jail, suspended for five years, for stealing the drugs and to two years' jail, suspended for five years, for their possession.

The committee heard that Mrs van der Merwe had a previous conviction for the theft of scheduled medicines.

Suspension justified, says nursing body ^{star 1917/91} (95)

The South African Nursing Council (SANC) yesterday defended its disciplinary measures against nursing staff who indulged in strike action.

Referring to the suspension of nursing assistant Mabel Nkosi, SANC said it did not object to nurses joining unions.

SANC "does, however, have serious objections when nurses who are members of trade unions indulge in any action which puts helpless, ill and in some cases dying patients at unnecessary risk by depriving them of nursing care," the nursing body said in a statement issued in Pretoria.

In terms of its duty to the community, SANC was obliged to investigate any complaints of

misconduct and, if justified, to institute disciplinary hearings.

Mrs Nkosi was found guilty of disgraceful conduct and suspended from duty for six months after she had joined a strike at a distiller's depot in the Johannesburg area.

The sentence was suspended for six months.

The National Education and Health Workers Union (Nehawu) has condemned the disciplinary action.

"In the interests of the South African population, the council cannot accede to Nehawu's demands that it should cancel disciplinary hearings into nurses who have participated in strike action," the SANC statement concluded. —Sapa.

ARGUS 22/7/91

Primary-care nurses can help ease load⁽⁹⁵⁾ for doctors — prof

VIVIEN HORLER, Medical Reporter

A STELLENBOSCH professor has called for the training of more primary-care nurses in the Western Cape, saying they could help solve one of the main problems facing primary health care.

Professor Pierre de Villiers is head of the new department of Family Practice/Primary Care, part of Stellenbosch University's medical school at Tygerberg.

The department is the first in the Cape to come up with a solution to the problem of people with minor ailments swamping sophisticated hospitals.

It has launched a "polyclinic" that offers a general-practitioner service similar to a day hospital and it plans to take over one of the bigger day hospitals near Tygerberg to extend this.

Apart from providing a service to the community, the department also is training qualified doctors in family practice, plans to offer some undergraduate training and to train primary-care nurses.

"Hospitals in the Free State and the Transvaal have this sort of polyclinic," said Professor De Villiers, "but for some reason the Cape hospitals have been specialist-oriented. All patients were supposed to be referred, but the opposite has happened in reality."

"The hospitals here haven't been able to cope or keep up with the volume of patients and the situation has been made worse by rapid urbanisation."

"In the day hospitals doctors have been over-run by patients. When I was a GP in private practice I felt that if I saw more than 40 patients a day I wasn't doing my job properly."

"However, at some of the day hospitals doctors see between 60 and 100 patients a day and, if you're seeing that many people, what kind of service are you providing?"

More primary-care nurses could help to reverse the problem, believes Professor De Villiers.

"These are qualified nurses who have been trained to diagnose and treat disease, usually with a doctor available to provide back-up. Ideally, one would have six primary-care nurses to every doctor, but even with a ratio of three to one we could improve the service."

"If three nurses each saw, diagnosed and treated 30 patients in a day and each referred 10 to the back-up doctor, then four people would have coped properly with 120 consultations, instead, as happens now, of one doctor trying and failing to cope with 90."

Only about 35 primary-care nurses qualify each year in the Western Cape, from the Otto du Plessis Nursing College in Bellville.

prices also hit foreign markets

75% of jobs from small firms

PORT ELIZABETH — The small business sector generated 75% of new jobs in SA, said Port Elizabeth Small Business Development Corporation manager George Marriner in a statement yesterday.

As more than 85% of all business enterprises in SA could be considered small, with total assets of about R2m, this was not surprising, he said.

"Forty percent of overall economic activity in SA can be accredited to small-scale enterprises in both the formal and informal sectors."

"Small businesses are a low-cost means of providing employment and are an efficient way to utilise resources in the economy." — Sapa.

Venter and union agree strikes are 'undesirable'

THE National Education Health and Allied Workers' Union (Nehawu) said yesterday it had held "positive talks" with Health Minister Rina Venter over a number of health issues, among them the lack of proper consultation in the sector.

Nehawu national organiser Monde Mditshwa said the parties met yesterday to discuss a number of issues, including the question of disciplinary action taken by the SA Nursing Council

VERA VON LIERES

after the May 1990 nurses' strike.

"The axe is still hanging over the nurses' heads," Mditshwa said.

Disciplinary action by the Nursing Council would hamper the relationship between the authorities and the union and the rendering of services.

Mditshwa said the parties agreed strikes in the health sector were not desirable. Nehawu gave assurances it was in no way compromising services, but said legitimate grievances gave rise to the 1990 strike. These had not yet been resolved.

The parties are expected to issue a joint statement next week.

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Nurses want right to strike

95 TANIA LEVY

THE SA Nursing Council wants the ban on strikes by nurses to be lifted.

At a council meeting in Kimberley yesterday president Prof Wilma Kotze said the executive committee believed that the ban should be allowed to lapse.

She said the council would still be empowered to conduct disciplinary hearings when nurses left patients unattended without authorisation.

Such behaviour would always be considered a transgression of professional ethics, said Kotze.

But "emphasis should be on nurses' own professional conscience instead of external control and prohibition," she said.

The recommendations for amendments to the Nursing Act will be debated by the full council and forwarded to government.

Meyer lashes out at CP threats to hijack SADF

Billy Paddock 17/9/91

DEFENCE Minister Roelf Meyer yesterday lashed out at the CP and said he would not tolerate the party trying to hijack or exploit the political sentiments of members of the SADF.

He said the CP had not only indicated at its Transvaal congress at the weekend that it intended to hijack the SADF, but also stated its intention to exploit political sentiments of members for revolutionary purposes.

Reacting to threats from CP MP Koos van der Merwe, Meyer said: "It is vital that the SADF should not be dragged into party political debate — the SADF is not a political football, but a professional national security force that must be aloof from politics at all levels and at all times."

He said members of the force who defied discipline and abused the SADF for political purposes "will be severely dealt with".

"Neither I nor the SADF will tolerate party political interference in any aspect of defence force activity. I find Van der Merwe's remarks to be an insult to the professionalism and integrity of the SADF," Meyer said.

He said he wanted to make it clear that contrary to Van der Merwe's statements, he had no intention of presiding over the demise of the SADF.

"Similarly, I will not be dictated to by anyone on defence policy. The chief of the SADF, Gen Kai Liebenberg, and his senior officers are my chief advisers on policy matters. They have my complete confidence."

NS 9644

Nurses want right to strike

95 TANIA LEVY

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Bloay 17/9/91 BILLY PADDOCK

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VS 9644

Nurses could face fines

Sowetan 19/9/91.
95

THE South African Nursing Council is considering lifting the ban on strikes - but will enforce discipline.

The council will maintain its disciplinary powers whenever nurses neglect their patients by leaving them without authorisation.

This is the recommendation of SANC's executive committee.

It was announced by SANC president Professor Wilma Kotze during a full council meeting held in Kimberley.

The meeting is part of the centenary celebrations of the registration of nurses and midwives in

By PEARL MAJOLA

South Africa.

"The council is still empowered to conduct disciplinary hearings whenever nurses neglect their patients by leaving them without authorisation," she said.

Transgression

"Such behaviour is and has always been considered a professional-ethical transgression and thus subject to disciplinary scrutiny by the council."

The committee also recommended that provision be made in appropriate cases to extend the penalties for professional misconduct to in-

clude the payment of a fine as an alternative form of punishment.

Provision would also have to be made to allow for payment of an admission of guilt fine in appropriate cases to obviate the necessity for holding a full disciplinary hearing.

Kotze also said provision would be made for greater clarity and flexibility in the recognition of foreign qualifications.

"The council is receiving increasing numbers of applications from Eastern Bloc countries.

"It has become necessary to evaluate applicants from such countries by means of an entry examination to determine their suitability for enrolment or registration," she concluded.

WOMAN

Rapid change faces nursing

THE hallmark of future nursing leaders will be the ability to encourage, be willing effectively to evaluate and actively work in a changing society. *Sowetan*

These abilities will also be crucial to measuring excellence in clinical nursing, according to Dr Donna B Jensen.

Jensen, associate professor of the School of Nursing at Oregon Health Sciences University, USA, was addressing the centenary conference of the SA Nursing Association in Bloemfontein on Thursday. *23/9/91*

She said the World Health Organisation's primary health-care concept and health for all by the Year 2000 was changing nursing practice. *(15)*

By decentralising health care to the community, nursing would focus on teaching and consulting, instead of just being the giver of primary care.

Jensen said Aids was a long-term care challenge.

The restrictions on confidentiality, coupled with almost monthly changes in precautionary guidelines, made caring for these patients complex and frustrating.

Another example of rapid change was the new technology implemented without input from nursing staff who were expected to use it.

Jensen said future leaders would be those who were willing to take risks and who acknowledged change as a natural process in the evolution of the social world.

Miss M Storey CBE, a WHO adviser on nursing, said future leaders should inspire everyone to accomplish more in circumstances where resources were increasingly limited, and should use the system to become architects of the future.

Nursing also needed leaders who often remembered that their roots were firmly based in clinical nursing care by choice and inclination.

Storey believed that the future was bleak for developing leaders unless there was existing leadership to recognise and develop the potential present in the up-and-coming generation of nurses. - *Sapa*

Hospital nurses 'abuse' mental patients

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Allegations of abuse of patients by psychiatric hospital staff abound but the state has declined to prosecute two nurses charged with beating inmates, reports

CISKA MATTHES

W/Mail 4/10-10/10/91

Two male nurses of Westkoppies psychiatric hospital who were accused of severely beating patients will not be prosecuted.

Sixteen patients were allegedly beaten on the soles of their feet with broomsticks by the nurses last month, leaving two patients with broken feet and others needing medical treatment in hospital.

The Transvaal Provincial Administration, which runs Westkoppies, said in a statement that the nurses had been suspended for two weeks. "Statements were taken from the staff involved in this alleged incident before they were sent on compulsory leave for 14 days."

The TPA also expressed its "disbelief", and said that to its knowledge it was "the first time in the history of the hospital that something like this has happened".

Now, the two nurses are back on duty and the attorney general's decision is that the matter should be "resolved internally".

The *Weekly Mail* has found evidence that abuse of psychiatric patients by hospital staff may be a common occurrence, while patients have little or no chance of protection.

There are two cases of alleged abuse of white patients in Sterkfontein — another TPA psychiatric hospital.

And University of the Witwatersrand psychiatric department head Professor George Hart confirmed there was likely to be patient abuse in Sterkfontein, and, presumably, "in all big psychiatric institutions."

One ex-patient interviewed by *The Weekly Mail* claimed he was beaten up severely last year in Sterkfontein by male nurses; earlier he had been locked outside in the cold half-naked as punishment for escaping shortly after he



Little protection ... Patients at Westkoppies, where nurses allegedly assault the inmates. Photo: GUY ADAMS

was forcibly admitted to the hospital.

The nightmare story, told in an affidavit by the ex-patient, is confirmed by his wife and father, who saw his serious bruises and themselves were confronted with unco-operative hospital staff.

The ex-patient said he was assaulted by a senior male nurse when he refused to throw away the cigarette he was rolling.

"Then he attacked me and three other male nurses joined in. I was beaten, punched and kicked, on the head and in the sides.

"They stripped me naked and then dragged me up and down by my hair, in front of the side rooms, bashing me into walls and doors."

He says he did not fight back until the beating got worse.

According to a psychiatrist who used to work at Sterkfontein: "It is never defensible to assault a patient, at most an aggressive patient should be held down and sedated."

His father and wife say the man was not an aggressive, let alone dangerous patient.

He said he was locked up in a side room and drugged after the assault, until his family came to visit him the following day.

"My son walked with a limp in a stooped position," says his father. "He could hardly sit or stand up, complaining of a pain in his side. His right ear was covered with blood.

"He showed me the bruises on his right side, buttocks and legs. By then he had not even been seen by a doctor."

Later the patient was sent to Paardekraal Hospital for X-rays, where a report was made, saying "assaulted", and mentioning among other injuries bruised ribs, a purple abdomen and a bruised liver.

"The Sterkfontein psychiatrist said it was not the first time that patients had been assaulted," says the ex-patient's father.

A few hours after his father's complaints to the superintendent, the patient was discharged. "All of a sudden he was cured," commented his wife.

The episode started with the man's forced admission to Sterkfontein when he suffered from depression and anxiety.

ness to support the accusations was a fellow psychiatric patient.

Says Hart: "Abuse can happen in such a way that injuries are not easily seen — and what the patient says is not believed."

"Staff members may feel threatened by patients and abuse them when no one can see. It is inherent to the psychiatric system. There are too little funds and too few staff for the hospitals."

"Students who went for training to Sterkfontein as registrars have reported cases of abuse to me more than once."

Another psychiatrist who used to work at Sterkfontein mentioned hitting, holding down, and punching. He explained: "Most of the patients here are severely disturbed."

"At the same time, the staff is not the best. Some have psychopathic needs; they like to show who the boss is."

Other doctors and psychiatrists involved could not comment on the case of the interviewed ex-patient. "But, one of them said quickly, 'what he tells you is true.'"

In a sworn statement, another ex-patient of Sterkfontein also reports abusive treatment, after she was certified and "treated" for anorexia nervosa for seven months at Sterkfontein in 1986.

"I was locked up in a bare cell for three weeks, in a 'reward programme': they took everything away from me — my cigarettes, my clothes.

"They deprived me of water. When I banged on the door and shouted, no one would come.

"My parents were not allowed to phone or visit me.

"I was force-fed through a tube in my nose, or by closing my nose and pouring porridge down my throat. The treatment affected my intestines in such a way that I could not sit still for pain.

"Once, when I had not eaten my soup, the nurse poured it over me and left me like that.

"The psychiatrist kept threatening me with stronger measures."

The TPA this week said it could not yet respond to the allegations, as "the cases are still under investigation".

Nurses slam Aussie racism

Sowetan 8/10/91

95

PERTH - Four Soweto nurses in Australia for work experience have not been impressed by the treatment of, or opportunities for, Aborigines.

They are Baragwanath Hospital senior nurses Ms Mashadi Ramphele and Ms Joyce Pooe and two Community Health Clinic senior nurses Ms Thandi Chaane and Ms Miriam Mashaba.

"Racism is a bit under

Sowetan Foreign Service

the table in Australia, you've got to watch closely to notice it," said Ramphele.

"Despite the equal opportunities for Aborigines here, we have heard of only one Aboriginal doctor during our tour of Australia.

"Also, there are very few black nurses."

Ramphele said she thought that, if there were

black nurses in the hospitals here, the Aboriginal patients would open up more.

"We also think Aboriginal nurses could better understand and fight the hold which alcohol exerts on many black communities.

"Even in South Africa we have problems with alcohol, but our people are drinking their own money.

"It's not enough to be given social welfare benefits like the Aborigines. People want to feel they belong somewhere. Right

now, the Aborigines feel ostracised."

Pooe said she had been impressed by the efforts of black communities here to help family members.

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brovnik by an army and navy

been stopped by the navy and searched for weapons at Mljet.

... weeks, and 1000, water and medicine are running low. — Sapa-Reuter.

Nurses slam CPA economising policy

VIVIEN HORLER
Medical Reporter

ARG 31/10/91

THE South African Nursing Association has hit out at a decision to freeze nursing posts and to curtail training taken by the Cape Provincial Administration in a bid to save money.

"This method of economising cannot be supported," said a spokeswoman for the association.

And there have indications that other provinces intend to follow suit, although this has not yet been confirmed.

The intake of new student nurses in the Cape will be reduced from 3 422 to 2 695 next year, at a time when morale is low, hospital departments are under-staffed and some units have had to close altogether

because of a shortage of suitably trained nurses.

It was disclosed this week that at Valkenberg Hospital domestic workers are sometimes left in charge of wards at night because of a shortage of nurses.

Nurses are leaving in search of better pay, shorter hours, and less stress.

Azapo says 'no' to exploratory talks

Political Staff

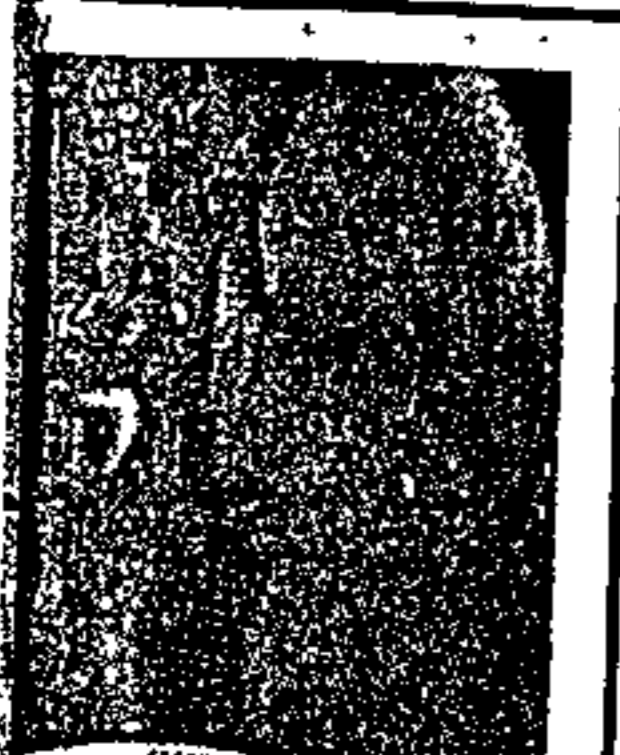
ARG 31/10/91

THE Azanian People's Organisation has again rejected exploratory talks with the government.


In a statement yesterday Azapo president Panelani Nefolovhodwe said it was "disturbing" that the Patriotic Front planned to hold

talks with Pretoria within the next few weeks.

He said Azapo rejected talks-about-talks and was only prepared to negotiate the transfer of power to the majority through a constituent assembly. Azapo was axed as co-convenor of the PF conference.



Nursing body defends Venter

Sowetan 4/12/91 (95) 

IT was "naïve" to hold Dr Rina Venter, Minister of National Health, personally responsible for the state of health care in South Africa, the South African Nursing Association has said.

Reacting to calls made last week for Venter's resignation, Sana said in a statement yesterday that problems with the provision of health services were the result of earlier policy decisions, rapid population growth and the poor economic climate.

"It is therefore naive to hold the Minister of National Health personally responsible.

"There are various roleplayers, politicians, of-

Sowetan Correspondent

ficials, individual practitioners, organisations, and even the patient/public, each with a responsibility, who must come forward and accept joint responsibility. No party is totally without blame."

Nonetheless, there were serious problems for which solutions had to be found, and the organised nursing profession could make a substantial contribution at the level of policy formulation.

The Medical Association of South Africa, which last Thursday called for Venter's immediate resignation, held talks with Ven-

ter in Pretoria yesterday.

In a statement, Masa said the three-hour meeting was convened at Venter's request, and that a second meeting with her would be held next Wednesday.

Masa did not reveal the subject of yesterday's talks and Venter was not available for comment.

Much of the criticism of Venter has been aimed at proposed changes to the Medical Schemes Act, while Masa has also accused Venter of lacking leadership and of failing to take appropriate action to solve critical issues facing health care.

Nurses face discipline charges

STAR 21/1/92

Disciplinary hearings for about 1 000 Natalspuit Hospital nurses started yesterday amid demonstrations and demands that the charges, stemming from their participation in strikes over the last two years, be dropped.

The nurses are being charged

by the South African Nursing Council for "improper and disgraceful" conduct during the illegal strikes.

Most of the nurses giving evidence at the hearing said they were forced and threatened by unknown people to join the strike.

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The nurses pleaded guilty to being absent from work without permission.

They pleaded not guilty to improper conduct.

Nursing Council Deputy Registrar DJ Harmse said the Nursing Council would not drop the charges. — Staff Reporters.

Policy on nurses' pay 'scandalous'

CAPE TOWN — It was ironic and scandalous that the state was using taxpayers' money to hire nurses from private sector agencies at a fee 50% higher than the amount it was paying its own staff for overtime, Carole Charlewood (DP Umbilo) said yesterday.

Speaking in the second reading debate on the Nursing Amendment Bill, she said the Department of National Health and Population Development had stated its pledge to the people of SA to deliver an equitable, accessible and affordable health service for all.

But how was this going to be possible when one of the major players,

the nursing profession, was being squeezed out of the public service because of poor working conditions and unacceptable salaries?

The DP would, despite two objections, support the Bill. (95)

So did all other parties with the exception of the CP.

Willie Snyman (CP Pietersburg) said his party could not support it because the representation of population groups on the Nursing Council was being abolished.

J J Vilonel (NP Langlaagte) said the CP's objection was "purely racist". — Sapa.

DP has objections to Nursing Bill

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STAR 6/2/92

Racist dishes up tantrums

By THEMBA KHUMALO (95)

DO you want to know if apartheid is dead?

The answer can be found during lunch time at the Johannesburg Hospital, where a white porter throws tantrums at the sight of blacks.

Doris Mgubungu, a nursing sister at the hospital, and her colleague, Dorah Makhubu, became victims of the man's racist tantrums when they tried to join him at the table for a meal at the hospital canteen on Friday.

When they sat down opposite him, he rudely told them he did not want blacks at his table. The angry nurses told him there was nowhere else to sit.

In front of some 400 staff members the man grabbed the nurses' plates, threw them on floor and brazenly walked out. *CP News 9/2/92*

The shocked nurses then queued for a second helping.

The man returned and found them eating at the same table. He asked: "Are you still sitting here?"

When the nurses ignored him, he tilted the table towards them, splattering food on Mgubungu's uniform, and walked out.

No one in the predominantly white canteen intervened.

The humiliated nurses approached a security guard who told them not to



OUT TO LUNCH ... Makhubu shows the mess on Mgubungu's uniform. ■ Pic: SIPHIWE MHLAMBI

take the man seriously as he was "mad".

The nurses have taken up the matter with the hospital authorities who have promised to take disciplinary action.

table meeting yet with any delegation's visit -
anted Britain



Unions threaten industrial action over nursing posts

STAR 17/2/92
Municipal Reporter

Johannesburg municipal unions are considering industrial action against the city council after the posts of 40 black nurses and health workers were abolished two weeks ago without consultation.

In a statement issued at the weekend, the Johannesburg Municipal Combined Employees' Union; Johannesburg Municipal Employees' Association; South African Municipal Workers' Union and Union of Johannesburg Municipal Workers threatened to take industrial court action.

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According to the statement, the terms of redundancy of the nurses were much less favourable than those of other, mainly white, employees who were recently declared redundant as a result of the restructuring of the council's service.

"At no time... did the council consult with the relevant unions or the staff concerned about the proposed termination of the services of the 40 employees.

"The unions only became aware of the redundancies on February 2 when the health and housing directorate invited union representa-

tives to discuss the matter, which came as a shock to them."

The unions claim Johannesburg Management Committee chairman Ian Davidson, who is also chairman of the municipal Industrial Council, refused to discuss the issue at an Industrial Council meeting.

"The trade unions are dismayed by the behaviour of Councillor Davidson for refusing to discuss the matter, especially in view of the fact that an Industrial Council is a statutory body with its prime objective being that of preventing disputes from arising."

...rupts at Lenmed Clinic

By MOKGADI PELA

195

AN Indian doctor at Lenmed Clinic in Lenasia is subjecting black nurses to humiliating remarks, health workers have alleged.

The workers also told *Sowetan* that the doctor was, on the other hand, very polite to white nurses and "patronises" them. *Sowetan 24/2/92*

They further complained that the doctor gave preferential treatment to white nurses.

The clinic's manager, Mr A Nana, said he was not aware of the allegations.

"We are always prepared to investigate any grievance which may be brought by staff members," he said.

The nurses are also complaining about the matron, who they accuse of being rude towards them.

Other allegations about her are that she changes their roster arbitrarily, the standard of care was deteriorating because of the low morale among staff, she forced nurses to join the South African Nursing Association and refuses to meet the junior staff.

Former Billie robbers

Nursing students, tutors fear racism in merger

By Thoraya Pandey

South 27/2-4/3/92

STUDENT NURSES and staffers at a nursing college at Tygerberg Hospital have slammed moves to merge a black and white training college, believing white staff will be given senior positions.

Sarteh Dollie Nursing College at Tygerberg Hospital, which trains black nurses, and the Otto du Plessis College in Stellenbosch, with mainly white students, are to be amalgamated, the Cape Provincial Association announced recently.

"It is clear apartheid has become unaffordable and to ensure the preservation of white privilege, the CPA uses these underhand methods to achieve their ends," said an infuriated Sarteh Dollie staffer who asked not to be named for fear of losing his job.

"The future of the college and our status have been discussed and decided upon without consulting anyone, not even senior staff.

"One of our greatest fears is the probability of demotions and the falling away of promotions due to black staff, since the administrations of the colleges will become one.

"What amalgamation simply means is that they (whites) get to control everything relating to students, staff and curriculae and we remain outside."

CPA spokesperson, Mrs Gerda Pretorius, said the reason for amalgamation and rationalisation was to establish stronger, independent institutions for nursing training.

This would mean full autonomy for the administration of the newly created institution which will have control over its budget, personnel and equipment.

Pretorius said the process of amalgamation began in 1990, but sources say the plans have been on the cards since 1985.

"We've just been told to live with their decision, which is unfair," said the staffer.

Another point of contention is the termination of an agreement between the University of the Western Cape and Sarteh Dollie.

Student nurses claim resources denied to them by the administration were granted to student nurses attending Otto du Plessis.

UWC had assisted them with resources such as library facilities.

Said an angry tutor: "I have no problems with amalgamation. In fact, some of us may even support such a venture but we certainly demand the right to voice our views on the matter and influence issues that affect our livelihood."

UWC has expressed concern over the process of amalgamation and has begun an internal investigation with the view to discussing the matter further with CPA.

The student nurses and staffers also slammed the South African

Nursing Association (Sana), a body representing all nurses, for "turning their backs on us and not taking a stand on the matter".

"We have lost complete confidence in Sana and no longer consider it a body protecting our interests but rather supporting the CPA," a student nurse said.

Student nurses believe Sana was aware of the amalgamation and walked out of a meeting on February 7 when the association "could not provide adequate explanations and answers" to their questions.

"In the meeting, Sana denied knowledge of the CPA's intention."

"For years we've stood back and accepted everything Sana said and did," said a Sana member.

"We believed everything they said was right but our eyes are slowly opening and we are heading toward the light."

Pretorius said, however, that Sana was fully informed of the proceedings and all relevant documents were submitted to them.

Sana declined to comment on the issue.

She lives to help people

Sowetan 16/3/92

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NURSING sister Emily Dintwe performs tasks that women with less resilience would not dare to do.

Based in a rural shanty *dorpie* of Kgakala, near Leeudoringstad, in the Western Transvaal, she is regarded as a biblical Modacai - giving her life freely to the destitute people.

She is a midwife, day and night, vaccinates children - many of whom suffer from preventable diseases like hepatitis-B, kwashiokor, scabies and pellegra - conducts family planning clinics and home visits for the aged to check on tuberculosis.

Fridays are post-natal clinic days when Dintwe checks on women who have new-born babies.

Her greatest handicap is that she is overworked, having to provide medical care to a population of more than 10 000. She also does menial work, cleaning and scrubbing floors of her ramshackle clinic.

But Sister Dintwe is not complaining.

"For me doing what I do is normal, even though I am overworked," she said.

She disclosed that the district surgeon makes two visits a week, on Tuesdays and Thursdays.

On these days he sees patients for just an hour, said Dintwe.

The nearest hospital is 63km away in Klerksdorp. In many ways this is a luxury most residents of this village can ill afford.

Most of the village folk are unemployed, and those who have jobs are so underpaid they cannot afford medical

Women

By MOKGADI PELA



Emily Dintwe - shoulders a heavy burden.

bills, let alone travelling costs to the hospital.

A spokesman for the Transvaal Provincial Administration Laetitia de Villiers said the TPA had a mobile clinic in Leeudoringstad. The TPA said a nursing sister, an assistant nurse and one guidance councillor provided care to about 200 patients in an eight-week cycle.

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Now legal for nurses to strike

NURSES may now legally strike—and that's official.

Restrictions on strikes by nurses have been removed with the promulgation of the Nursing Amendment Act.

This means that nurses

^{Society} taking part in, or inciting a strike will no longer be criminally liable.

However, such actions remained ethically unacceptable and would still be subject to disciplinary steps by the SA Nursing Council,

^{18/3/92} said its president, Professor Wilma Kotze. (182) (95)

The amending Act also makes provision for the council to impose a fine in addition to the penalties provided for in Section 29 of the Nursing Act. - Sapa.



7/13/72
p43/44

Nurses' action opposed

(95)

THE SA Nursing Association has taken a firm stand on plans for stayaways and marches by nurses negotiating salary increases for public servants. The association said the proposed actions could lead to disruption of services and impaired patient care.

Survey highlights need for 32 000 more nurses

By Brian Sokutu ^{STAR} 25/3/92

About 32 000 nurses need to be trained within the next decade to alleviate the nursing shortage by the turn of the century, says the latest survey by the SA Institute of Race Relations (SAIRR).

The 55th survey, condensed into a 720-page book, "Race Relations Survey 1991/92", was launched this week.

It also examines the background to Codesa, environmental issues and foreign relations. It includes a new section on land, agriculture and rural issues.

Professor Wilma Kotze, president of the SA Nursing Council, is quoted in the survey as saying in March last year that the number of nurses who qualified each year had to double if there was to be an adequate ratio between registered nurses and the country's population.

Shortage of finance was

blamed as the main obstacle to training more nurses.

On constitutional negotiations, the survey describes the background since the signing of the Groote Schuur Minute and outlines the positions of the main political players on constitutional issues.

Some of the conclusions drawn by the survey include:

- By 2000 about 14 million people will be living in the rural areas and 2,5 million will be able to make a living from agriculture.

- By 1996, 36 percent (4,8 million) of the economically active population will be unemployed.

- A total of 250 000 urban white adults contemplate emigrating by the year 1996.

- At an annual growth rate of 2,5 percent, blacks will earn 37 percent of personal income by 1995 while whites will earn 49 percent.

Those interested in buying the survey should contact Moira Campbell of the SAIRR at (011) 403-3600.

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Vol. 321

KAAPSTAD, 13 MAART 1992
CAPE TOWN, 13 MARCH 1992

No. 13838

KANTOOR VAN DIE STAATSPRESIDENT

STATE PRESIDENT'S OFFICE

No. 790.

13 Maart 1992

Hierby word bekend gemaak dat die Staatspresident sy goedkeuring geheg het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word:—

No. 21 van 1992: Wysigingswet op Verpleging, 1992.

No. 790.

13 March 1992

It is hereby notified that the State President has assented to the following Act which is hereby published for general information:—

No. 21 of 1992: Nursing Amendment Act, 1992.

GENERAL EXPLANATORY NOTE:

[] Words in bold type in square brackets indicate omissions from existing enactments.

 Words underlined with a solid line indicate insertions in existing enactments.

ACT

To amend the Nursing Act, 1978, so as to effect certain textual alterations; to amend certain definitions; to define the expression "nursing college"; to empower the South African Nursing Council to make donations; to alter the constitution of the council; to provide for the appointment of a deputy vice-president; to increase the number of members required to constitute a quorum at a meeting of the council; to provide for the establishment of additional committees; to abolish the council's control over certain education and training provided by universities and technikons; to further regulate limited registration; to abolish the registration of a student for an additional qualification; to provide for an additional penalty and for admissions of guilt in respect of improper or disgraceful conduct; and to extend membership of the South African Nursing Association; and to provide for matters connected therewith.

(Afrikaans text signed by the State President.)
(Assented to 3 March 1992.)

BE IT ENACTED by the State President and the Parliament of the Republic of South Africa, as follows:—

Amendment of section 1 of Act 50 of 1978

1. Section 1 of the Nursing Act, 1978 (hereinafter referred to as the principal Act), is hereby amended—

- (a) by the substitution for the definition of "enrol" of the following definition:
- 10 " 'enrol' means the entry in a roll of a **[class] category**, or a member of a **[class] category**, of persons in respect of whom a roll is kept in terms of this Act, and 'enrolled' and 'enrolment' have a corresponding meaning;";
- (b) by the substitution for the definition of "Minister" of the following definition:
- 15 " 'Minister' means the Minister of National Health;";
- (c) by the substitution for the definition of "nursing agency" of the following definition:
- 20 " 'nursing agency' means a business which supplies registered nurses or midwives or enrolled nurses or nursing **[assistants] auxiliaries** to any person, organization or institution, whether for gain or not and whether in conjunction with any other service rendered by such business or not;";
- (d) by the substitution for the definition of "nursing assistant" of the following definition:
- 25 " 'nursing **[assistant] auxiliary**' means a person enrolled as such under section 16;";

used as a verb, means to enter in a register in terms of **[the]** this Act, and the words 'registered', 'registrable', 'registration' and all other words derived from the word 'register' have a corresponding meaning;";

- (e) deur in die Engelse teks die omskrywing van "roll" deur die volgende omskrywing te vervang: 5
 " 'roll' means a roll kept in terms of this Act, and when used in relation to any **[class]** category, or any member of any **[class]** category, of persons in respect of whom a roll is kept, the roll kept for that **[class]** category;"; 10
- (f) deur die omskrywing van "verpleegassistent" deur die volgende omskrywing te vervang:
 " **[verpleegassistent]** verpleeghulp' iemand as sodanig kragtens artikel 16 ingeskryf;";
- (g) deur na die omskrywing van "verpleegassistent" die volgende omskrywing in te voeg: 15
 " 'verpleegkollege' 'n goedgekeurde verpleegskool wat in samewerking met 'n universiteit bedryf word;";
- (h) deur die omskrywing van "verpleegskool" deur die volgende omskrywing te vervang: 20
 " 'verpleegskool' 'n inrigting waar persone vir die beroep van verpleging of verloskunde onderrig en opgelei word;"; en
- (i) deur die omskrywing van 'n "verplegingsagentskap" deur die volgende omskrywing te vervang: 25
 " 'verplegingsagentskap' 'n saak wat geregistreerde verpleegkundiges of vroedvroue of ingeskrewe verpleegkundiges of **[verpleegassistent]** verpleeghulpe aan 'n persoon, liggaam of inrigting verskaf, hetsy vir wins al dan nie en hetsy tesame met 'n ander diens deur die saak gelewer al dan nie;".

Wysiging van artikel 4 van Wet 50 van 1978 30

2. Artikel 4 van die Hoofwet word hierby gewysig—

- (a) deur die voorbehoudsbepaling by paragraaf (e) te skrap; en
 (b) deur paragraaf (g) deur die volgende paragraaf te vervang: 35
 "(g) eiendom verkry, huur of daarvoor beskik, geld op sekuriteit van die bates van die raad leen, 'n skenking aanvaar of doen of 'n trust aanvaar en administreer;".

Vervanging van artikel 5 van Wet 50 van 1978

3. (1) Artikel 5 van die Hoofwet word hierby deur die volgende artikel vervang:

"Samestelling van raad

5. (1) Die raad bestaan uit die volgende lede, naamlik— 40
- (a) nege persone wat soos volg deur die Minister aangestel word:
 (i) Twee beamptes van die Departement van Nasionale Gesondheid en Bevolkingsontwikkeling, van wie ten minste een 'n geregistreerde verpleegkundige moet wees;
 (ii) twee persone wat nie ingevolge hierdie Wet geregistreer of ingeskryf of ingevolge die Wet op Aptekers, 1974 (Wet No. 53 van 1974), die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet No. 56 van 1974), of die Wet op Geassosieerde Gesondheidsdiensberoepes, 1982 (Wet No. 63 van 1982), geregistreer is nie; 45
 (iii) vyf ander persone, van wie vier geregistreerde verpleegkundiges moet wees; 50
- (b) twee geregistreerde verpleegkundiges uit die onderwyspersoneel van verpleegkolleges, aangestel deur die Minister uit sodanige verpleegkundiges wat op die voorgeskrewe wyse deur die bestuursliggame van verpleegkolleges genomineer is; 55
- (c) twee geregistreerde verpleegkundiges uit die departemente of

- (e) by the insertion after the definition of "nursing assistant" of the following definition:
 " 'nursing college' means an approved nursing school conducted in co-operation with a university; "
- 5 (f) by the substitution for the definition of "nursing school" of the following definition:
 " 'nursing school' means any institution where persons are educated and trained for the profession of nursing or midwifery; "
- 10 (g) by the substitution for the definition of "pupil nursing assistant" of the following definition:
 " 'pupil nursing [assistant] auxiliary' means a person enrolled as such under section 24; "
- (h) by the substitution for the definition of "register" of the following definition:
 " 'register', when used as a noun, means a register kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a register is kept, the register kept for that [class] category and, when used as a verb, means to enter in a register in terms of [the] this Act, and the words 'registered', 'registrable', 'registration' and all other words derived from the word 'register' have a corresponding meaning; "
- 15
 " 'register', when used as a noun, means a register kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a register is kept, the register kept for that [class] category and, when used as a verb, means to enter in a register in terms of [the] this Act, and the words 'registered', 'registrable', 'registration' and all other words derived from the word 'register' have a corresponding meaning; "
- 20
 " 'register', when used as a noun, means a register kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a register is kept, the register kept for that [class] category and, when used as a verb, means to enter in a register in terms of [the] this Act, and the words 'registered', 'registrable', 'registration' and all other words derived from the word 'register' have a corresponding meaning; "
- (i) by the substitution of the definition "roll" of the following definition:
 " 'roll' means a roll kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a roll is kept, the roll kept for that [class] category; "
- 25
 " 'roll' means a roll kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a roll is kept, the roll kept for that [class] category; "

Amendment of section 4 of Act 50 of 1978

2. Section 4 of the principal Act is hereby amended—
- 30 (a) by the deletion of the proviso to paragraph (e); and
 (b) by the substitution for paragraph (g) of the following paragraph:
 "(g) acquire, hire or dispose of property, borrow money on the security of the assets of the council, accept or make any donation or accept and administer any trust; "

35 Substitution of section 5 of Act 50 of 1978

3. (1) The following section is hereby substituted for section 5 of the principal Act:

"Constitution of council

- 40 5. (1) The council shall consist of the following members, namely—
- (a) nine persons appointed as follows by the Minister:
- (i) Two officers of the Department of National Health and Population Development, of whom at least one shall be a registered nurse;
- 45 (ii) two persons who are not registered or enrolled in terms of this Act or registered in terms of the Pharmacy Act, 1974 (Act No. 53 of 1974), the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), or the Associated Health Service Professions Act, 1982 (Act No. 63 of 1982);
- 50 (iii) five other persons, of whom four shall be registered nurses;
- (b) two registered nurses from the teaching staffs of nursing colleges, appointed by the Minister from such nurses nominated by the governing bodies of nursing colleges in the prescribed manner;
- 55 (c) two registered nurses from departments or subdepartments of

- subdepartemente van verpleegkunde by universiteite, aangewys deur die Komitee van Universiteitshoofde ingestel by artikel 6 van die Wet op Universiteite, 1955 (Wet No. 61 van 1955);
- (d) een persoon aangewys deur die Suid-Afrikaanse Aptekersraad vermeld in artikel 2 van die Wet op Aptekers, 1974 (Wet No. 53 van 1974), wat 'n lid van dié raad is en kragtens dié Wet as 'n apteker geregistreer is; 5
- (e) een persoon aangewys deur die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vermeld in artikel 2 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe 1974 (Wet No. 56 van 1974), wat 'n lid van dié raad is en wat as 'n geneesheer kragtens genoemde Wet geregistreer is; 10
- (f) 15 geregistreeerde verpleegkundiges wat Suid-Afrikaanse burgers is, in die Republiek woonagtig is en ooreenkomstig die voorgeskrewe wyse en prosedure verkies is deur geregistreeerde verpleegkundiges en vroedvroue wat Suid-Afrikaanse burgers is en in die Republiek woonagtig is: Met dien verstande dat daar in elke streek in subartikel (7) bedoel ten minste een maar hoogstens vyf sodanige verpleegkundiges wat gewoonweg in dié streek woonagtig is, gekies word. 15
- (2) Behoudens die bepalings van artikel 6 beklee die lede van die raad hulle amp vir 'n tydperk van vyf jaar vanaf die datum in subartikel (6) beoog, maar kan hulle weer aangestel, verkies of aangewys word, na gelang van die geval. 20
- (3) Die bestuursliggame in subartikel (1)(b) vermeld, die Komitee van Universiteitshoofde in subartikel (1)(c) vermeld, die Suid-Afrikaanse Aptekersraad in subartikel (1)(d) vermeld, en die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad in subartikel (e) vermeld, moet minstens drie maande voor die datum van verstryking van die ampstermyn van die lede van die raad, die registrateur skriftelik in kennis stel van die name van persone wat ingevolge die toepaslike bepalings van subartikel (1) deur hulle genomineer of aangewys is. 25
- (4) (a) Indien die bestuursliggame in subartikel (1)(b) of die Komitee van Universiteitshoofde in subartikel (1)(c) of die Suid-Afrikaanse Aptekersraad in subartikel (1)(d) of die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad in subartikel (1)(e) vermeld, versuim om ingevolge bedoelde bepalings soveel persone te nomineer of aan te wys as wat aldus genomineer of aangewys moet word, of om die registrateur kragtens subartikel (3) in kennis te stel van die name van die persone aldus genomineer of aangewys, of indien die geregistreeerde verpleegkundiges en vroedvroue versuim om 'n lid of lede te verkies soos by subartikel (1)(f) vereis, moet die Minister— 35
- (i) in 'n geval in subartikel (1)(b) of (c) beoog, 'n persoon aldus genomineer of aangewys van wie die registrateur aldus in kennis gestel is, en geregistreeerde verpleegkundiges, tot die vereiste getal, aanstel as lede van die raad; 45
- (ii) in 'n geval beoog in subartikel (1)(d) of (e), iemand wat ingevolge bedoelde bepalings geskik is, aanstel as 'n lid van die raad; en 50
- (iii) in die geval in subartikel (1)(f) beoog, geskikte persone, tot die vereiste getal, aanstel as lede van die raad.
- (b) In die geval van 'n versuim in paragraaf (a) beoog, moet die registrateur die Minister onmiddellik skriftelik daarvan in kennis stel. 55
- (5) So spoedig doenlik na die verkiesing van lede ingevolge subartikel (1)(f) moet die Minister die registrateur in kennis stel van die name van die persone wat hy ingevolge subartikel (1)(a) en (b) aangestel het.
- (6) Die name van die lede van die raad en die datum van aanvang van hulle ampstermyn moet so spoedig doenlik na die samestelling van die raad, deur die registrateur in die *Staatskoerant* bekend gemaak word. 60

nursing at universities, designated by the Committee of University Principals established by section 6 of the Universities Act, 1955 (Act No. 61 of 1955);

- 5 (d) one person designated by the South African Pharmacy Council mentioned in section 2 of the Pharmacy Act, 1974 (Act No. 53 of 1974), who is a member of such council and is registered under such Act as a pharmacist;
- 10 (e) one person designated by the South African Medical and Dental Council mentioned in section 2 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), who is a member of the said council and who is registered as a medical practitioner under the said Act;
- 15 (f) 15 registered nurses who are South African citizens resident in the Republic and have been elected in accordance with the prescribed manner and procedure by registered nurses and midwives who are South African citizens and resident in the Republic: Provided that there shall be elected in each region referred to in subsection (7) at least one but not more than five such nurses ordinarily resident in such region.

20 (2) Subject to the provisions of section 6, the members of the council shall hold office for a period of five years as from the date contemplated in subsection (6), but shall be eligible for re-appointment, re-election or redesignation, as the case may be.

25 (3) Not less than three months prior to the date of expiry of the term of office of the members of the council, the governing bodies mentioned in subsection (1)(b), the Committee of University Principals mentioned in subsection (1)(c), the South African Pharmacy Council mentioned in subsection (1)(d) and the South African Medical and Dental Council mentioned in subsection (1)(e) shall inform the registrar in writing of the names of the persons nominated or designated by them in terms of the relevant provisions of subsection (1).

30 (4) (a) If the governing bodies mentioned in subsection (1)(b) fail, or the Committee of University Principals mentioned in subsection (1)(c) or the South African Pharmacy Council mentioned in subsection (1)(d) or the South African Medical and Dental Council mentioned in subsection (1)(e) fails, to nominate or designate in terms of those provisions so many persons as are required to be so nominated or designated or to inform the registrar under subsection (3) of the names of the persons so nominated or designated, or if the registered nurses and midwives fail to elect a member or members as required by subsection (1)(f), the Minister shall—

- 35 (i) in a case contemplated in subsection (1)(b) or (c), appoint any person so nominated or designated of whom the registrar was so informed and registered nurses up to the number required, as members of the council;
- 40 (ii) in a case contemplated in subsection (1)(d) or (e), appoint a person who is qualified in terms of those provisions, as a member of the council; and
- 45 (iii) in the case contemplated in subsection (1)(f), appoint any qualified persons up to the number required, as members of the council.

50 (b) The registrar shall, in the case of a failure contemplated in paragraph (a), immediately inform the Minister thereof in writing.

55 (5) As soon as possible after the election of members in terms of subsection (1)(f), the Minister shall inform the registrar of the names of the persons appointed by him in terms of subsection (1)(a) and (b).

60 (6) The names of the members of the council and the date of commencement of their period of office shall be published by the registrar in the *Gazette* as soon as possible after the constitution of the council.

(7) Die raad moet vir die doeleindes van 'n verkiesing beoog in subartikel (1)(f), by kennisgewing in die *Staatskoerant* die Republiek in ses streke verdeel."

(2) (a) Die ampstermyn van lede van die Suid-Afrikaanse Raad op Verpleging vermeld in artikel 2 van die Hoofwet wat by die inwerkingtreding van hierdie Wet hul amp as sodanig bekleed, word nie geraak nie deur die vervanging van artikel 5 van die Hoofwet deur subartikel (1) van hierdie artikel. 5

(b) Die ampstermyn van lede van genoemde raad wat lede daarvan word uit hoofde van die bepalings van artikel 5(1) van die Hoofwet, begin op die datum na die datum waarop die ampstermyn van die lede vermeld in paragraaf (a) verstryk of, indien hulle na laasgenoemde datum sodanige lede word, op die datum beoog in artikel 5(6) van die Hoofwet. 10

Wysiging van artikel 6 van Wet 50 van 1978, soos gewysig deur artikel 46 van Wet 97 van 1986

4. Artikel 6 van die Hoofwet word hierby gewysig deur subparagraaf (iii) van paragraaf (g) van subartikel (1) deur die volgende subparagraaf te vervang: 15

"(iii) as hy 'n lid is wat ingevolge artikel 5(1) deur **['n Administrateur of die Administrateurs]** die Komitee van Universiteitshoofde of die Suid-Afrikaanse Aptekersraad of die Suid-Afrikaanse Geneeskundige en Tandheekkundige Raad, na gelang van die geval, aangewys is, ophou om oor 'n kwalifikasie te beskik wat vir sy aanwysing nodig is of skriftelik sy bedanking by die **[persone of]** instansie deur wie hy aangewys is, indien en sy bedanking aanvaar word deur **[die betrokke persone of]** dié instansie;" 20

Wysiging van artikel 7 van Wet 50 van 1978 25

5. Artikel 7 van die Hoofwet word hierby gewysig deur die volgende subartikel by te voeg:

"(8) (a) Die lede van die raad kan 'n adjunk-vise-president, wat 'n geregistreerde verpleegkundige moet wees, uit hulle midde kies en aan so 'n adjunk-vise-president die werksaamhede van die president of vise-president opdra wat die raad van tyd tot tyd goedgevind. 30

(b) Die bepalings van subartikels (2), (6) en (7) is *mutatis mutandis* van toepassing op die adjunk-vise-president.

(c) Indien die raad ingevolge paragraaf (a) werksaamhede aan die adjunk-vise-president opdra, kan die raad bepaal wanneer en onder watter omstandighede dié werksaamhede verrig kan of moet word." 35

Wysiging van artikel 9 van Wet 50 van 1978

6. Artikel 9 van die Hoofwet word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:

"(1) **['Twaalf]** Die meerderheid van die lede van die raad maak 'n kworum op 'n vergadering van die raad uit." 40

Wysiging van artikel 10 van Wet 50 van 1978

7. Artikel 10 van die Hoofwet word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:

"(1) Daar is 'n uitvoerende komitee van die raad wat bestaan uit die president, die vise-president en die penningmeester, **[die]** en een lid aangestel kragtens artikel 5(1)(a)(i), een lid aangestel kragtens artikel 5(1)(a)(ii) **[een lid aangestel kragtens artikel 5(1)(b)]** en **[die]** ander lede van die raad wat die raad aanwys." 45

Vervanging van artikel 11 van Wet 50 van 1978 50

8. Artikel 11 van die Hoofwet word hierby deur die volgende artikel vervang:

(7) The council shall by notice in the *Gazette* divide the Republic into six regions for the purposes of an election contemplated in subsection (1)(f)."

(2) (a) The period of office of members of the South African Nursing Council mentioned in section 2 of the principal Act holding office as such at the commencement of this Act, shall not be affected by the substitution of section 5 of the principal Act by subsection (1) of this section.

(b) The period of office of members of the said council who become members thereof by virtue of the provisions of section 5(1) of the principal Act shall commence on the date after the date on which the period of office of the members mentioned in paragraph (a) expires or, if they become such members after the last-mentioned date, on the date contemplated in section 5(6) of the principal Act.

Amendment of section 6 of Act 50 of 1978, as amended by section 46 of Act 97 of 1986

4. Section 6 of the principal Act is hereby amended by the substitution for subparagraph (iii) of paragraph (g) of subsection (1) of the following subparagraph:

"(iii) being a member designated under section 5(1) by **[an Administrator or the Administrators]** the Committee of University Principals or the South African Pharmacy **[Board]** Council or the South African Medical and Dental Council, as the case may be, he ceases to hold any qualification necessary for his designation or tenders his resignation in writing to the **[persons or]** body by whom he was designated and his resignation is accepted by **[the persons or]** such body **[concerned]**;"

Amendment of section 7 of Act 50 of 1978

5. Section 7 of the principal Act is hereby amended by the addition of the following subsection:

"(8) (a) The members of the council may elect a deputy vice-president, who shall be a registered nurse, from among themselves and may assign to such deputy vice-president such of the functions of the president or vice-president as the council may from time to time think fit.

(b) The provisions of subsections (2), (6) and (7) shall *mutatis mutandis* apply to the deputy vice-president.

(c) If the council assigns, in terms of paragraph (a), any functions to the deputy vice-president, the council may determine when and under which circumstances such functions may or shall be performed."

Amendment of section 9 of Act 50 of 1978

6. Section 9 of the principal Act is hereby amended by the substitution for subsection (1) of the following subsection:

"(1) **[Twelve]** The majority of the members of the council shall constitute a quorum at any meeting of the council."

Amendment of section 10 of Act 50 of 1978

7. Section 10 of the principal Act is hereby amended by the substitution for subsection (1) of the following subsection:

"(1) There shall be an executive committee of the council consisting of the president, the vice-president and the treasurer, **[the]** and one member appointed in terms of section 5(1)(a)(i), one member appointed in terms of section 5(1)(a)(ii) **[one member appointed in terms of section 5(1)(b)]** and **[such]** other members of the council **[as]** designated by the council **[may designate]**."

Substitution of section 11 of Act 50 of 1978

8. The following section is hereby substituted for section 11 of the principal Act:

“Ander komitees

11. (1) Die raad kan van tyd tot tyd die ander komitees, saamgestel soos voorgeskryf, instel wat hy nodig ag, om ondersoek in te stel na, en aan die raad verslag te doen oor, enige aangeleentheid wat binne die bestek van sy werksaamhede val.

(2) Behoudens die bepalings van subartikel (3) kan die raad aan 'n komitee kragtens subartikel (1) ingestel, sodanige van sy bevoegd-hede delegeer as wat die raad van tyd tot tyd goedvind: Met dien verstande dat die raad nie ontdoen is nie van 'n bevoegdheid aldus gedelegeer, en 'n besluit van so 'n komitee geneem by die uitoefening van so 'n bevoegdheid, kan wysig of tersyde stel.

(3) Geen straf opgelê deur 'n komitee kragtens subartikel (1) ingestel, uitgesonderd 'n waarskuwing of berisping of 'n berisping en waarskuwing, is van krag nie voordat dit deur die raad bekragtig is: Met dien verstande dat 'n straf deur so 'n komitee kragtens artikel 29(1)(b), (c), (d) of (e) opgelê of 'n bevel deur hom kragtens artikel 36(2) uitgereik, onmiddellik in werking tree, indien die komitee in die openbare belang aldus gelas, maar dan na die verstryking van 'n tydperk van ses maande verval, tensy dit binne dié tydperk deur die raad bekragtig word.”.

Wysiging van artikel 15 van Wet 50 van 1978

9. Artikel 15 van die Hoofwet word hierby gewysig—

(a) deur subartikel (1) deur die volgende subartikel te vervang:

“(1) Ondanks andersluidende wetsbepalings mag geen persoon of inrigting, uitgesonderd 'n universiteit of technikon ingestel by of kragtens 'n Wet van die Parlement, onderrig of opleiding aanbied of verskaf wat bedoel is om iemand te bekwaam om die beroep van verpleging of verloskunde waarop die bepalings van hierdie Wet van toepassing is, te beoefen nie, tensy sodanige onderrig en opleiding deur die raad goedgekeur is.”; en

(b) deur subartikel (5) deur die volgende subartikel te vervang:

“(5) Iemand wat 'n bepaling van hierdie artikel, of 'n voorwaarde of vereiste daarkragtens bepaal, oortree of versuim om daaraan te voldoen, is aan 'n misdryf skuldig en by skuldigbevinding strafbaar met 'n boete van hoogstens **[vyfhonderd]** tweeduisend rand of met gevangenisstraf vir 'n tydperk van hoogstens ses maande of met daardie boete sowel as daardie gevangenisstraf.”.

Wysiging van artikel 16 van Wet 50 van 1978

10. Artikel 16 van die Hoofwet word hierby gewysig deur in subartikels (1) en (2) die woorde “verpleegassistent” en “leerlingverpleegassistent”, oral waar hulle voorkom, deur onderskeidelik die woorde “verpleeghulp” en “leerlingverpleeghulp” te vervang.

Wysiging van artikel 17 van Wet 50 van 1978

11. Artikel 17 van die Hoofwet word hierby gewysig deur paragraaf (c) van subartikel (4) van die Engelse teks deur die volgende paragraaf te vervang:

“(c) Any certificate issued in respect of the registration **[and]** or enrolment in question shall be deemed to be cancelled as from the date on which notice is so given.”.

Vervanging van artikel 21 van Wet 50 van 1978

12. (1) Artikel 21 van die Hoofwet word hierby deur die volgende artikel 50 vervang:

“Other committees

5 **11. (1)** The council may from time to time establish such other committees, constituted as prescribed, as it may deem necessary, to investigate and report to the council on any matter falling within the scope of its functions.

10 (2) Subject to the provisions of subsection (3), the council may delegate to any committee established under subsection (1) such of its powers as the council may from time to time deem fit: Provided that the council shall not be divested of any power so delegated and may amend or set aside any decision of any such committee made in the exercise of any such power.

15 (3) No penalty imposed by any committee established under subsection (1), other than a caution or a reprimand or a reprimand and a caution, shall be of force and effect until confirmed by the council: Provided that a penalty imposed by any such committee under section 29(1)(b), (c), (d) or (e) or any order made by it under section 36(2) shall, if the committee so directs in the public interest, come into operation forthwith, but shall then lapse after the expiration of a period of six months unless confirmed by the council within
20 that period.”.

Amendment of section 15 of Act 50 of 1978

9. Section 15 of the principal Act is hereby amended—

(a) by the substitution for subsection (1) of the following subsection:

25 “(1) Notwithstanding anything to the contrary in any law contained, no person or institution, excluding a university or technikon established by or under an Act of Parliament, may offer or provide any education or training which is intended to qualify any person to practise the profession of nursing or midwifery to which the provisions of this Act apply, unless such education and training have been approved by the council.”; and

30 (b) by the substitution for subsection (5) of the following subsection:

35 “(5) Any person who contravenes or fails to comply with any provision of this section, or any condition or requirement determined thereunder, shall be guilty of an offence and on conviction liable to a fine not exceeding **[five hundred] two thousand** rand or to imprisonment for a period not exceeding six months or to both such fine and such imprisonment.”.

Amendment of section 16 of Act 50 of 1978

40 **10.** Section 16 of the principal Act is hereby amended by the substitution in subsections (1) and (2) for the word “assistant”, wherever it occurs, of the word “auxiliary”.

Amendment of section 17 of Act 50 of 1978

11. Section 17 of the principal Act is hereby amended by the substitution for paragraph (c) of subsection (4) of the following paragraph:

45 “(c) Any certificate issued in respect of the registration **[and]** or enrolment in question shall be deemed to be cancelled as from the date on which notice is so given.”.

Substitution of section 21 of Act 50 of 1978

50 **12. (1)** The following section is hereby substituted for section 21 of the principal Act:

“Beperkte registrasie

- 21. (1)** Die raad kan iemand as 'n verpleegkundige of vroedvrou registreer wat tot 'n voorgeskrewe kategorie persone behoort en 'n ander kwalifikasie besit as 'n kwalifikasie in artikel 16 beoog, indien na die oordeel van die raad—
- (a) eersgenoemde kwalifikasie getuig van 'n bevredigende standaard van onderrig en opleiding; en
 - (b) dié persoon oor genoegsame professionele kennis en vaardigheid beskik.
- (2) Iemand wat kragtens subartikel (1) as 'n verpleegkundige of vroedvrou geregistreer is, is slegs geregtig om as sodanig te praktiseer—
- (a) vir die tydperk of tydperke wat die raad bepaal;
 - (b) terwyl hy 'n pos beklee wat die raad goedgekeur het;
 - (c) in die vertakking van verpleging wat die raad bepaal;
 - (d) terwyl hy besig is met na-graadse studie in verpleging of verloskunde aan 'n universiteit of enige na-basiese studie by 'n verpleegskool;
 - (e) onderworpe aan die verdere voorwaardes wat die raad in die algemeen mag voorskryf of in sy geval mag bepaal.
- (2) Iemand wat kragtens hierdie artikel geregistreer is en in stryd met die bepalinge van subartikel (2) as 'n verpleegkundige of vroedvrou praktiseer, is aan 'n misdryf skuldig.”.

Wysiging van artikel 23 van Wet 50 van 1978

- 13.** Artikel 23 van die Hoofwet word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:
- “(1) Die raad moet iemand wat onderrig en opleiding aan 'n goedgekeurde verpleegskool ontvang en die voorgeskrewe voorwaardes nagekom en die voorgeskrewe besonderhede verstrek het, [as 'n student vir 'n addisionele kwalifikasie of] as 'n studentverpleegkundige of -vroedvrou, registreer.”.

Wysiging van artikel 24 van Wet 50 van 1978

- 14.** Artikel 24 van die Hoofwet word hierby gewysig deur die woord “leerlingverpleegassistent”, oral waar dit voorkom, deur die woord “leerlingverpleeghulp” te vervang.

Vervanging van artikel 25 van Wet 50 van 1978

- 15.** Artikel 25 van die Hoofwet word hierby deur die volgende artikel vervang:

“Raad kan registrasie of inskrywing weier

- 25.** Ondanks enige bepalinge van hierdie Wet kan die raad weier om iemand ingevolge artikel 16, 23 of 24 te registreer of in te skryf, of om die naam van iemand op 'n register of 'n rol terug te plaas, indien, na die oordeel van die raad, so iemand, uit hoofde van 'n skuldigbevinding in die Republiek of elders aan 'n voorgeskrewe misdryf, nie geskik is om as 'n geregistreerde verpleegkundige, 'n vroedvrou, 'n ingeskrewe verpleegkundige of 'n [verpleegassistent] verpleeghulp, na gelang van die geval, te praktiseer of om onderrig en opleiding as 'n geregistreerde verpleegkundige, 'n vroedvrou, 'n ingeskrewe verpleegkundige of 'n [verpleegassistent] verpleeghulp te ontvang nie.”.

Wysiging van artikel 26 van Wet 50 van 1978

- 16.** Artikel 26 van die Hoofwet word hierby gewysig deur die woord “Verpleegassistent” deur die woord “Verpleeghulp” te vervang.

“Limited registration

- 5 **21. (1)** The council may register as a nurse or a midwife any person who belongs to a prescribed category of persons and holds a qualification other than a qualification contemplated in section 16, if in the opinion of the council—
- (a) the first-mentioned qualification indicates a satisfactory standard of education and training; and
- (b) such person possesses sufficient professional knowledge and ability.
- 10 **(2)** Any person registered under subsection (1) as a nurse or a midwife shall only be entitled to practise as such—
- (a) for such period or periods as the council may determine;
- (b) while he holds a post approved by the council;
- (c) in such branch of nursing as the council may determine;
- 15 (d) while he is engaged in post-graduate studies in nursing or midwifery at a university or post-basic studies at a nursing school;
- (e) subject to such further conditions as the council may prescribe generally or determine in his case.
- 20 **(2)** Any person registered under this section who practises as a nurse or midwife in contravention of the provisions of subsection (2) shall be guilty of an offence.”.

Amendment of section 23 of Act 50 of 1978

- 25 **13.** Section 23 of the principal Act is hereby amended by the substitution for subsection (1) of the following subsection:

 “(1) The council shall register as a **[student for an additional qualification, or as a]** student nurse or a student midwife, a person undergoing education and training at an approved nursing school, who has complied with the prescribed conditions and has furnished the prescribed particulars.”.

30 Amendment of section 24 of Act 50 of 1978

- 14.** Section 24 of the principal Act is hereby amended by the substitution for the word “assistant”, wherever it occurs, of the word “auxiliary”.

Substitution of section 25 of Act 50 of 1978

- 35 **15.** The following section is hereby substituted for section 25 of the principal Act:

“Council may refuse registration or enrolment

- 40 **25.** Notwithstanding any provision of this Act, the council may refuse to register or enrol any person under section 16, 23 or 24 or to restore the name of any person to a register or roll, if, in the opinion of the council, such person is by reason of conviction, in the Republic or elsewhere, for a prescribed offence, not fit to practise as a registered nurse, a midwife, an enrolled nurse or a nursing **[assistant]** auxiliary, as the case may be, or to undergo education and training as a registered nurse, a midwife, an enrolled nurse or a nursing **[assistant]** auxiliary.”.
- 45

Amendment of section 26 of Act 50 of 1978

- 16.** Section 26 of the principal Act is hereby amended by the substitution for the word “Assistant” of the word “Auxiliary”.

Wysiging van artikel 27 van Wet 50 van 1978

17. Artikel 27 van die Hoofwet word hierby gewysig deur in subartikel (2)(a) en in subartikel (4)(a)(i) die woord "verpleegassistent" deur die woord "verpleeghulp" te vervang.

Wysiging van artikel 29 van Wet 50 van 1978

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18. Artikel 29 van die Hoofwet word hierby gewysig—

(a) deur die woord "of" aan die end van paragraaf (d) van subartikel (1) by te voeg en die volgende paragraaf by genoemde subartikel te voeg:

"(e) 'n boete van hoogstens R2 000.";

(b) deur na subartikel (1) die volgende subartikels in te voeg:

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"(1A) Indien daar beweer word dat 'n persoon wat kragtens hierdie Wet geregistreer of ingeskryf is (in hierdie artikel die beskuldigde genoem) skuldig is aan onbetaamlike of skandelige gedrag en die raad op redelike gronde van oordeel is dat na ondersoek die beskuldigde skuldig bevind mag word aan gedrag beoog in subartikel (1) en dat die raad ten opsigte daarvan 'n boete sal opleë, maar 'n boete van hoogstens R200, kan die raad teen die beskuldigde 'n gepaste dagvaarding op die voorgeskrewe vorm uitreik met daarop 'n endossement deur die raad dat die beskuldigde kan erken dat hy skuldig is aan genoemde gedrag en dat hy die boete, maar hoogstens R200, in die dagvaarding vermeld, kan betaal sonder dat hy by 'n ondersoek ingevolge artikel 28 hoef te verskyn.

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(1B) Indien 'n dagvaarding ingevolge subartikel (1A) teen 'n beskuldigde uitgereik word, kan hy sonder om by 'n ondersoek ingevolge artikel 28 te verskyn, erken dat hy skuldig is aan die gedrag vermeld in subartikel (1A) deur die vermeldde boete (in hierdie artikel die skulderkenningsboete genoem) aan die raad te betaal voor of op die datum in die dagvaarding vermeld.

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(1C) (a) 'n Boete opgelê kragtens hierdie artikel, uitgesonderd 'n skulderkenningsboete, moet binne 14 dae na oplegging daarvan aan die raad betaal word.

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(b) Die oplegging van 'n boete kragtens hierdie artikel het die uitwerking van 'n uitspraak in 'n siviele geding in die landdroshof van die distrik waarin die betrokke ondersoek kragtens artikel 28 plaasgevind het.";

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(c) deur subartikel (7) te skrap.

Wysiging van artikel 38 van Wet 50 van 1978, soos gewysig deur artikel 1 van Wet 70 van 1982

19. Artikel 38 van die Hoofwet word hierby gewysig—

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(a) deur paragraaf (a) van subartikel (1) deur die volgende paragraaf te vervang:

"(a) Iedere [persoon wat kragtens hierdie Wet geregistreer of ingeskryf is] geregistreeerde verpleegkundige of vroedvrou of ingeskrewe verpleegkundige of verpleeghulp wat sy beroep in die Republiek beoefen, en iedere persoon wat as 'n studentverpleegkundige, studentvroedvrou, leerlingverpleegkundige of leerlingverpleeghulp in die Republiek praktiseer, is 'n lid van die Suid-Afrikaanse Verpleegstersvereniging, wat die beroep van verpleging en verloskunde in die Republiek verteenwoordig.";

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(b) deur subartikel (2) te skrap; en

(c) deur paragraaf (a) van subartikel (3) deur die volgende paragraaf te vervang:

"(a) By die toepassing van hierdie artikel beteken die Suid-Afrikaanse Verpleegstersvereniging die Suid-Afrikaanse Verpleegstersvereniging ingestel by artikel 30 van die Wet op Verpleging, 1957 (Wet No. 69 van 1957) [en word 'n gebied wat kragtens artikel 26 van die Grondwet van die Nasionale State, 1971 (Wet No. 21 van

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Amendment of section 27 of Act 50 of 1978

17. Section 27 of the principal Act is hereby amended by the substitution in subsection (2)(a) and in subsection (4)(a)(i) for the word "assistant" of the word "auxiliary".

5 Amendment of section 29 of Act 50 of 1978

18. Section 29 of the principal Act is hereby amended—

(a) by the addition of the word "or" at the end of paragraph (d) of subsection (1) and the addition to the said subsection of the following paragraph:

10 “(e) a fine not exceeding R2 000.”;

(b) by the insertion after subsection (1) of the following subsections:

15 “(1A) If a person registered or enrolled under this Act (in this section referred to as the accused) is alleged to be guilty of improper or disgraceful conduct and the council on reasonable grounds is of the opinion that after inquiry the accused may be found guilty of such conduct as is contemplated in subsection (1) and that in respect thereof it would impose a fine, but not a fine exceeding R200, the council may issue an appropriate summons on the prescribed form against the accused carrying an endorsement by the council that the accused may admit that he is guilty of the said conduct and that he may pay the fine, not exceeding R200, specified in the summons, without having to appear at an inquiry in terms of section 28.

20 (1B) If a summons is in terms of subsection (1A) issued against an accused, he may, without appearing at an inquiry in terms of section 28, admit that he is guilty of the conduct mentioned in subsection (1A) by paying the specified fine (in this section referred to as the admission of guilt fine) to the council on or before the date specified in the summons.

25 (1C) (a) Any penalty imposed under this section, excluding an admission of guilt fine, shall be paid to the council within 14 days after the imposition thereof.

30 (b) The imposition of a fine under this section shall have the effect of a judgment in civil proceedings in the magistrate's court of the district in which the inquiry in question under section 28 took place.”; and

35 (c) by the deletion of subsection (7).

Amendment of section 38 of Act 50 of 1978, as amended by section 1 of Act 70 of 1982

40 19. Section 38 of the principal Act is hereby amended—

(a) by the substitution for paragraph (a) of subsection (1) of the following paragraph:

45 “(a) Every **[person registered or enrolled in terms of this Act] registered nurse or midwife or enrolled nurse or nursing auxiliary practising his profession within the Republic, and every person practising as a student nurse, student midwife, pupil nurse or pupil nursing auxiliary within the Republic**, shall be a member of the South African Nursing Association, which shall represent the nursing and midwifery profession in the Republic.”;

50 (b) by the deletion of subsection (2); and

(c) by the substitution for paragraph (a) of subsection (3) of the following paragraph:

55 “(a) For the purposes of this section the South African Nursing Association means the South African Nursing Association established by section 30 of the Nursing Act, 1957 (Act No. 69 of 1957) **[and any area which has been declared to be a self-governing territory within the Republic under section 26 of the National States**

1971), tot 'n selfregerende gebied binne die Republiek verklaar is en waarvan die wetgewende vergadering bevoeg is om wette te maak met betrekking tot alle aangeleenthede in Item 31B van Bylae 1 by daardie Wet bedoel, geag nie deel van die Republiek uit te maak nie].”.

Wysiging van artikel 40 van Wet 50 van 1978

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20. Artikel 40 van die Hoofwet word hierby gewysig deur subartikel (2) te skrap.

Wysiging van artikel 45 van Wet 50 van 1978

21. Artikel 45 van die Hoofwet word hierby gewysig deur paragraaf (a)(i) en paragraaf (r) van subartikel (1) te skrap.

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Kort titel

22. Hierdie Wet heet die Wysigingswet op Verpleging, 1992.

Constitution Act, 1971 (Act No. 21 of 1971), and the legislative assembly of which has power to make laws in respect of all matters referred to in Item 31B of Schedule 1 to that Act, shall be deemed not to form part of the Republic].”.

Amendment of section 40 of Act 50 of 1978

- 5 **20.** Section 40 of the principal Act is hereby amended by the deletion of subsection (2).

Amendment of section 45 of Act 50 of 1978

21. Section 45 of the principal Act is hereby amended by the deletion of paragraph (a)(i) and paragraph (r) of subsection (1).

10 Short title

- 22.** This Act shall be called the Nursing Amendment Act, 1992.



Student nurses march and dance during their protest at Baragwanath Hospital yesterday.

Pic: JOE MOLEFE

Bara students protest

Sowetan 27/3/92 (95)

HUNDREDS of Baragwanath Hospital student nurses yesterday continued their protest action to demand the reinstatement of seven colleagues who were dismissed after failing their third-year examinations.

The principal of the Baragwanath College of Nursing, Miss Kathy Campbell, said yesterday the seven dismissed nurses had lost a Supreme Court action in which they had demanded their reinstatement.

Spokesmen for the strikers said the

hospital's decision not to allow students to repeat subjects they failed was not in line with other Transvaal Provincial Administration hospitals.

The students yesterday accused the hospital of being insensitive to their grievances. They said they had submitted their grievances to Campbell who had not responded by yesterday.

Other grievances were that the hospital's constitution was "undemocratic". They said they wanted to be involved in the hospital's decision-making process.

Striking Sowetan violates 27/3/92 patients' rights 95

STRIKES by nurses were violations of patients' rights, the South African Nursing Association said on Thursday.

The Sana central board said after consultation with all branches, it finalised a policy on nurses and strikes.

"Sana is of the opinion that a strike by a nurse is a violation of the patient's right to safe and continuous nursing care," it said.

However, it was believed that a nurse should never be placed in a situation where she felt there was no other option open to her.

The nurse had a right to fair and equitable employment practices, reasonable conditions of employment and a fair dispute resolution procedure negotiated between the employer and the representative organisation for nurses, which should exclude strike action but include compulsory arbitration.

Nursing services should be declared essential services in legislation — thus entrenching the right to arbitration.

Sana said: "It will not condone, nor utilise, strike action as a means of dispute resolution between employers and nurses.

"Strike action by nurses where the patient's right to safe and continuous nursing care is endangered, constitutes unprofessional conduct." — Sapa

Venter damned on Valkenberg breakout

By Justin Pearce

South
28/3-2/4/92

of nurses.

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THE minister of national health, Dr Rina Venter, has confirmed in parliament that Valkenberg Hospital was understaffed when a group of patients broke out of the maximum security unit on February 13.

But her failure to acknowledge nursing posts at Valkenberg had been frozen has drawn sharp criticism in psychiatric circles.

At the time of the escape, 22 nursing posts at Valkenberg had been frozen owing to a shortage of state funding.

One of the consequences of the incident was the unfreezing of these posts to redress the critical shortage

of nurses. But in a reply to a question posed in parliament by Miss Dene Smuts, Venter referred to "the filling of vacant nursing posts".

"The posts were not vacant," said an angry trainee psychiatrist who was working at Valkenberg when the patients broke out, adding that he knew of nurses who had applied for posts at Valkenberg and been turned down as the posts were frozen.

He said that Venter's statement amounted to a direct admission of responsibility for the events at Valkenberg, but that it had been made in a way that was deliberately misleading. **See page 12**

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Nursing body will not condone strikes

Medical Reporter

(95) ARG 30/3/92

THE SA Nursing Association has vowed not to use or condone strike action by nurses.

In terms of legislation, nurses no longer face criminal charges if they strike, but could face disciplinary action by the SA Nursing Council.

Now the association has backed the council in deciding that a strike by nurses is a "violation of the patient's right to safe and continuous care" and constitutes unprofessional conduct.

In a statement, the association said no nurse should be placed in a situation where she felt there was no other option but to strike, and condemned intimidation of those refusing to strike.

Nurses had the right to fair and equitable employment practices, reasonable conditions of employment and a fair dispute resolution procedure which included compulsory arbitration, the association said.

It believed nursing services should be declared essential services in legislation, entrenching the right to arbitration.

Firm beats handicap to win major award

Medical Reporter

WORCESTER Industries, a company which provides work for the visually handicapped, has won an international award for quality performance, outcompeting "non-handicapped" industries around the world.

The Arch of Europe gold star for international quality was awarded to the company at a dinner in Madrid.

Worcester Industries was the only South African company among the 82 award-winners.

All aspects of a company's operation, especially the product and client satisfaction, were taken into account during judging.

Worcester Industries, formerly known as the Workshop and Homes for the Blind, comprises five factories manufacturing mattresses, bedsets, cane work, woodwork, metalwork and weaving.

The company is a branch of the Institute for the Blind, established in 1881 in Worcester by the Dutch Reformed Church of South Africa.

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Sana says 'no' to strike by nurses

Sowetan 30/3/92

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Sowetan Correspondent

STRIKE action by nurses is a violation of patients' right to safe care and amounts to unprofessional conduct, according to the South African Nursing Association.

In a statement setting out its official policy on nurses and strikes, Sana said it would not condone or use strike action as a means of resolving disputes between employers and nurses.

It also condemned intimidation of nurses who refused to strike.

On the other hand, Sana believed that nurses should "never" be placed in a situation where they felt there was no other option but to strike.

They therefore had a right to fair and equitable employment practices, to reasonable conditions of employment, and to a fair dispute resolution procedure.

The latter, which should be negotiated by the employer and the organisation representing nurses, should exclude strike ac-

tion but include compulsory arbitration, the statement said.

Further, nursing services should be declared essential services in legislation, which would entrench the right to arbitration.

Sana also said it welcomed the concept of "group practice" - where doctors, nurses, pharmacists and other health professionals were partners in private practice.

Once legislation limiting such practice had been removed, nurses would be able to offer their skills as partners in a private health team, instead of merely being employees, as was mostly the case.

Group practice would also make a significant contribution to health care by offering a comprehensive, cost-effective "one stop" service to patients and the community.

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Disgruntled nurses break away

By Eric Nak *Poul*

18/4-23/4/92

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NURSES IN THE Border and Eastern Cape, disillusioned with the South African Nurses Association (Sana), are to launch a new grouping.

A spokesperson for the disgruntled nurses, Mrs Doreen Foster, said they had decided to establish the Democratic Association of South African Nurses (Dasan) as they believed Sana was not addressing nurses' "grassroots" problems such as "unequal opportunity".

Foster said a credible organisation was needed to create, by means of negotiations with authorities, the "expanding options which nurses require".

She said one such option was the "thorny and emotive issue" of compulsory membership of Sana.

"For a long time, there has been no alternative to Sana. As nurses, we want to be participants as the whole country changes."

Foster said they were hoping to establish a "friendly alliance" with Cosatu's National Education, Health and Allied Workers Union (Nehawu).

They differed with Nehawu only on the issue of whether nurses should go on strike.

She said Dasan's principles would be to adapt to socio-political change and to form a nucleus body for the health resources of the community.

The group will meet in East London on May 2 to arrange the launch in June.

— Elnaws



FLASHBACK: Nurses last year protesting against dismissals. But now their problems are internal with an organisational split on the cards.

Govt 'ignored' nurses' warning on ICU crisis

By EVE VOSLOQ

THE South African Nursing Association (SANA) alerted the authorities as early as May 1991 of a critical shortage of trained intensive care nurses — but nothing has been done to improve salaries or working conditions.

The was said by the association this week in response to an editorial in the South African Medical Journal and a subsequent press conference at which Dr Dick Burrows, head of intensive care at Addington Hospital in Durban and president of the Critical Care Society, revealed how the shortage of nurses and funding was causing ICU wards to be closed all over the country.

Dr Burrows said a situation was developing in which doctors would have to decide which patients to treat, based on a forecast of their chances of recovery — and whether the costs were prohibitive.

The South African Nursing Association said non-competitive overtime pay and allowances in government hospitals was "the essence of the problem".

"The South African Nursing Association regards this problem as a high priority," the statement said.

"If this matter does not receive immediate attention, the situation will deteriorate until it becomes impossible to treat patients who are dependent on care from state hospitals."

The president of SANA, Dr Annemarie Bruwer, said this week intensive care nurses had huge responsibilities, intense pressure, worked difficult hours and were poorly paid — and had little chance of promotion. Out of 3 000 nursing posts in Cape provincial hospitals only 40 were for chief professional nurses.

Another problem was poor planning, she said. For instance, units were created and private hospitals recruited staff without the training hospitals being informed that more nurses would be needed.

In his SAMJ article "Intensive care — the dying swan", Dr Burrows said Addington and Wentworth Hospitals in Durban, Tygerberg Hospital in Cape Town, the Johannesburg Hospital and many others had closed ICU wards.

The chief superintendent of Tygerberg Hospital, Dr J G L Strauss, said yesterday no ICU wards had been closed in the hospital.

"There is a shortage of nurses, but this applies throughout the hospital," he said.

Groote Schuur Hospital's superintendent in charge of surgery, Dr Dennis Adams, said: "As soon as we train ICU nurses we lose them to the private sector where they are paid better. We are still coping but under difficult circumstances. It is a very worrying situation."

Dr Adams said nursing salaries and conditions should be improved.

St Times (Cape metro) 19/4/92

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Claims by local nurses rejected

95 CT 24/4/92

Staff Reporters

LOCAL nurses waiting to be admitted to a specialised intensive care training programme at Grootte Schuur Hospital claim that they are being passed over in favour of Taiwanese student nurses.

Nurses who complained to the Cape Times said the essential training places for local nurses were being taken up by "the Taiwanese nurses who fly off after training".

But a Grootte Schuur Hospital spokesman denied that local nurses were being passed over in favour of the Taiwanese nurses for the prestigious one-year course.

Hospital spokesman Ms Elke Schutte said as many as five Taiwanese nurses had received post-basic ICU training every year since the early 1990s as part of an agreement between the South African and Taiwanese governments but that local nurses were "definitely not" turned away to

accommodate Taiwanese nurses.

A senior principal at Carinus Nursing College, Miss Iona Keyter, said they had never had any difficulty accommodating both local and Taiwanese candidates who had qualified for the demanding course.

"There is a maximum yearly quota of 30 students because we have to take into account the limited clinical resources available at Grootte Schuur's intensive care units," she said. "But we have never deprived any local nurse of an opportunity to participate."

This year 24 local nurses and one Taiwanese student qualified for the course. Last year the quota was filled and five Taiwanese students were among the 30 candidates.

"We have asked the Department of National Health not in future to send us more than two Taiwanese students a year because they struggle with English and involve a lot of extra work for the tutors," Miss Keyter said.

Shawco race: Still time

ENTRY is still open to the Cape Times/Shawco/Pick 'n Pay Company Relay to be run to and from UCT this Sunday, April 26.

All proceeds from this race will go to Shawco, the largest student body of its kind in the world.

And if you're not running, go along to watch and join in the fun. There will be braais, a beer tent and entertainment for the kids.

Each team in the relay will have six runners run-

Cape Times

SHAWCO



COMPANY Relay

Pick 'n Pay

ning an identical lap of five kilometres.

The starting time will be 11am. Prizes will be presented over the lunch hour.

Entry is R198 per team (including VAT).

Entry forms are available from sports shops, the UCT Rag office and the foyer of Newspaper House, 122 St George's Mall.

For further information phone Anthony van Hoffen, Sharon Lamb or Giles Heeger on 650-3525.

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Call for nurses to handle primary health care

STAR
Staff Reporter

24/4/92

Capable nurses could easily handle 80 percent of the primary health care traffic now done by general practitioners, according to Ray Leigh, convener of the Lay Health Lobby which calls for the introduction of health maintenance organisations (HMOs) to alleviate the growing health crisis.

Mr Leigh believes registered nurses should be allowed to examine, diagnose, prescribe and treat patients up to the level of their expertise.

"Highly qualified doctors have no need to waste time on minor complaints.

"These doctors have more important work to do," said Mr Leigh.

He was speaking after the launch of a Lay Health Lobby booklet entitled "HMOs: Solution to the health-care crisis" which attacks legislation restricting the establishment of HMOs.

Vaalmed in Vanderbijlpark is a good example of an HMO,

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said Mr Leigh, which although restricted, managed to deliver health care services at no less than 40 percent below the costs of a medical aid society.

The Lay Health Lobby is now recruiting business support for converting medical aid schemes to HMOs.

"Until now, HMOs providing full hospital services could only be established in one-industry towns," said Mr Leigh.

"Apart from these, no single company can establish an HMO for its employees.

"A company's employees live in widely-dispersed suburbs and HMOs must be situated where employees and their families live," he said.

According to Mr Leigh the answer is clear: Companies can establish multi-company HMOs by pooling the numbers of their employees living in the same residential areas.

According to Mr Leigh HMOs could reduce the cost of health by more than 40 percent when restrictive legislation is removed.

Dire shortage of nurses in Transvaal hospitals

By Zingisa Mkhuma

Transvaal hospitals are experiencing a severe shortage of nurses as provincial authorities battle to attract suitable workers to fill as many as 4 000 vacancies.

A Transvaal Provincial Administration spokesman has confirmed that of the 33 787 nursing posts available in provincial hospitals, only 29 771 have been filled, leaving a shortfall of 4 016 vacancies.

The problem is further aggravated by a 9,7 per cent drop in student nurse intakes at the province's nursing colleges.

More than 800 nursing

staff, including student nurses and nursing assistants, resigned their posts last year, compared to 300 in 1990.

This has prompted the SA Nursing Association (Sana) to call on the Government to improve wage and working conditions for nurses to stem the departure of public-hospital nurses for the more lucrative private health care sector.

Sana has put the blame for the resignations on the non-competitive overtime compensation and allowances given to nurses in Government hospitals.

This, Sana said, was aggravated by poor working conditions and

equipment.

The National Education, Health and Allied Workers Union (Nehawu) has described the conditions in provincial hospitals as intolerable, especially when the Government was restructuring the services.

Nehawu spokesman Phillip Dexter said the Government was cutting facilities in the public sector and "leaving it all" to the private clinics.

"Ordinary people are not being provided for, and to cut services now is criminal. Health care facilities for poor people are desperately needed," he said.

STAR 6/5/92

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Call to bring back midwives

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Sowetan
11/5/92

THERE should be an immediate return to old-style midwifery to address the declining standard of the practice, top medical bodies have said.

This feeling was cemented at a meeting of the Council of the South African Society of Obstetricians and Gynaecologists, the Medical Association of South Africa, the South African Nursing Council and the South African Nursing Association.

The bodies cited as reason for the decline in standards the institution of the present integrated course, which has seen the specific and well defined discipline of midwifery sandwiched into a course on general and psychiatric nursing.

An article in the *South African Medical Journal* says the disorderly nature of the course has resulted in nurses being sent into the labour ward totally unprepared.

The previous system's hands-on training was conducted

By MOKGADI PELA

mainly by knowledgeable and experienced midwives who were all intimately involved in the actual practice of their profession.

The *SAMJ* says many of today's student nurses have no interest in midwifery and regard it as irritating.

In supporting the return to old-style midwifery the *SAMJ* says the course should be tailored to present needs taking into account both First and Third World requirements.

The trained midwife should ultimately have the knowledge and skills to enable her to serve in a teaching hospital, private institution or rural setting.

Theoretical training should be relevant and kept to a minimum and there should be an emphasis on practical experience and in-service training.

Sowetan

12/5/92 (200) 95

Garankuwa nurse shot dead on duty

By MONK NKOMO

A MALE nurse was shot dead while on duty during an apparent argument over the use of a telephone at Garankuwa Hospital on Sunday night.

The hospital's medical superintendent, Dr Louis van Heerden, yesterday identified the man as Mr Abram Shitlhane and said he was shot four times.

Van Heerden said he was told people arrived at the hospital's out-patients de-

partment on Sunday night carrying a person they did not know was already dead.

After they were told by Shitlhane - who was on night duty - that the person was dead and could not be admitted, the visitors asked to use a telephone in the hospital.

Shitlhane told them the telephone was only used for

internal calls and that they would not be able to contact anybody from outside the hospital. An argument apparently ensued and one man produced a gun and fired four bullets at Shitlhane. He died instantly.

Although sources within the hospital said a suspect had been arrested, Van Heerden could not confirm this.

"The hospital is investi-

gating the matter," he said.

Several nurses at the hospital were still shocked yesterday about the incident. Nurses interviewed said a strike was looming to pressurise the authorities to arrange security at all the wards and departments.

"We want a guarantee from management that we will be secured at all times while on duty. We are perturbed at the lack of security here," the nurses said.

Nurses split on referendum

By PEARL RANTSEKENG

NURSES nationwide are divided about the SA Nursing Association's proposed referendum on the future of the beleaguered organisation.

Durban nurses, calling themselves the Interim Committee of Concerned Nurses, have objected to

the referendum.

Sana has called on nurses to take part in one of the most important decisions concerning the future of the profession.

Members will be asked to vote on:

- Compulsory or voluntary membership;
- Whether Sana should

still be officially recognised as the representative body of nursing and midwifery;

■ Whether Sana should register as a trade union while still retaining its professional status.

The referendum will be held between May 15 and June 10.

Cipnem 1715792

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Temperature rises over nursing plan

South 23/5 - 27/5/92

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A proposed referendum among nurses to decide the status of the SA Nursing Association (Sana) has caused a row among health care workers. **Justin**

Pearce reports:

AN ATTEMPT by the South African Nursing Association (Sana) to restructure itself has been criticised by progressive health bodies.

Sana is a statutory body with membership compulsory for all nurses.

Health Unity Forum (Huf) spokesperson Ms Gail Andrew says Sana has announced plans for a referendum among nurses on three questions:

- Should membership be compulsory?
- Should Sana remain a statutory

body?

- Should part of Sana become a trade union?

Andrew says the ballot deals with basic rights which ought to be granted without question.

She says the first question should be: "Should Sana exist at all?"

Huf is concerned that only paid-up members of Sana will be allowed to vote. Since Sana membership is compulsory, a large number of members choose not to pay fees.

Andrew says those members who have not paid fees are the ones most likely to favour change in Sana, so that the referendum is unlikely to reflect the views of the majority of nurses.

The referendum also excludes the large number of black nurses in the TBVC states who belong to other associations.

Compulsory membership of the organisation is contrary to the principle of freedom of association, Andrew argues.

"Freedom of association is a human right — we don't need a ballot to decide this," she says.

Huf says it is unnecessary for Sana to be a statutory body. "No

other professional association is a statutory body," says Andrew, explaining that Sana's regulations are enforceable by law.

The question whether part of Sana should become a trade union is misleading, says Andrew, who is a nurse but not a paid-up member of Sana.

"If I vote against Sana forming a trade union it will be interpreted as meaning that I don't want a trade union at all. In fact I want to become part of a progressive union such as Nehawu (National Education, Health and Allied Workers' Union)," Andrew says.

She claims Sana made no attempt to contact Huf, Nehawu or other progressive bodies before announcing the referendum.

A Sana spokesperson said the organisation would not comment on Huf's objections to the proposals.

The spokesperson denied that the referendum included the question about forming a trade union, but would not tell SOUTH what the questions were.

"I cannot discuss it with you because it is a matter of professional concern and not for public information," she said.

Sana ⁽⁹⁵⁾ nod for HMO *Sowetan* service 21/7/92

THE SA Nursing Association yesterday came out in favour of a so-called Health Maintenance Organisation as opposed to the traditional "fee for service" practice.

Sana said prepayment for medical services would lead to better cost control and efficiency.

The association said in a statement it had been involved in discussions regarding models of health care delivery in South Africa with other professional health organisations and had formalised its stand on HMOs.

"Nurses play an important role in general health care services and therefore can and should make a valuable contribution in any form of health maintenance organisation."

It said any HMO should offer a multi-disciplinary service to meet the specific needs of the consumers. The concept would enhance group practice.

Employers, labour unions, medical schemes, Government or private groups should have the freedom to start an HMO.

Sapa.

New Zealand popular for recruiting for nursing staff (15)

NURSING staff at Sunninghill Medical Institute have been recruited from all around the world, especially from New Zealand, England and Ireland.

Nursing services manager Barbara Moore, a New Zealander herself, says staff are recruited internationally because there are few opportunities for nursing staff to gain experience in SA in the fields required by Sunninghill.

"For example, few hospitals in SA provide cardiothoracic and neurosurgical services so there are not many locally-trained nurses who have the necessary experience."

Further advantages of encouraging New Zealanders to work in SA is that their training is virtually the same as SA and lifestyles are similar, she says.

Charge sisters were recruited for Sunninghill last year and all have the necessary qualifications and experience in their specific fields. General nursing staff were appointed earlier this year.

3/7/92 Teamwork

The emphasis at Sunninghill, as in most private hospitals, is on the teamwork necessary between doctors and nurses. Nurses are being given increasing responsibility as doctors have less time to spend with their patients. "Doctors need to know their orders are being carried out efficiently," Moore says.

A further benefit for the nursing staff is the relatively high level of salaries and conditions of service and job descriptions. Although the latter two are standard practice in most industries, in the nursing profession it is seldom undertaken. The Institute has also leased flats in the area for joint-owner Eskom, those who live further from the benefit of staff, it provides transport for those who live further away; subsidises creche fees and provides free uniforms.

The hospital hopes to start post-graduation courses for nurses in more specialist functions.

Moore's underlying principle is the importance of communication for staff morale and efficiency, and the unwavering principle of the best patient care possible.

Her job description also encompasses the purchasing of equipment. She is an astute business woman as well as an experienced nurse.

HOSPITAL STRIKE

The primitive way

The short-sighted decision of the Transvaal Provincial Administration (TPA) to sack more than 5 000 striking hospital workers — which could provoke sympathy strikes and nourish the ANC's mass action campaign — brings into focus the larger question of how to deal with employee dissatisfaction in essential services. FM 317192

It is clear that State employers are far behind their private sector counterparts when it comes to regulating industrial conflict in general, let alone the special case of essential services. Look, for example, at the Nursing Amendment Act.

While this dubious new law, enacted in February, gives nurses the right to strike, it in fact emerges as a nonsolution to the real issue at hand: "That the appalling working conditions of nursing staff have begun to outweigh nursing ethics," according to Professor Adolph Landman, writing in the April edition of *Contemporary Labour Law*, which he jointly edits.

Strikes by nurses are increasing, Landman noted. While criminal sanctions are not a solution to the problem — one does not jail nurses — "the authorities have, however, come up with a nonsolution" by giving nurses the right to strike.

His remarks apply equally to hospital workers such as the kitchen, laundry and general ward staff who began their strike at Baragwanath Hospital on June 6 after weeks of limited, hour-long placard protests.

What parliament should do, advises Landman, is address the root of the problem: the dissatisfaction among nurses — and health workers — with working conditions and the channels for expressing this.

A more appropriate solution, he said, would be to declare the nursing profession an essential service in terms of the Nursing Act of 1978.

If the health sector were defined as an

essential service, nurses and health workers would not be entitled to strike or take other forms of industrial action. But, because the right to strike would then have been removed, the Act should provide for "compulsory arbitration" where disputes are declared over wages or conditions.

"As in other arbitrations, the parties would agree on the appointment of an arbitrator or, if they cannot agree, one would be appointed for them by an appropriate or neutral body. The award of the arbitrator is final and binding on the parties."

Compulsory arbitration fits in with standards set out by the International Labour Organisation, whose guidelines Cosatu invoked against the highly controversial Labour Relations Amendment Act two years ago.

The ILO's Committee on Freedom of Association, which has declared the hospital sector to be an essential service, says: "The principle whereby the right to strike may be limited or prohibited in essential services would become meaningless if the legislation defined essential services too broadly. The prohibition should be confined to services whose interruption would endanger the life, personal safety or health of the whole or part of the population."

Moreover, the committee adds, if strikes are restricted or prohibited in essential services, "appropriate guarantees must be afforded to protect workers who are thus denied one of the essential means of defending their occupational interest."

A rethink of the SA situation is therefore essential, says Landman, adding that there are ways of achieving a prohibition on strikes in the private nursing sector even after passage of the new Nursing Act. It is also possible to institute compulsory arbitration without amending legislation.

In terms of the amended Nursing Act, nursing staff who fall under the Labour Relations Act will commit a criminal offence if they strike without following the statutory procedures for a legal strike. They could also be disciplined if they leave patients unattended. But he asks: "Would an unprocedural — that is, technically illegal — strike influence the nursing council to impose a harsher sanction if a patient is left unattended than it would in the case of a legal strike? Probably not.

"The Bill (as it then was) does not only concern both public and private hospitals and the nursing profession; the general public also has an interest in the working environment of nursing staff. It is suggested that the internationally accepted solution proposed by the ILO should be adopted and enacted in SA."

In the dispute between Cosatu's health and allied workers' union, Nehawu, and the TPA, whose negotiating arm is the Commission for Administration, the approach of both parties has been unsophisticated. The dispute has been a throwback to the days before the 1979 Wiehahn Commission institutionalised labour conflict and the right of

blacks to take legal strike action.

However, the union at least has been calling for arbitration as a solution to the dispute. The sacked strikers' original demands were: a minimum wage of R1 100 a month, paid maternity leave and a 40-hour working week. The authorities had offered a 9,2% increase on the minimum wage of R643. The union has also called for the setting up of an interim dispute-settling forum.

Following the dismissal of the strikers, the union was discussing its next step with lawyers. It said the dismissals did not address the issues for which the workers went on strike.

Rand Water Board — an essential service — and the Municipal, State, Farm & Allied Workers' Union (not a Cosatu affiliate), recently agreed to arbitration in their dispute.

Hospital authorities would do well to follow this example. ■

Nurse critical after axe attack at hospital

PORT ELIZABETH — A nurse was attacked with an axe, other nurses were assaulted, and a volunteer was chased away as rumours mounted that a hospital in Port Elizabeth was closing yesterday.

Nurses were attacked at Dora Nginza and Livingstone hospitals.

At Dora Nginza on Monday night six nurses — either leaving or arriving for duty — were assaulted.

One was struck with an axe and is in the intensive

care unit at Livingstone. Another had to receive stitches.

Others were assailed with sticks and fled to neighbouring houses.

Yesterday a general assistant was accosted at Livingstone by a number of men while removing rubbish. He suffered head injuries.

A volunteer worker at the hospital was chased away.

The National Education Health and Allied Workers Union said yesterday they had heard unconfirmed rumours from members that Dora Nginza Hospital in

Zwide was to close.

Striking hospital workers in the Western Cape are to embark on more militant action today and will disrupt services at hospitals and government institutions. However, emergency services will be maintained.

Nehawu regional spokesman Wilfred Alcock said yesterday that because of the Government's failure to agree to mediation or to resolve the strike issues, the union was forced to engage in further action.

95
"We want to arrive at a transfer of power and kick this Government out," he said.

About 600 Health Workers' Union members attended a meeting yesterday at which a proposal to block hospital entrances was overruled.

The decision to step up action was taken at a joint strike committee meeting between the HWU and Nehawu after the HWU meeting. — Sapa.

● Nehawu seeks private industry help — Page 3



Scenes such as this occur daily at hospitals around the country as the strikes go on with no end in sight. There was a new development yesterday when doctors, nurses and paramedics at Garankuwa Hospital near Pretoria joined the strike in support of dismissed general workers.

PIC: PAT SEBOKO

Strike spreads to medics

■ **DRAMATIC TURN** Despite official warnings,

Garankuwa doctors and nurses down tools in

solidarity with dismissed workers: *Soultan 15/7/92*

By Alinah Dube, Ruth Bhengu and Sapa

DOCTORS, nurses and paramedics at Garankuwa Hospital near Pretoria went on strike yesterday in solidarity with dismissed general workers.

The decision to join the National Education, Health and Allied Workers' Union (Nehawu) strike was taken at a meeting of professional workers at the Medical University of Southern Africa (Medunsa) on Monday.

A spokesman for the superintendent's office yesterday referred all inquiries to the Transvaal Provincial Administration (TPA) who were not

readily available for comment.

For the past two weeks the group has been holding two-hourly demonstrations at the hospital protesting against the Government's handling of the strike nationally.

They said conditions under which they worked during the strike were such that they were unable to offer basic health care to patients.

Their decision to strike came after circulars were distributed among workers at the hospital, in which the hospital authorities warned doctors and nurses against striking and said those who did would be "dealt with".

The circulars further said the TPA's decision to dismiss striking employees was final and the recruitment of new staff was underway.

Meanwhile, one of the four survivors of last week's hospitals' strike-linked petrol bomb attack on a Soweto house died at Baragwanath Hospital yesterday.

Joel Khatleli (13) died in the morning, according to Baragwanath superintendent Dr Chris van den Heever.

He said the three remaining family members - Mrs Sannah Madikane (63), Portia Khatleli (17) and Mballi Khatleli (4) - were in a serious but stable condition.

Joel died a day after three other family members injured in the attack on the house at Naledi Extension 2, had died. They were Miss Zodwa Madikane (22), Miss Buyiswa Khatleli (24) and Miss Nomngqibelo Khatleli (40). The three were sisters.

At Pelonomi Hospital in Bloemfontein police arrested 153 people on Monday night after they had occupied part of the hospital.

Ninety women and 56 men, mostly dismissed workers, occupied the administrative section and police were called in when they refused to leave.

'Nurses need recognition' 95

JOHANNESBURG. — The SA Nursing Council has called for proper acknowledgement for the tens of thousands of nurses who have continued to carry out their duties under difficult circumstances during the hospital strike, and for the rights of neglected patients. *ET 16/1/92*

Council president Mrs Wilma Kotze said the organisation was concerned about the disproportionate amount of publicity given by the media to striking health service workers.

Evidence of intimidation had emerged from disciplinary inquiries into the stayaways, she said. — Sapa.

Sana call on strike

Sowetan 30/7/92

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THE South African Nursing Association yesterday said it feared the rights of patients would be violated by next week's planned general strike.

"If nursing personnel are prohibited from going on duty, this will be a violation of the nurses' democratic right to render nursing care. The SA Nursing Association appeals to the people concerned in organising mass action to respect the rights of both the patients and the nurses and to allow health services to continue to function," the association said in a statement.

Nurses angry about death of staff sister

STAR 3/8/92

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Staff Reporter

Nurses at the Johannesburg Hospital have hit out in anger at the death of a staff sister at the weekend.

Rosina Mpambukeli's body was found at Nasrec on Friday night. Police said yesterday her injuries were consistent with a car accident, but nurses believe she died after being beaten up, allegedly by striking workers.

There is also an unconfirmed rumour at the hospital that an assistant had her ears cut off because she "refused to listen".

A hospital spokesman said: "It's damned unfair our nurses are being picked on because Nehawu (the National Education, Health and Allied Workers Union) wants to see the collapse of hospitals. Why the nurses?"

Although the hospital did not give permission to The Star to speak to Mrs. Mpambukeli's colleagues, one sister, speaking anonymously, said: "I am outraged. I don't understand why

nurses are attacked when we work very hard to save the lives of people on both sides of the fence who come in for treatment."

She said several black nurses at the hospital were planning to stay away from work this week for fear of being attacked on their way to and from work.

The sister said she hoped the public would co-operate with the emergency regulations at the hospital.

Last Sunday, a child died in a petrol-bomb attack on the home of a Ga-Rankuwa hospital employee. The mother and another child suffered burns.

According to a press release from the TPA's chief director of administrative services, P W van Niekerk, intimidation, assault and damage to property are taking place at hospitals.

A newly appointed worker at Hillbrow Hospital was assaulted on Friday and people were being pulled from buses at Medunsa Dental Hospital, Mr. van Niekerk said.

Nurses summoned

MORE than 100 nurses from the Edendale Hospital in Pietermaritzburg are to face charges of improper or disgraceful conduct in connection with strikes in August and September 1990.

The nurses have been summoned to appear before a disciplinary committee of the South African Nursing Council on October 27.

Stuart 8/10/92.

NOTICE 883 OF 1992**DEPARTMENT OF TRADE AND INDUSTRY**

Notice is hereby given that the following promissory note issued by the Department of Trade and Industry to Palabora Mining Company Ltd as set hereunder has been mislaid:

Promissory note issued to Palabora Mining Company Ltd

Promissory Note No.	Date of Issue	Due date	Face value (R)
00002195	1991-11-16	1992-05-01	200 321

The above-mentioned promissory note will after the date of publication be regarded as cancelled. Should the promissory note be retrieved, it must please be returned to the Department of Trade and Industry, Private Bag X84, Pretoria, 0001.

(9 October 1992)

NOTICE 887 OF 1992**DEPARTMENT OF MANPOWER****LABOUR RELATIONS ACT, 1956****APPLICATION FOR REGISTRATION OF A TRADE UNION**

I, David William James, Industrial Registrar, do hereby, in terms of section 4 (2) of the Labour Relations Act, 1956, give notice that an application for registration as a trade union has been received from the South African Nurses Trade Union. Particulars of the application are reflected in the subjoined table.

Any registered trade union which objects to the application is invited to lodge its objection in writing with me, c/o the Department of Manpower, Manpower Building, 215 Schoeman Street, Pretoria (postal address: Private Bag X117, Pretoria, 0001), within one month of the date of publication of this notice.

TABLE

Name of trade union: South African Nurses Trade Union.

Date on which application was lodged: 23 September 1992.

Interest and area in respect of which application is made: Members of the South African Nursing Association employed in the private sector in the nursing and midwifery profession in the Republic of South Africa.

For the purposes hereof "private sector" means that sector which includes local authorities, regional services councils, private, welfare and state-subsidised organisations but excluding the first and second levels of government.

Postal address of applicant: P.O. Box 1280, Pretoria, 0001.

Office address of applicant: 605 Church Street, Arcadia.

KENNISGEWING 883 VAN 1992**DEPARTEMENT VAN HANDEL EN NYWERHEID**

Hiermee word kennis gegee dat die volgende promesse uitgereik deur die Departement van Handel en Nywerheid aan Palabora Mining Co. Ltd soos hieronder uiteengesit, verlore geraak het:

Promesse uitgereik aan Palabora Mining Co. Ltd

Promesse No.	Uitreikingsdatum	Verval-datum	Sigwaarde (R)
00002195	1991-11-16	1992-05-01	200 321

Na datum van publikasie word bogenoemde promesse as gekanselleer beskou. Indien die promesse gevind sou word, moet dit asseblief aan die Departement van Handel en Nywerheid, Privaatsak X84, Pretoria, 0001, teruggestuur word.

(9 Oktober 1992)

KENNISGEWING 887 VAN 1992**DEPARTEMENT VAN MANNEKRAG****WET OP ARBEIDSVERHOUDINGE, 1956****AANSOEK OM REGISTRASIE VAN 'N VAKVERENIGING**

Ek, David William James, Nywerheidsregistrator, maak ingevolge artikel 4 (2) van die Wet op Arbeidsverhoudinge, 1956, hierby bekend dat 'n aansoek om die registrasie as 'n vakvereniging ontvang is van die South African Nurses Trade Union. Besonderhede van die aansoek word in onderstaande tabel verstrek.

Enige geregistreerde vakvereniging wat teen die aansoek beswaar maak, word versoek om binne een maand na die datum van publikasie van hierdie kennisgewing sy beswaar skriftelik by my in te dien, p.a. die Departement van Mannekrag, Mannekraggebou, Schoemanstraat 215, Pretoria (posadres: Privaat Sak X117, Pretoria, 0001).

TABEL

Naam van vakvereniging: South African Nurses Trade Union.

Datum waarop aansoek ingedien is: 23 September 1992.

Belange en gebied ten opsigte waarvan aansoek gedoen word: Lede van die Suid-Afrikaanse Verpleegstersvereniging in diens in die verpleeg- en verloskundeprofessie in die private sektor in die Republiek van Suid-Afrika.

Vir doeleindes hiervan beteken "private sektor" daardie sektor wat plaaslike owerhede, streekdiensrade, private, welsyn en staatsgesubsidieerde organisasies insluit, maar uitgesonderd die eerste en tweede vlakke van regering.

Posadres van applikant: Posbus 1280, Pretoria, 0001.

Kantooradres van applikant: Kerkstraat 605, Arcadia, Pretoria.

Attention is drawn to the following requirements of section 4 of the Act:

- (a) The representativeness of any trade union which objects to the application shall in terms of subsection (4) be determined on the facts as they existed at the date on which the application was lodged and, as far as membership is concerned, only members who were in good standing in terms of section 1 (2) of the Act as at the aforesaid date shall be taken into consideration.
- (b) The procedure laid down in subsection (2) must be followed in connection with any objection lodged.

D. W. JAMES,
Industrial Registrar.

(9 October 1992)

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Die aandag word gevestig op onderstaande vereistes van artikel 4 van die Wet:

- (a) Die mate waarin 'n beswaarmakende vakvereniging verteenwoordigend is, word ingevolge subartikel (4) bepaal volgens die feite soos hulle bestaan het op die datum waarop die aansoek ingedien is, en wat die lidmaatskap betref, word alleen lede wat ingevolge artikel 1 (2) van die Wet op voormelde datum volwaardige lede was, in aanmerking geneem.
- (b) Die prosedure voorgeskryf by subartikel (2) moet gevolg word in verband met 'n beswaar wat ingedien word.

D. W. JAMES,
Nywerheidsregistrator.

(9 Oktober 1992)

NOTICE 888 OF 1992
DEPARTMENT OF MANPOWER
LABOUR RELATIONS ACT, 1956

REGISTRATION AS AN INDUSTRIAL COUNCIL

It is hereby notified for general information that the Industrial Council for the Contract Cleaning Industry (Natal) has with effect from 30 September 1992 in terms of section 19 (3) of the Labour Relations Act, 1956, been registered as an industrial council in respect of the interests as defined below, in the Province of Natal.

"Cleaning Services Industry" means the industry in which employers and their employees are associated for the purpose of cleaning industrial and commercial premises and buildings, including flats let commercially, but excluding employers and their employees engaged solely in the Building Industry.

For the purposes hereof "Building Industry" means, without in any way limiting the ordinary meaning of the expression, the industry in which employers and their employees are associated, for the purpose of erecting, completing, renovating, repairing, maintaining or altering buildings or structures (which are in the nature of buildings) and/or the making of articles for use in the erection, completion or alteration of buildings or structures, where the work is performed and the material is prepared on the sites of the buildings or structures, including excavations and the preparing of sites for building, as well as the demolition of buildings.

(9 October 1992)

NOTICE 889 OF 1992
DEPARTMENT OF MANPOWER
LABOUR RELATIONS ACT, 1956
CANCELLATION OF REGISTRATION OF A TRADE UNION

I, David William James, Industrial Registrar, hereby notify, in terms of section 14 (1) of the Labour Relations Act, 1956, that as I have reason to believe that the Western Province Sweet Workers' Union is not functioning as a trade union, its registration will be cancelled unless cause to the contrary is shown within a period of 30 days from the date of publication of this notice.

D. W. JAMES,
Industrial Registrar.

(9 October 1992)

KENNISGEWING 888 VAN 1992
DEPARTEMENT VAN MANNEKRAG
WET OP ARBEIDSVERHOUDINGE, 1956
REGISTRASIE AS 'N NYWERHEIDSRAAD

Hierby word vir algemene inligting bekendgemaak dat die Nywerheidsraad vir die Kontrakskoonmaaknywerheid (Natal) met ingang van 30 September 1992 ingevolge artikel 19 (3) van die Wet op Arbeidsverhoudinge, 1956, as 'n nywerheidsraad geregistreer is ten opsigte van die belange soos hieronder omskryf, in die provinsie Natal.

"Scoonmaakdienstenywerheid" beteken die nywerheid waarin werkgewers en hul werknemers met mekaar geassosieer is met die doel om nywerheids- en handelspersele en -geboue, met inbegrip van woonstelle wat kommersieel verhuur word, skoon te maak, maar uitgesonderd werkgewers en hul werknemers wat betrokke is uitsluitlik by die Bounywerheid.

Vir die doeleindes hiervan beteken "Bounywerheid", sonder om die gewone betekenis van die uitdrukking enigerwys te beperk, die nywerheid waarin werkgewers en hul werknemers met mekaar geassosieer is met die doel om geboue of bouwerke (op die geaardheid van geboue) op te rig, te voltooi, op te knap, te herstel, in stand te hou of te verbou en/of om artikels te maak vir gebruik by die oprigting, voltooiing of verbouing van geboue of bouwerke, waar die werk verrig en die materiaal voorberei word op die terreine van die geboue of bouwerke, met inbegrip van uitgrawings en die voorbereiding van terreine vir bouwerkzaamhede, asook die sloping van geboue.

(9 Oktober 1992)

KENNISGEWING 889 VAN 1992
DEPARTEMENT VAN MANNEKRAG
WET OP ARBEIDSVERHOUDINGE, 1956
INTREKING VAN REGISTRASIE VAN 'N VAKVERENIGING

Ek, David William James, Nywerheidsregistrator, maak hierby kragtens artikel 14 (1) van die Wet op Arbeidsverhoudinge, 1956, bekend dat aangesien ek rede het om te vermoed dat Western Province Sweet Workers' Union nie as vakvereniging funksioneer nie, sy registrasie ingetrek sal word, tensy redes daarteen binne 'n tydperk van 30 dae vanaf die datum van publikasie van hierdie kennisgewing aangevoer word.

D. W. JAMES,
Nywerheidsregistrator.

(9 Oktober 1992)

Nurses summoned

■ Many face improper conduct charges:

Gwafem 9/10/92 *(95)*
THE SA Nursing Council has summoned about 100 nurses from the Edendale Hospital near Maritzburg and the Prince Mshiyeni Hospital at Umlazi, Durban, to face charges of improper conduct for taking part in a strike.

The nurses were demanding pay rises. - *Sapa*

Nurses face charges

THE SA Nursing Council has summoned about 100 nurses from the Edendale Hospital near Maritzburg and the Prince Mshiyeni Hospital in Umlazi to face charges of improper and disgraceful conduct for having taken part in a strike. (95)

The hearing will be held on October 27 at the civic centre in Amanzimtoti. *Sowetan 9/10/92*

Nurses at the two KwaZulu government-run hospitals went on an unprecedented strike last month demanding better working conditions and increments. The strike brought the two hospitals to a virtual standstill. - Sapa. (95)

PEOPLE'S LIVES ^{SOWETO} A professional nursing service to care for patients at home in the township

Soweto 28/10/92



Services nurses provide

- Hospital pre-discharge care to ensure smooth transition between hospital and home.
- Health care and advice to convalescent patients in their homes.
- Care and support for terminally ill patients and their families.
- Sterile procedures like dressings, catheterisation and bladder washouts.
- General procedures like injections.
- Monitoring of general conditions like blood pressure and medication.
- Referrals where necessary.
- Home calls on a daily or occasional basis as needed by the patient.
- Home nurses do not do shifts although this can be arranged.
- Home nurses are NOT doctors.

For further information the Professional Society for Private Nurse Practitioners can be contacted at 885 1553 or 673 9112.

Private number

- There are 49 private nursing practitioners in the Witwatersrand area.
 - You must be a registered nurse.
 - You must be a paid-up member of the South African Nursing Association.
- For more information contact the PSFNP

PRIVATE CALL: You don't have to be late or take a day off if your little baby is sick. Just call for a nurse, and your troubles will be over ... at least for a day.

Nursing service

for Soweto homes

By Pearl Majola ^{Soweto 28/10/92} ■ TENDER CARE About 30 sick people

I T IS MONDAY MORNING. YOUR baby is sick again. And you are embarrassed to explain to your boss that you will be late for work once more.

Well, there is an easier way. Instead, you should call a professional nurse to your home to care for the baby and go to work with your mind at ease.

You might think this is for the rich people in the suburbs of Johannesburg. It may have been until four months ago when Nonhlanhla Ntombela quit her job of six years at one of the clinics to start the first home nursing practice in Soweto. Today she sees about 30 patients a month.

"Other people have taken advantage of the service for years and we have not although there has been a great need for it in our communities," explains 33-year-old Ntombela.

"So I decided to open a practice in Soweto with the hope that I can help people, not only the ones with medical aid but also those who would not otherwise afford the service. It is part of my commitment as a nurse," she says.

"The home nursing service provides post-hospital care and helps patients with chronic and terminal diseases. I must stress though that I remain a nurse not a doctor."

But does this not commercialise a facility essentially meant to be a public service? "I do not think so," she defends. "People who take advantage of home nursing are those who need it. A woman who has just given birth needs nursing care at home for some time and nurses used to do home visits. That they don't do them anymore doesn't mean that there is no longer a need for new mothers to be regularly checked by a nurse."

Ntombela is confident that the facility will be used despite the recession and the fact that many people are unemployed and therefore have no medical insurance.

a day being looked after: (95) (95)

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Most Woodstock nurses plan to refuse transfers

SI Times (Cape Metro)

6/12/92

(95)

By JESSICA BEZUIDENHOUT

MOST of the nursing staff at Woodstock Hospital will refuse to be transferred to other areas, a well-placed source has said.

In terms of the new plan, Woodstock Hospital is to become a day hospital and many of its posts transferred to areas where they are needed.

A senior doctor at Woodstock Hospital — who asked to remain anonymous — said only four of the 54 professional nursing sisters at the hospital intended to accept transfers to Mitchells Plain. None was prepared to move to Khayelitsha.

Of 110 nurses, only 13 would agree to go to Mitchells Plain because they lived in the area.

Of the nine doctors at Woodstock hospital, only four would remain. The rest had chosen early retirement or emigration.

"How can the downgrading of the hospital and the loss of skilled medical personnel benefit the community at large?" the doctor said.

The deputy director-general of health services, Dr George Watermeyer, said the CPA had been sensitive to the position of staff.

The CPA gave an undertaking this week that no staff would be made to move to areas to which they did not want to go.

Dr Watermeyer said 342 posts at Woodstock Hospital would be allocated as follows:

● Seventy-one posts would remain at Woodstock Hospital, with its out-patient and casualty divisions, 27 posts would be moved to Somerset hospital with the burns unit and 20 to Princess Alice Hospital with the orthopaedic unit.

● Thirty-three posts would be transferred to Mitchells Plain, 34 to Gu-

gulethu and 34 to Elsies River, where night duties would be introduced in addition to the office hours-only service now offered.

● Eighteen would be transferred to three new day clinics in Khayelitsha, Mitchells Plain and Belhar which would provide primary health care.

A day hospital's management structure would be created at Woodstock Hospital with most of the remaining 96 posts.

Of the medical posts, two would be transferred to George Hospital, two others to the Hottentots Holland Hospital in Somerset West and one to Victoria Hospital.

Nurses, TPA⁽⁹⁵⁾ sign agreement

The Argus Correspondent *ARC 16/12/92*

PRETORIA. — The Transvaal Provincial Administration has become the first of the four provincial bodies to sign an agreement of recognition with the South African Nursing Association.

The agreement, signed in Pretoria this week by Dr Peter Steyn, deputy director-general of the general provincial services branch (TPA) and Ms Susan du Preez, executive director of Sana, provides for a structure for communication and procedures for the regulation of labour relations.

These channels will create opportunities for consultation and negotiations with the association and its members regarding work places and other matters resulting from the employer/employee relationship.

The agreement provides for:

- Furthering healthy employer/employee relationships;
- The creation of clear rules and procedures to prevent conflict;
- Procedures for settling disputes, and
- The rights and responsibilities of both parties.

Of the 150 000 nurses represented by Sana, 31 000 are employed by the TPA.

According to Ms Du Preez, the association is negotiating with other provincial administrations for similar agreements.

She said the agreement would benefit nurses and that of health care as a whole.

TPA to retrench 4 000

sovelom
29/12/92

By Mzimasi Ngudle

THE Transvaal Provincial Administration has issued notices to 80 000 employees warning them of retrenchments.

And those affected include doctors and nurses.

Reacting to the announcement, the Azanian Peoples' Organisation yesterday said the Government's decision to lay off thousands of workers would adversely affect the health sector.

The TPA sent letters to employees in all State departments informing them of staff reductions

■ Azapo warns that reductions in doctors and nurses could adversely affect health and patient care in SA:

before March 31 next year. Employees who wanted to apply for voluntary retirement were requested to do so before January 15 1993.

In a statement yesterday, the TPA gave an assurance "to make this whole process as painless and as little unsettling as possible".

"Since staff expenditure represents a large portion of the Public Service budget, there is therefore no alternative but to comply with the Cabinet's decision and to prune staff numbers," the TPA said.

Azapo's publicity secretary, Dr Gomolomo Mokaie, said the Government would be held responsible for the decline in standards should "the much-vaunted staff reductions in the State sector compromise patient care".

"Azapo's view is that if there need to be cutbacks or reductions, these reductions have to take place within the corridors of power itself.

"In fact, the greatest boom to the economy would be an *en masse* resignation by National Party politicians."

HEALTH AND DISEASE — NURSES
1993

**DEPARTMENT OF NATIONAL
HEALTH AND POPULATION
DEVELOPMENT**

No. R. 7

(95)

8 January 1993

THE SOUTH AFRICAN NURSING COUNCIL
REGULATIONS RELATING TO EXAMINATIONS OF
THE SOUTH AFRICAN NURSING COUNCIL

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definitions

1. In these regulations, "the Act" means the Nursing Act, 1978 (Act No. 50 of 1978), and any expression to which a meaning has been assigned in the Act bears such meaning and, unless the context otherwise indicates—

"**basic course**" means any course specified as a basic course in the regulations made for a specific course;

"**candidate**" means a pupil nursing auxiliary, pupil nurse, student nurse or student midwife, or any student following a post-basic course;

"**portion**" means a part of an examination for which a result will be published in the examination results and which shall be taken as a whole;

"**post-basic course**" means any course specified as a post-basic course in the regulations made for a specific course;

"**practical portion**" means a portion consisting of a practical examination which may include an oral examination and includes the marks obtained in a system of continuous assessment;

"**written portion**" means a portion consisting of one or more written papers.

Application to conduct examinations on behalf of the council

2. (1) A nursing school may apply to the council to conduct examinations referred to in these regulations on behalf of the council and such an application may be approved by the council if the nursing school concerned is—

(a) a nursing college approved to offer the prescribed course in terms of the regulations published under Government Notice R. 425 of 22 February 1985;

(b) a department or subdepartment of nursing science of a university;

(c) an institute of a university that is linked to the department or subdepartment of nursing science of the university; or

(d) a technikon with a department or subdepartment of nursing science.

**DEPARTEMENT VAN NASIONALE
GESONDHEID EN BEVOLKINGS-
ONTWIKKELING**

No. R. 7

8 Januarie 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING
REGULASIES BETREFFENDE EKSAMENS VAN DIE
SUID-AFRIKAANSE RAAD OP VERPLEGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordskrywing

1. In hierdie regulasies beteken "die Wet" die Wet op Verpleging, 1978 (Wet No. 50 van 1978), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis, en, tensy uit die samehang anders blyk, beteken—

"**basiese kursus**" enige kursus wat as 'n basiese kursus aangedui word in die regulasies wat ten opsigte van 'n bepaalde kursus uitgevaardig is;

"**gedeelte**" 'n gedeelte van 'n eksamen waarvoor 'n uitslag in die eksamenuitslae bekendgemaak sal word en wat as 'n geheel geneem moet word;

"**kandidaat**" 'n leerlingverpleeghulp, leerlingverpleegkundige, studentverpleegkundige of studentvroedvrou, of enige student wat 'n nabasiese kursus volg;

"**nabasiese kursus**" enige kursus wat as 'n nabasiese kursus aangedui word in die regulasies wat ten opsigte van 'n bepaalde kursus uitgevaardig is;

"**praktiese gedeelte**" 'n gedeelte bestaande uit 'n praktiese eksamen wat 'n mondelinge eksamen en ook die punte behaal in 'n deurlopende evalueringstelsel kan insluit;

"**skriftelike gedeelte**" 'n gedeelte bestaande uit een of meer skriftelike vraestelle.

Aansoek om eksamens namens die raad af te neem

2. (1) 'n Verpleegskool kan by die raad aansoek doen om eksamens in hierdie regulasies bedoel namens die raad af te neem en so 'n aansoek kan deur die raad goedgekeur word indien die betrokke verpleegskool—

(a) 'n verplegingskollege is wat goedgekeur is om ingevolge die regulasies afgekondig by Goewermentskennisgewing R. 425 van 22 Februarie 1985 die voorgeskrewe kursus aan te bied;

(b) 'n departement of subdepartement verpleegkunde aan 'n universiteit is;

(c) 'n instituut van 'n universiteit is wat gekoppel is aan die departement of subdepartement verpleegkunde aan die universiteit; of

(d) 'n technikon met 'n departement of subdepartement verpleegkunde is.

(2) Notwithstanding the provisions of subregulation (1) the council may approve an application that does not meet the requirements of that subregulation.

(3) An application referred to in subregulation (1) —

(a) shall be submitted by a nursing school in respect of each course for which such approval is sought;

(b) may be submitted together with an application for approval of a course;

(c) shall be submitted at least six months prior to the first examination for which the approval is sought;

(d) shall be accompanied by an application for the approval of the moderator proposed by the nursing school concerned;

(e) shall be submitted annually not later than the last day of August of the year preceding the year for which approval is sought.

(4) The approval referred to in subregulation (1) shall be subject to such conditions as the council may determine.

Dates of examinations

3. (1) Examinations for prescribed courses shall be conducted on the dates determined by the council.

(2) In the case of examinations conducted by a nursing school on behalf of the council, the person in charge of the nursing school shall submit the dates proposed for examinations to the council together with the application referred to in regulation 2.

Application for admission to an examination

4. (1) A candidate shall submit to the council an application for admission to an examination not later than the seventh day of the month, three months prior to the month in which the examination is to be conducted.

(2) An application for admission to an examination submitted later than the date referred to in subregulation (1) may be accepted by the council —

(a) if it is submitted within seven days of the date referred to in subregulation (1) and is accompanied by the late entry fee prescribed by regulation 16 (c); or

(b) if, in the case of a candidate who has failed one or more portions of an examination but who qualifies for a further examination, it is submitted before or on the date which shall be published together with the results of the examination in which the candidate failed, in which case no late entry fee shall be payable.

5. (1) The person in charge of a nursing school shall certify on the application form for admission to an examination that the candidate is eligible for admission to the examination for the course concerned in terms of the prescribed training conditions for such course.

(2) The person in charge of a nursing school shall notify the council immediately, giving reasons, if a candidate becomes ineligible for admission to an examination subsequent to the submitting of an application for admission to an examination.

(2) Ondanks die bepalings van subregulasie (1) kan die raad 'n aansoek goedkeur wat nie aan die vereistes van daardie subregulasie voldoen nie.

(3) 'n Aansoek in subregulasie (1) bedoel —

(a) moet deur 'n verpleegskool vir elke kursus waarvoor sodanige goedkeuring verlang word, ingedien word;

(b) kan saam met 'n aansoek om die goedkeuring van 'n kursus ingedien word;

(c) moet minstens ses maande voor die eerste eksamen waarvoor die goedkeuring verlang word, ingedien word;

(d) moet vergesel gaan van 'n aansoek om die goedkeuring van die moderator wat deur die betrokke verpleegskool voorgestel is;

(e) moet jaarliks ingedien word voor of op die laaste dag van Augustus van die jaar wat die jaar voorafgaan waarvoor goedkeuring verlang word.

(4) Die goedkeuring in subregulasie (1) bedoel, is onderworpe aan die voorwaardes wat die raad bepaal.

Eksamendatum

3. (1) Eksamens vir voorgeskrewe kursusse word afgeneem op die datums deur die raad bepaal.

(2) In die geval van eksamens wat deur 'n verpleegskool namens die raad afgeneem word, moet die persoon in beheer van die verpleegskool voorgestelde datums vir eksamens saam met die aansoek in regulasie 2 bedoel, indien.

Aansoek om toelating tot 'n eksamen

4. (1) 'n Kandidaat moet 'n aansoek om toelating tot 'n eksamen by die raad indien voor of op die sewende dag van die maand, drie maande voor die maand waarin die eksamen afgeneem sal word.

(2) 'n Aansoek om toelating tot 'n eksamen wat later as die datum bedoel in subregulasie (1) ingedien word, kan deur die raad aanvaar word indien dit —

(a) binne sewe dae na die datum bedoel in subregulasie (1) ingedien word en vergesel gaan van die laatinskrywingsgelde voorgeskryf by regulasie 16 (c); of

(b) in die geval van 'n kandidaat wat in een of meer gedeeltes van 'n eksamen gedruip het maar wat vir 'n verdere eksamen kwalifiseer, ingedien word voor of op die datum wat saam met die uitslae van die eksamen waarin die kandidaat gedruip het, bekendgemaak word, in welke geval geen laatinskrywingsgelde betaalbaar is nie.

5. (1) Die persoon in beheer van 'n verpleegskool moet op die aansoekvorm vir toelating tot 'n eksamen sertifiseer dat die kandidaat ingevolge die voorgeskrewe opleidingsvereistes vir die betrokke kursus geskik is vir toelating tot die eksamen vir sodanige kursus.

(2) Die persoon in beheer van 'n verpleegskool moet die raad onmiddellik, met vermelding van redes, in kennis stel indien 'n kandidaat na indiening van 'n aansoek om toelating tot 'n eksamen nie meer tot die eksamen toegelaat kan word nie.

6. An application for admission to an examination shall be deemed to have been submitted in accordance with these regulations, if—

(a) it is submitted on the official form obtainable from the council;

(b) all information required on the application form has been filled in;

(c) any certification required on the application form has been completed by the person in charge of the nursing school concerned;

(d) it is accompanied by the examination fee prescribed by regulation 16 (a) or (b); and

(e) it is, in the case of a late entry, accompanied by the late entry fee prescribed by regulation 16 (c).

7. (1) A candidate who is absent from an examination on the actual day or days of the examination for a reason acceptable to the council may apply for admission to the next examination without the payment of the examination fee prescribed by regulation 16 (a) or (b).

(2) In the case of an absence referred to in subregulation (1) proof acceptable to the council of the reason for the absence shall be submitted to the council within 21 days of the date of the examination from which the candidate was absent.

(3) The candidate referred to in subregulation (1) shall retain credit for any portion of the examination passed or passed with distinction.

Examination marks and examination results

8. (1) The nursing school shall submit to the council the percentage marks obtained by candidates in the practical portion prescribed by the regulations for the course concerned on the official mark sheet for the practical portion supplied by the council before or on the last day of the month in which the written examination takes place, and such mark sheet shall be signed by the person in charge of the nursing school.

(2) In the case of an examination conducted on behalf of the council, all examination marks shall be submitted to the council on the official mark sheet supplied by the council before or on the last day of the second month following the month in which the examination was conducted, and such mark sheet shall be signed by the person in charge of the nursing school and by the moderator for the examination.

(3) To pass a portion a candidate shall obtain at least 50% of the aggregate marks for the portion and where a written portion consists of more than one paper a candidate shall obtain at least 40% in each paper.

(4) To pass a portion with distinction a candidate shall at the first attempt obtain at least 75% of the aggregate marks for the portion.

(5) To pass a course a candidate shall pass all portions of the final examination for the course.

6. 'n Aansoek om toelating tot 'n eksamen word geag ooreenkomstig hierdie regulasies ingedien te wees, indien—

(a) dit ingedien is op die amptelike vorm verkrygbaar van die raad;

(b) alle vereiste inligting op die aansoekvorm ingevul is;

(c) enige sertifisering vereis op die aansoekvorm ingevul is deur die persoon in beheer van die betrokke verpleegskool;

(d) dit vergesel gaan van die eksamengelde voorgeskryf by regulasie 16 (a) of (b); en

(e) dit in die geval van 'n laat inskrywing vergesel gaan van die laatinskrywingsgelde voorgeskryf by regulasie 16 (c).

7. (1) 'n Kandidaat wat van 'n eksamen afwesig is op die werklike dag of dae van die eksamen om 'n rede wat vir die raad aanvaarbaar is, kan aansoek doen om toelating tot die volgende eksamen sonder betaling van die eksamengelde voorgeskryf by regulasie 16 (a) of (b).

(2) In die geval van afwesigheid bedoel in subregulasie (1) moet bewyse, wat vir die raad aanvaarbaar is, van die rede vir die afwesigheid by die raad ingedien word binne 21 dae na die datum van die eksamen waarvan die kandidaat afwesig was.

(3) Die kandidaat in subregulasie (1) bedoel, behou krediet vir enige gedeelte van die eksamen waarin geslaag of met onderskeiding geslaag is.

Eksamenpunte en eksamenuitslae

8. (1) Die verpleegskool moet die persentasiepunte wat kandidate behaal in die praktiese gedeelte voorgeskryf by die regulasies vir die betrokke kursus, voor of op die laaste dag van die maand waarin die skriftelike eksamen plaasvind, by die raad indien op die amptelike puntelys vir die praktiese gedeelte deur die raad voorsien, en sodanige puntelys moet geteken word deur die persoon in beheer van die verpleegskool.

(2) In die geval van 'n eksamen wat namens die raad afgeneem word, moet alle eksamenpunte voor of op die laaste dag van die tweede maand wat volg op die maand waarin die eksamen afgeneem is, by die raad ingedien word op die amptelike puntelys deur die raad voorsien, en moet sodanige puntelys geteken word deur die persoon in beheer van die verpleegskool en deur die moderator vir die eksamen.

(3) Om in 'n gedeelte te slaag, moet 'n kandidaat minstens 50% van die totale puntetal vir die gedeelte behaal en in die geval waar 'n skriftelike gedeelte uit meer as een vraestel bestaan, moet 'n kandidaat minstens 40% in elke vraestel behaal.

(4) Om in 'n gedeelte met lof te slaag, moet 'n kandidaat met die eerste poging minstens 75% van die totale puntetal vir die gedeelte behaal.

(5) Om in 'n kursus te slaag, moet 'n kandidaat in alle gedeeltes van die eindeksamen vir die kursus slaag.

(6) To pass a course with distinction a candidate shall at the first attempt obtain at least 75% of the aggregate marks for the final examination and where the final examination consists of more than one portion a candidate shall obtain at least 65% of the aggregate marks for each portion.

9. (1) A candidate for a basic course who fails the written portion of an examination conducted by the council may apply to the council for reassessment before or on the date which shall be published together with the results of the examination, in which case a reassessment fee as prescribed by regulation 16 (e) shall be payable.

(2) A candidate for a basic course who fails the written portion of an examination conducted by a nursing school on behalf of the council may apply to the nursing school for reassessment in terms of the examination rules of the nursing school concerned before or on the date which shall be published together with the examination results.

(3) The result of a reassessment referred to in subregulations (1) and (2) shall be final and binding.

(4) Reassessment fees shall not be refunded, regardless of the result of the reassessment.

Further examinations

10. (1) A candidate who fails an examination of a specific year of a course for the first time but who obtained at least 40% in each portion—

(a) shall retain credit for any portion in which at least 50% was obtained; and

(b) may apply for admission to a further examination which shall take place within one year of the end of the month in which he wrote the examination in which he failed.

(2) A candidate who fails an examination of a specific year of a course for the first time and who obtained less than 40% in one or more of the portions—

(a) shall not retain credit for any portion of the examination;

(b) may apply for admission to a further examination, which shall take place within five months of the end of the month in which he wrote the examination in which he failed; and

(c) may apply only for admission to an examination which takes place within one year of the end of the month in which he wrote the examination in which he failed.

11. (1) A candidate who in terms of regulation 10 (1) or (2) qualifies for a further examination but who fails to sit for a further examination within one year of the end of the month in which the examination which he failed was written shall be admitted to a subsequent examination only if he—

(a) reregisters as a student or re-enrols as a pupil, as the case may be; and

(b) completes an additional period of training equal to one third of the time which elapsed from the completion of the course to reregistration as a student or re-enrolment as a pupil, to a maximum period of one year of additional training.

(6) Om in 'n kursus met lof te slaag, moet 'n kandidaat met die eerste poging minstens 75% van die totale puntetal vir die eindeksamen behaal en in die geval waar die eindeksamen uit meer as een gedeelte bestaan, moet 'n kandidaat minstens 65% van die totale puntetal vir elke gedeelte behaal.

9. (1) 'n Kandidaat vir 'n basiese kursus wat druipt in die skriftelike gedeelte van 'n eksamen wat deur die raad afgeneem word, kan voor of op die datum wat saam met die eksamenuitslae bekendgemaak word, by die raad aansoek doen om herevaluering, in welke geval herevalueringsegelde voorgeskryf by regulasie 16 (e) betaalbaar is.

(2) 'n Kandidaat vir 'n basiese kursus wat druipt in die skriftelike gedeelte van 'n eksamen wat deur 'n verpleegskool namens die raad afgeneem word, kan voor of op die datum wat saam met die eksamenuitslae bekendgemaak word, by die betrokke verpleegskool aansoek doen om herevaluering ingevolge die eksamenreëls van die verpleegskool.

(3) Die uitslag van 'n herevaluering in subregulasies (1) en (2) bedoel, is finaal en bindend.

(4) Ongeag die uitslag van die herevaluering word herevalueringsegelde nie terugbetaal nie.

Verdere eksamens

10. (1) 'n Kandidaat wat vir die eerste keer in 'n eksamen van 'n bepaalde jaar van 'n kursus druipt maar wat minstens 40% in elke gedeelte behaal het—

(a) behou krediet vir enige gedeelte waarin minstens 50% behaal is; en

(b) kan aansoek doen om toelating tot 'n verdere eksamen wat moet plaasvind binne een jaar na die einde van die maand waarin die eksamen afgelê is waarin hy gedruip het.

(2) 'n Kandidaat wat vir die eerste keer in 'n eksamen van 'n bepaalde jaar van 'n kursus druipt en wat minder as 40% in een of meer van die gedeeltes behaal het—

(a) behou geen krediet vir enige gedeelte van die eksamen nie;

(b) kan aansoek doen om toelating tot 'n verdere eksamen, wat moet plaasvind na vyf maande na die einde van die maand waarin die eksamen afgelê is waarin hy gedruip het; en

(c) kan slegs aansoek doen om toelating tot 'n eksamen wat plaasvind binne een jaar na die einde van die maand waarin die eksamen afgelê is waarin hy gedruip het.

11. (1) 'n Kandidaat wat ingevolge regulasie 10 (1) of (2) vir 'n eksamen kwalifiseer maar wat versuim om binne een jaar na die einde van die maand waarin die eksamen afgelê is waarin hy gedruip het, 'n verdere eksamen af te lê, word tot 'n volgende eksamen toegelaat slegs indien hy—

(a) hom laat herregistreer as 'n student of hom laat herinskryf as 'n leerling, na gelang van die geval; en

(b) 'n addisionele tydperk van opleiding deurloop gelykstaande met een derde van die tyd wat verloop het vanaf die voltooiing van die kursus tot herregistrasie as 'n student of herinskrywing as 'n leerling, tot 'n maksimum tydperk van een jaar addisionele opleiding.

(2) A candidate referred to in subregulation (1) shall forfeit any credits referred to in regulation 10 (1).

12. (1) A candidate for a basic course who for the second time fails an examination of the same year of a course shall be admitted to a subsequent examination only if he—

(a) reregisters as a student or re-enrols as a pupil, as the case may be; and

(b) completes an additional period of training equal to one third of the time which elapsed from the completion of the last period of training to re-registration as a student or re-enrolment as a pupil, to a maximum period of one year of additional training.

(2) A candidate referred to in subregulation (1) shall forfeit any credits referred to in regulation 10 (1).

13. (1) A candidate for a post-basic course who for a second time fails an examination of the same year of a course shall be admitted to an examination for the last time only after he has repeated the course.

(2) A candidate referred to in subregulation (1) shall—

(a) reregister as a student;

(b) enter for the examination as a whole; and

(c) forfeit any credits referred to in regulation 10 (1).

14. (1) A candidate for a basic course who for a third time fails an examination for the same year of a course shall be admitted to a further examination only if—

(a) the nursing school concerned submits to the council an application by the candidate, together with a full substantiation by the nursing school; and

(b) such application is approved by the council.

(2) If any application is approved in terms of subregulation (1) (b), the candidate shall be admitted to an examination for the last time only if he—

(a) reregisters as a student or re-enrols as a pupil, as the case may be; and

(b) repeats the last 12 months of training.

(3) A candidate referred to in subregulation (2) shall—

(a) enter for the examination as a whole; and

(b) forfeit any credits referred to in regulation 10 (1).

15. Where a candidate has undergone additional training referred to in regulation 11, 12 or 14, the person in charge of the nursing school shall certify on the application form for admission to the examination that the candidate has undergone such training and shall state the period of such training.

Examination fees

16. Subject to the provisions of—

(a) regulation 7, an examination fee of R20,00 plus VAT per paper for basic courses shall be payable to the council on application for admission to the examination;

(2) 'n Kandidaat in subregulasie (1) bedoel, verbeur enige krediete in regulasie 10 (1) bedoel.

12. (1) 'n Kandidaat vir 'n basiese kursus wat vir 'n tweede keer in 'n eksamen van dieselfde jaar van 'n kursus drui, word tot 'n volgende eksamen toegelaat slegs indien hy—

(a) hom laat herregistreer as 'n student of hom laat herinskryf as 'n leerling, na gelang van die geval; en

(b) 'n addisionele tydperk van opleiding deurloop gelykstaande met een derde van die tyd wat verloop het vanaf die voltooiing van die laaste tydperk van opleiding tot herregistrasie as 'n student of herinskrywing as 'n leerling, tot 'n maksimum tydperk van een jaar addisionele opleiding.

(2) 'n Kandidaat in subregulasie (1) bedoel, verbeur enige krediete in regulasie 10 (1) bedoel.

13. (1) 'n Kandidaat vir 'n nabasiese kursus wat vir 'n tweede keer in 'n eksamen van dieselfde jaar van 'n kursus drui, word vir die laaste keer tot 'n eksamen toegelaat slegs nadat hy die kursus herhaal het.

(2) 'n Kandidaat in subregulasie (1) bedoel—

(a) moet hom laat herregistreer as 'n student;

(b) moet hom vir die eksamen in die geheel laat inskryf; en

(c) verbeur enige krediete in regulasie 10 (1) bedoel.

14. (1) 'n Kandidaat vir 'n basiese kursus wat vir 'n derde keer in 'n eksamen van dieselfde jaar van 'n kursus drui, word tot 'n verdere eksamen toegelaat slegs indien—

(a) die betrokke verpleegskool 'n aansoek deur die kandidaat, tesame met 'n volledige motivering deur die verpleegskool, aan die raad voorlê; en

(b) die aansoek deur die raad goedgekeur word.

(2) Indien 'n aansoek ingevolge subregulasie (1) (b) goedgekeur word, word die kandidaat vir die laaste keer tot 'n eksamen toegelaat slegs indien hy—

(a) hom laat herregistreer as 'n student of hom laat herinskryf as 'n leerling, na gelang van die geval; en

(b) die laaste 12 maande van opleiding herhaal.

(3) 'n Kandidaat in subregulasie (2) bedoel—

(a) moet hom vir die eksamen in die geheel laat inskryf; en

(b) verbeur enige krediete in regulasie 10 (1) bedoel.

15. Waar 'n kandidaat addisionele opleiding bedoel in regulasie 11, 12 of 14 ondergaan het, moet die persoon in beheer van die verpleegskool op die aansoekvorm vir toelating tot die eksamen sertifiseer dat die kandidaat sodanige opleiding ondergaan het en die tydperk daarvan vermeld.

Eksamengelde

16. Behoudens die bepalings van—

(a) regulasie 7, is eksamengelde van R20,00 plus BTW per vraestel vir basiese kursusse by aansoek om toelating tot die eksamen aan die raad betaalbaar;

(b) regulation 7, an examination fee of R30,00 plus VAT per paper for post-basic courses shall be payable to the council on application for admission to the examination;

(c) regulation 4 (2), an application submitted later than the date referred to in regulation 4 (1), shall be accepted only on payment of a late entry fee of R15,00 plus VAT, which shall be payable in addition to the fees prescribed by paragraph (a) or (b);

(d) regulation 7, a candidate shall forfeit examination fees to the council if any application is cancelled or if a candidate is absent from an examination or a portion of an examination;

(e) regulation 9 (1), a reassessment fee of R100,00 plus VAT shall be payable to the council on application for the reassessment of the written portion of an examination.

Examination centres

17. Examinations shall be conducted at such places as the council may determine.

Conduct of candidates during an examination

18. A candidate shall obey the instructions of the invigilator in charge of the examination at all times.

19. A candidate shall not be admitted to an examination unless he is able to identify himself positively.

20. A candidate shall be disqualified if, during the examination, he—

(a) has any books, any memoranda or notes of any description, or any paper not authorised by the invigilator in charge of the examination in his possession;

(b) helps or attempts to help another candidate with the examination;

(c) obtains or attempts to obtain help with the examination from another candidate; or

(d) in any way communicates or attempts to communicate with another candidate.

21. Where examinations are conducted on behalf of the council, the examination rules of the nursing school concerned shall apply in respect of the conduct of candidates during an examination.

Transition clause

22. Where the council prior to the publication of these regulations informed a candidate of a period of additional training to be undergone in accordance with the regulations in force for a course at that time these regulations shall in no way amend the prior decision of the council.

Commencement of these regulations

23. (1) The provisions of the regulations published under Government Notices Nos. R. 83 of 16 January 1970, R. 85 of 16 January 1970, R. 254 of 14 February 1975, R. 880 of 2 May 1975, R. 1658 of 3 August 1979, R. 1660 of 3 August 1979, R. 1664 of 3 August 1979, R. 1665 of 3 August 1979, R. 1669 of 3 August 1979, R. 1670 of 3 August 1979, R. 276 of 15 February 1980,

(b) regulasie 7, is eksamengelde van R30,00 plus BTW per vraestel vir nabasiese kursusse by aansoek om toelating tot die eksamen aan die raad betaalbaar;

(c) regulasie 4 (2), word 'n aansoek wat later as die datum bedoel in regulasie 4 (1) ingedien word, slegs aanvaar by betaling van laatinskrywingsgelde van R15,00 plus BTW wat betaalbaar is bo en behalwe die gelde voorgeskryf by paragraaf (a) of (b) hiervan;

(d) regulasie 7, verbeur 'n kandidaat eksamengelde aan die raad indien enige aansoek gekanselleer word of indien 'n kandidaat van 'n eksamen of gedeelte van 'n eksamen afwesig is;

(e) regulasie 9 (1), is herevalueringsgelde van R100,00 plus BTW by aansoek om die herevaluering van die skriftelike gedeelte van 'n eksamen aan die raad betaalbaar.

Eksamensentrums

17. Eksamens word afgeneem op sodanige plekke as wat die raad bepaal.

Gedrag van kandidate tydens 'n eksamen

18. 'n Kandidaat moet die instruksies van die toesig-houer in beheer van die eksamen te alle tye gehoorsaam.

19. 'n Kandidaat word nie tot die eksamen toegelaat nie tensy hy homself positief kan identifiseer.

20. 'n Kandidaat word gediskwalifiseer indien hy tydens die eksamen—

(a) enige boeke, enige memoranda of notas van enige aard, of enige papier wat nie deur die toesig-houer in beheer van die eksamen gemagtig is nie, in sy besit het;

(b) hulp verleen of poog om hulp te verleen met die eksamen aan 'n ander kandidaat;

(c) hulp verkry of poog om hulp te verkry met die eksamen van 'n ander kandidaat; of

(d) op enige wyse kommunikeer of poog om te kommunikeer met 'n ander kandidaat.

21. Waar eksamens namens die raad afgeneem word, geld die eksamenreëls van die betrokke verpleegskool ten opsigte van die gedrag van kandidate tydens 'n eksamen.

Oorgangsbepaling

22. Waar die raad voor die publikasie van hierdie regulasies 'n kandidaat ingelig het oor 'n tydperk van addisionele opleiding wat ondergaan moet word ooreenkomstig die regulasies wat op daardie tydstip vir 'n kursus geld, wysig hierdie regulasies op geen wyse die vorige besluit van die raad nie.

Inwerkingtreding van hierdie regulasies

23. (1) Die bepalings van die regulasies gepubliseer by Goewermentskennisgewings Nos. R. 83 van 16 Januarie 1970, R. 85 van 16 Januarie 1970, R. 254 van 14 Februarie 1975, R. 880 van 2 Mei 1975, R. 1658 van 3 Augustus 1979, R. 1660 van 3 Augustus 1979, R. 1664 van 3 Augustus 1979, R. 1665 van 3 Augustus 1979, R. 1669 van 3 Augustus 1979, R. 1670

R. 239 of 13 February 1981, R. 240 of 13 February 1981, R. 47 of 22 January 1982, R. 48 of 22 January 1982, R. 683 of 14 April 1989 and R. 1571 of 21 July 1989, in so far as they relate to examinations, shall remain in force until they are deleted, and these regulations shall commence on the different dates on which the provisions concerned for every course are deleted.

(2) Notwithstanding the deletion of the provisions referred to in subregulation (1) such provisions shall remain in force for a candidate who was admitted to an examination prior to the publication of these regulations.

(95)

No. R. 8

8 January 1993

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE MINIMUM REQUIREMENTS FOR A BRIDGING COURSE FOR ENROLLED NURSES LEADING TO REGISTRATION AS A GENERAL NURSE OR A PSYCHIATRIC NURSE: AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

(95)

Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 683 of 14 April 1989.

Amendment of regulation 6 of the Regulations

2. Regulation 6 of the Regulations is hereby amended by the substitution for paragraph (b) of subregulation (3) of the following paragraph:

"(b) Sick leave may be granted in addition to the sick leave referred to in paragraph (a) on condition that such additional sick leave shall be made up."

Substitution of regulation 8 of the Regulations

3. The following regulation is hereby substituted for regulation 8 of the Regulations:

"Promotions

8. In order to be promoted to the second academic year, the student shall—

(a) complete the first academic year; and

(b) pass the examination for the first academic year."

Substitution of regulation 9 of the Regulations

4. The following regulation is hereby substituted for regulation 9 of the Regulations:

"Examinations

9. (1) The examinations shall be conducted in accordance with the regulations relating to the examinations of the council.

van 3 Augustus 1979, R. 276 van 15 Februarie 1980, R. 239 van 13 Februarie 1981, R. 240 van 13 Februarie 1981, R. 47 van 22 Januarie 1982, R. 48 van 22 Januarie 1982, R. 683 van 14 April 1989 R. 1571 van 21 Julie 1989 gepubliseer is bly, in so verre dit betrekking het op eksamens, van krag totdat dit geskrap word en hierdie regulasies tree in werking op die onderskeie datums waarop genoemde bepalings ten opsigte van elke kursus geskrap word.

(2) Ondanks die skraping van die bepalings bedoel in subregulasie (1) bly sodanige bepalings van krag ten opsigte van 'n kandidaat wat voor die datum van sodanige skraping tot 'n eksamen toegelaat is.

No. R. 8

8 Januarie 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE MINIMUM VEREISTES VIR 'N OORBRUGGINGSKURSUS VIR INGESKREWE VERPLEEGKUNDIGES WAT LEI TOT REGISTRASIE AS 'N ALGEMENE VERPLEEGKUNDIGE OF 'N PSIGIATRIESE VERPLEEGKUNDIGE: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 683 van 14 April 1989.

Wysiging van regulasie 6 van die Regulasies

2. Regulasie 6 van die Regulasies word hierby gewysig deur paragraaf (b) van subregulasie (3) deur die volgende paragraaf te vervang:

"(b) Siekteverlof bo en behalwe die siekteverlof bedoel in paragraaf (a) kan toegestaan word op voorwaarde dat sodanige addisionele siekteverlof ingewerk word."

Vervanging van regulasie 8 van die Regulasies

3. Regulasie 8 van die Regulasies word hierby deur die volgende regulasie vervang:

"Bevorderings

8. Om tot die tweede akademiese jaar bevorder te word, moet 'n student—

(a) die eerste akademiese jaar voltooi; en

(b) in die eksamen vir die eerste akademiese jaar slaag."

Vervanging van regulasie 9 van die Regulasies

4. Regulasie 9 van die Regulasies word hierby deur die volgende regulasie vervang:

"Eksamens

9. (1) Die eksamens word afgeneem ooreenkomstig die regulasies betreffende eksamens van die raad.

(2) The course referred to in these regulations shall for the purposes of the regulations referred to in sub-regulation (1) be called a basic course. (95)

(3) In order to be admitted to the examination for the first academic year, the candidate shall—

(a) complete at least 40 weeks of the first academic year by the end of the month in which the examination is conducted;

(b) obtain at least 45% in a system of continuous assessment by the nursing school of the clinical and theoretical aspects of general nursing science or psychiatric nursing science; and

(c) obtain at least 40% in an examination of the nursing school on the subjects Ethos and Professional Practice.

(4) In order to be admitted to the final examination, the candidate shall—

(a) complete the prescribed period for the course by the end of the month in which the examination is conducted;

(b) obtain at least 45% in a system of continuous assessment by the nursing school of the clinical and theoretical aspects of general nursing science or psychiatric nursing science; and

(c) comply with the provisions of regulation 7 by the date of the examination.

(5) A candidate who does not comply with the requirements for admission to an examination because of additional sick leave referred to in regulation 6 (3) (b) that has to be made up may be admitted by the council to the examination if—

(a) a written application for admission of a candidate is submitted to the council not later than the prescribed closing date by the person in charge of the nursing school; and

(b) it is possible to have made up the additional sick leave by not later than the end of the month following the month in which the examination is conducted.

(6) The examination for the first academic year shall consist of two portions, namely—

(a) a written portion of two papers of three hours each on the subjects Integrated General Nursing Science I and Social Sciences I or Integrated Psychiatric Nursing Science I and Social Sciences I; and

(b) a practical portion conducted by the nursing school.

(7) The final examination shall consist of three portions, namely—

(a) a written portion of one paper of three hours on the subjects Integrated General Nursing Science II or Integrated Psychiatric Nursing Science II;

(b) a practical portion conducted by the nursing school; and

(c) a written portion of one paper of three hours on the subjects Ethos and Professional Practice (including Ward Administration and Clinical Teaching) and Social Sciences II."

(2) Die kursus bedoel in hierdie regulasies word vir die doeleindes van die regulasies bedoel in subregulasie (1) 'n basiese kursus genoem.

(3) Om tot die eksamen vir die eerste akademiese jaar toegelaat te word, moet die kandidaat—

(a) teen die einde van die maand waarin die eksamen afgeneem word, minstens 40 weke van die eerste akademiese jaar voltooi;

(b) minstens 45% behaal in 'n stelsel van deurlopende evaluering deur die verpleegskool van die kliniese en teoretiese aspekte van algemene verpleegkunde of psigiatriese verpleegkunde; en

(c) minstens 40% behaal in 'n eksamen van die verpleegskool in die vakke Etos en Professionele Praktijk.

(4) Om tot die eindeksamen toegelaat te word, moet die kandidaat—

(a) teen die einde van die maand waarin die eksamen afgeneem word, die voorgeskrewe tydperk vir die kursus voltooi;

(b) minstens 45% behaal in 'n stelsel van deurlopende evaluering deur die verpleegskool van die kliniese en teoretiese aspekte van algemene verpleegkunde of psigiatriese verpleegkunde; en

(c) teen die datum van die eksamen aan die bepaling van regulasie 7 voldoen.

(5) 'n Kandidaat wat as gevolg van addisionele siekteverlof bedoel in regulasie 6 (3) (b) wat ingewerk moet word, nie aan die vereistes vir toelating tot 'n eksamen voldoen nie kan deur die raad tot die eksamen toegelaat word indien—

(a) die persoon in beheer van die verpleegskool nie later nie as die voorgeskrewe sluitingsdatum 'n skriftelike aansoek vir die toelating van die kandidaat by die raad indien; en

(b) dit moontlik is om die addisionele siekteverlof in te gewerk het teen nie later nie as die einde van die maand wat volg op die maand waarin die eksamen afgeneem word.

(6) Die eksamen vir die eerste akademiese jaar bestaan uit twee gedeeltes, naamlik—

(a) 'n skriftelike gedeelte van twee vraestelle van drie uur elk in die vakke Geïntegreerde Algemene Verpleegkunde I en Sosiale Wetenskappe I, of Geïntegreerde Psigiatriese Verpleegkunde I en Sosiale Wetenskappe I; en

(b) 'n praktiese gedeelte wat deur die verpleegskool afgeneem word.

(7) Die eindeksamen bestaan uit drie gedeeltes, naamlik—

(a) 'n skriftelike gedeelte van een vraestel van drie uur in die vakke Geïntegreerde Algemene Verpleegkunde II of Geïntegreerde Psigiatriese Verpleegkunde II;

(b) 'n praktiese gedeelte wat deur die verpleegskool afgeneem word; en

(c) 'n skriftelike gedeelte van een vraestel van drie uur in die vakke Etos en Professionele Praktijk (insluitende Saaladministrasie en Kliniese Onderrig) en Sosiale Wetenskappe II."

Deletion of regulations 10, 11, and 12 of the regulations

5. Regulations 10, 11 and 12 of the Regulations are hereby deleted.

Amendment of regulation 13 of the Regulations

6. Regulation 13 of the Regulations is hereby amended by the renumbering of regulation 13 to regulation 10.

No. R. 9

8 January 1993

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE COURSE FOR THE DIPLOMA IN INTENSIVE NURSING: AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE**Definitions**

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 85 of 16 January 1970, as amended by Government Notices Nos. R. 268 of 14 February 1975, R. 1576 of 12 August 1977, R. 2205 of 31 October 1980, R. 50 of 22 January 1982, R. 2759 of 24 December 1982, R. 828 of 22 April 1983, R. 1431 of 1 July 1983 and R. 2556 of 15 November 1985.

Substitution of regulation 7 of the Regulations

2. The following regulation is hereby substituted for regulation 7 of the Regulations:

"Examinations

7. (1) The examinations shall be conducted in accordance with the regulations concerning examinations of the council.

(2) The course referred to in these regulations shall for the purposes of the regulations referred to in sub-regulation (1) be called a post-basic course.

(3) To be admitted to the examination, the candidate shall—

(a) complete the prescribed period of training for the course by the end of the month in which the examination is held;

(b) according to the assessment by the nursing school where the course was followed be competent and suitable for admission in respect of attitude, approach, insight, knowledge and skills; and

(c) on the date of the examination comply with the provisions of regulation 6.

(4) The examination shall consist of two portions, namely—

(a) a written portion of two papers of three hours each; and

(b) a practical portion conducted by the nursing school."

Skrapping van regulasies 10, 11 en 12 van die Regulasies

5. Regulasies 10, 11 en 12 van die Regulasies word hierby geskrap.

Wysiging van regulasie 13 van die Regulasies

6. Regulasie 13 van die Regulasies word hierby gewysig deur regulasie 13 te hernoem tot regulasie 10.

No. R. 9

8 Januarie 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA IN INTENSIEWE VERPLEEGKUNDE: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE**Woordomskrywing**

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 85 van 16 Januarie 1970, soos gewysig by Goewermentskennisgewings Nos. R. 268 van 14 Februarie 1975, R. 1576 van 12 Augustus 1977, R. 2205 van 31 Oktober 1980, R. 50 van 22 Januarie 1982, R. 2759 van 24 Desember 1982, R. 828 van 22 April 1982, R. 1431 van 1 Julie 1983 en R. 2556 van 15 November 1985.

Vervanging van regulasie 7 van die Regulasies

2. Regulasie 7 van die Regulasies word hierby deur die volgende regulasie vervang:

"Eksamens

7. (1) Die eksamens word afgeneem ooreenkomstig die regulasies betreffende eksamens van die raad.

(2) Die kursus bedoel in hierdie regulasies word vir die doeleindes van die regulasies bedoel in subregulasie (1), 'n nabasiese kursus genoem.

(3) Om tot die eksamen toegelaat te word, moet die kandidaat—

(a) teen die einde van die maand waarin die eksamen afgeneem word, die voorgeskrewe tydperk van opleiding vir die kursus voltooi;

(b) volgens die evaluering van die verpleegskool waar die kursus deurloop is, ten opsigte van houding, benadering, insig, kennis en vaardighede bevoeg en geskik wees vir toelating; en

(c) op die datum van die eksamen voldoen aan die bepalinge van regulasie 6.

(4) Die eksamen bestaan uit twee gedeeltes, naamlik—

(a) 'n skriftelike gedeelte van twee vraestelle van drie uur elk; en

(b) 'n praktiese gedeelte wat deur die verpleegskool afgeneem word."

Deletion of regulations 8, 9, 10 and 11 of the Regulations

3. Regulations 8, 9, 10 and 11 of the Regulations are hereby deleted.

Amendment of regulation 12 of the Regulations

4. Regulation 12 of the Regulations is hereby amended by the renumbering of regulation 12 to regulation 8.

Amendment of regulation 13 of the Regulations

5. Regulation 13 of the Regulations is hereby amended by the renumbering of regulation 13 to regulation 9.

Skrapping van regulasies 8, 9, 10 en 11 van die Regulasies

3. Regulasies 8, 9, 10 en 11 van die Regulasies word hierby geskrap.

Wysiging van regulasie 12 van die Regulasies

4. Regulasie 12 van die Regulasies word hierby gewysig deur regulasie 12 te hernoem tot regulasie 8.

Wysiging van regulasie 13 van die Regulasies

5. Regulasie 13 van die Regulasies word hierby gewysig deur regulasie 13 te hernoem tot regulasie 9.

Save a drop — and save a million

Water conservation is very important to the community and industry to ensure their survival. So save water!

**Spaar 'n druppel — en vul die dam**

Indien almal van ons besparingsbewus optree, besnoei ons nie slegs uitgawes nie maar wen ook ten opsigte van ons kosbare water- en elektrisiteitsvoorraad

BIDM *13/11/93*
R15m complex for clinic staff

A R15m simplex development is being built for Medi-Clinic to house nursing staff working at the Morning-side and Sandton Clinics. About 120 units are being built on the 1,6ha site, and the first phase will be ready for occupation in March. The complex is being developed by Time Developments and Seeff-Slot Projects.

(95)

on the subject.

The private hospital sector accounted

for hospitals and doctors to do too much and for patients to demand too much.

Health personnel ask for stronger security

KATHRYN STRACHAN

CONCERN over the increasing level of danger in their jobs has caused doctors and nurses to call for stronger security measures to ensure their safety.

In a statement issued on Friday, the SA Nursing Association (Sana) expressed its concern at the increase in attempts to free hospitalised detainees.

The statement came in the wake of a report last week that a suspect under police guard at Pholosong Hospital in Tsakane, on the East Rand, was released by five men who shot and killed a policeman with an AK-47 rifle.

Sana executive director S J du Preez said such actions threatened the safety and lives of health personnel and patients.

"Hospitals up to now were seen as safe havens for the sick and places where health care, although sometimes given under stressful conditions, could be delivered without fear and exceptional safety precautions."

Du Preez said although in the past it was unthinkable that nurses could be threatened while they were working, it was now a reality.

And police and medical representatives last week formed a working committee to combat a spate of attacks — including the murder of three doctors — on health workers in the Vaal Triangle.

Medical Association of SA (Masa) chairman Bernard Mandell said while attacks on doctors were a national problem, doctors were most under threat in the Vaal Triangle. On Friday morning two doctors were attacked while on their way to work at the Pholosong Hospital. The doctors, both from Germany, escaped uninjured.

Following doctors' statements that the recent attacks in the area could lead to a collapse of medical care, an emergency number has been provided specifically for medical staff and more policemen have been deployed in the Vaal Triangle. Police will also increase their patrols on surgeries and clinics in the area.

Mandell said the nature of health care meant that doctors had contact with all people at irregular hours, which made them soft targets, and security precautions were therefore difficult to implement.

Helicopters for Safair

STEPHEN COPLAN

FOUR Russian helicopters would be delivered to Safair when an Antonov 124, en route to Windhoek, arrived at Jan Smuts today, a Safair spokesman said.

Negotiations were underway to lease the helicopters, which would be used for civil purposes, he said.

The two Kamov-32s and two Mil-17s were used previously by the Soviet Air Force and Aeroflot.

The Mil-17, nicknamed "Hip", seats up to 32 people and has a range of 375km, travelling at a speed of 225km/h, according to Jane's World Aircraft Recognition Handbook.

More than 10 000 of the utility, medium-range aircraft have been built and it was popular with the Indian Air Force and the former East German Air Force.

The Kamov-32, a civil version of an anti-submarine helicopter, has a unique pair of main rotor blade sets, making the aircraft more manoeuvrable, says Flight International.

The publication said the aircraft, nicknamed "Helix", was ideal for search-and-rescue and night flying. Its range was 800km and it had a five-hour endurance time.

Vaal hospital in bribery scandal

Soweto 29/1/93.

■ **LUCRATIVE LINE** Prospective trainee nurses allegedly pay bribes to clerks on admission: (95)

By Joshua Raboroko

AUTHORITIES AT SEBOKENG HOSPITAL in the Vaal Triangle are investigating claims that prospective students are made to pay bribes before being allowed to enrol.

It is claimed some would-be trainees at the hospital pay R200 each to clerks who negotiate with officials to admit them to train as nurses.

Sebokeng Hospital superintendent Dr A van der Spuy confirmed that she received a report but denied that candidates were expected to pay bribes.

She said: "We are investigating this matter because we take it in a very serious light."

The hospital heard about similar claims before but nobody came forward to complain. "This case might open a can of worms," she said.

She appealed to all applicants who were promised jobs after paying bribes to contact her at the hospital, adding: "We cannot allow this

kind of thing to happen."

She confirmed that charges had been laid and the police were investigating.

Miss Manana Matobole of Evaton claimed yesterday that after she obtained a school leaving certificate she applied to train as a nurse in 1991.

She said: "My application was unsuccessful because the hospital required a matric exemption.

"I was advised by a clerk that if I paid R200 then my way would be open."

Matobole claimed she was desperate, so she paid the money to a clerk who told her to wait for a reply.

She waited for a year in vain. She demanded her money back when it became clear that her application would be unsuccessful.

A former nursing sister at the hospital, Miss Thaka Nkabane, said she accompanied Matobole to the hospital where she made inquiries with the superintendent.

Star 11/21/93
**Bara nurse
held after
(95)
man's escape**

Crime Reporter

Baragwanath Hospital nurses refused to leave after work yesterday morning until police freed one of their colleagues who had been held for questioning after the escape of a patient under police guard.

Soweto police spokesman Major Henk Oosthuysen said the nurse was questioned soon after the patient escaped after midnight.

He said about 50 nurses on night shift refused to go home until the woman was released.

The nurse had not been a suspect in the escape and, after her release at 10 am, the hospital functioned normally, Oosthuysen said.

A Baragwanath Hospital spokesman said the nurses felt their colleague had been unjustly treated. The detained nurse was released after negotiations between the Transvaal Provincial Administration and the police, the spokesman said.

No strike action had taken place and no services had been disrupted.

The suspect who escaped had been arrested on Tuesday on a charge of armed robbery. He was shot in the leg when he tried to escape from police custody.

The man escaped from Baragwanath Hospital before he could be treated.

Strike at Bara over arrest

Sowetan 11/2/93

(95)

CASUALTY DEPARTMENT Stoppage after
detention of nurse for allegedly helping prisoner:

By Siphon Mthembu

THERE WAS A TEMPORARY WORK STOPPAGE by nursing staff at the Baragwanath Hospital's casualty department yesterday morning in protest against the arrest by police of a nursing assistant on Tuesday night.

The police said yesterday the nursing assistant was arrested for allegedly helping a prisoner to escape.

Following the arrest of their colleague, dissatisfied nurses on night shift refused to go off duty and those on day shift refused to go on duty until the assistant had been freed.

Hospital authorities then held a meeting with the SAP and the Transvaal Provincial Administration resulting in the release of the assistant nurse at 10am yesterday.

In a statement to *Sowetan* yesterday, the hospital's public relations department said the nurses felt very strongly that their colleague had been unjustly treated.

Meanwhile, the police refused to give the name of the nursing assistant and the prisoner and would not say whether the escape was successful or not.

"We are not going to give any names, including that of the prisoner involved as the case has been completed and no one has been charged. It is all over now," said police spokesman Major HP Oosthuysen.

Sowetan could only establish that the assistant nurse's name was Beauty and the Baragwanath Hospital spokeswoman Mrs Hester Vorster said she would not give the name and surname because she (the nurse) was still "very disturbed" by the incident.

Vorster also said her department understood the feelings of the nursing staff and the issue had now been settled.

The Deputy Regional Commissioner of Police, Major-General AM Strauss, has indicated that the matter would still be investigated thoroughly and necessary steps would be taken if any irregularities had taken place.

Nurses' body happy

Sowetan 11/2/93
THE SA Nursing Association said yesterday it was delighted that Parliament had approved amendments to the Medical Schemes Act which deregulates medical aid schemes.

Sana said one of the major stumbling blocks that had prevented private nurse practitioners from contributing to an effective and cost-effective health care service to the public had been the reluctance of medical aid schemes to recognise and reimburse private nursing care.

(95)

B.1000 11/21/93

Nurses protest (95)

A NURSE was arrested early yesterday for allegedly assisting a prisoner to escape from Baragwanath Hospital outside Johannesburg, police said.

At least 50 nurses at the casualty department went on strike yesterday morning in a bid to have her released from police custody and to protest against "police harassment". The nurse was released at 10am, police said.

warning on nursing cuts (95)

The Government's proposed cuts in nursing services would pare them down to the "absolute minimum" without which safe nursing care could not be provided, the SA Nursing Council said yesterday. SANC president Professor Wilma Kotze said the council was concerned at the implications of cuts in nursing services as part of the scaling down of Government expenditure.

R1,2-m bank fraud alleged

UWC nursing conference

Education Reporter

95 APR 23/493

THE University of the Western Cape is to host an international nursing conference next month.

The title of the conference, to be held in Brackenfell from March 21 to 24, is *Africa Unite for Nursing Education*.

Delegates are expected from Botswana, Lesotho, Kenya, Tanzania and the United States.

LABOUR BRIEFS 26/2

Strikes settle

THE latest South African Labour Bulletin, published today, notes a dramatic drop in strike action and major disputes in the first two months of 1993, compared with the past three years.

Only four significant strikes had been reported in South African Labour News in this period: two strikes involving 500 Transport and General Workers' Union members and two Food and Allied Workers' Union strikes continuing from last year.

And the only dispute looming is a national campaign against Shoprite/Checkers by the South African Commercial, Catering and Allied Workers' Union.

Nursing wounds

PATIENTS and their needs should never become part of the collective bargaining process, South African Nursing Council head Wilma Kotze told 200 nurses from Edendale hospital in Pieter-

maritzburg this week. The nurses were found guilty of disgraceful conduct for participating in a wage strike two years ago.

The disciplinary committee however found there was no evidence to suggest patients suffered because of the strike.

A salary strike by 700 nurses this week brought Lebowa's biggest hospital, Groothoek, to a standstill.

No carte blanche for MWU

THE Media Council this week dismissed a complaint by the whites-only Mynwerkers Unie (MWU) against a programme broadcast on M-Net's Carte Blanche.

The programme, about MWU members defecting to join the National Union of Mineworkers, was "unfair, unbalanced, propagandistic and amounted to 'trial by television'" alleged the MWU. But the Media Council found the complaint "groundless" and dismissed it.

Wilma Kotze 26/2-4/3/93

Wilma Kotze 26/2-4/3/93

In terms of section 23 (3) of the Act no person may sell any medicine which is the subject of a notice under section 23 (1) which has not been set aside on appeal.

Any person who fails to comply with any direction given under section 23 or who contravenes the provisions of subsection (3) of that section shall be guilty of an offence.

J. SCHLEBUSCH,
Registrar of Medicines.

No. R. 448 95 **19 March 1993**

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE ELECTION OF MEMBERS OF THE COUNCIL: AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations in the Schedule hereto.

SCHEDULE

Definitions

1. In this Schedule, "the Regulations" means the regulations published under Government Notice No. R. 1604 of 4 August 1978, as amended by Government Notice No. R. 54 of 22 January 1982.

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended—

(a) by the substitution for subregulation (2) of the following subregulation:

"(2) A separate nomination shall be lodged in respect of each candidate and shall be signed by two (2) persons eligible to vote in terms of section 5 (1) (f) of the Act (in these regulations referred to as 'persons eligible to vote').";

(b) by the substitution for subregulation (3) of the following subregulation:

"(3) (a) A person eligible to vote may sign any number of nominations not exceeding the number of members to be elected.

(b) A nomination signed by a person who has already signed the maximum number of nominations shall be invalid.

(c) If the number of nominations signed exceeds the number of members to be elected and such nominations are received simultaneously by the returning officer, or if such nominations together with nominations previously signed and lodged exceed the maximum, such nominations shall all be invalid.";

Kragtens artikel 23 (3) van die Wet mag niemand enige medisyne wat die onderwerp is van 'n kennisgewing ingevolge artikel 23 (1) wat nie op appèl tersyde gestel is, verkoop nie.

Iemand wat versuim om aan 'n lasgewing uitgereik kragtens artikel 23 te voldoen of die bepalings van subartikel (3) van daardie artikel oortree, is aan 'n misdryf skuldig.

J. SCHLEBUSCH,
Registrateur van Medisyne.

No. R. 448 **19 Maart 1993**

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE VERKIESING VAN LEDE VAN DIE RAAD: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1604 van 4 Augustus 1978, soos gewysig by Goewermentskennisgewing No. R. 54 van 22 Januarie 1982.

Wysiging van regulasie 3 van die Regulasies

2. Regulasie 3 van die Regulasies word hierby gewysig—

(a) deur subregulasie (2) deur die volgende subregulasie te vervang:

"(2) 'n Afsonderlike nominasie moet ten opsigte van elke kandidaat ingedien word en moet onderteken word deur twee (2) persone wat ingevolge artikel 5 (1) (f) van die Wet stemgeregtig is (in hierdie regulasies 'stemgeregtigde persone') genoem.";

(b) deur subregulasie (3) deur die volgende subregulasie te vervang:

"(3) (a) 'n Stemgeregtigde persoon kan 'n getal nominasies onderteken wat nie die getal lede wat verkies moet word, oorskry nie.

(b) 'n Nominasie wat deur 'n persoon onderteken word wat reeds die maksimum getal nominasies onderteken het, is ongeldig.

(c) Indien meer nominasies onderteken is as die getal kandidate wat verkies moet word en sodanige nominasies gelyktydig deur die kiesbeampte ontvang word, of as sodanige nominasies tesame met nominasies wat reeds onderteken en ingedien is die maksimum oorskry, is sodanige nominasies ainal ongeldig.";

- (c) by the deletion of subregulation (4);
 (d) by the substitution for paragraph (b) of subregulation (6) of the following paragraph:

“(b) Together with the documents referred to in paragraph (a) each candidate shall deposit an amount of twenty rand (R20) with the returning officer and such deposit shall be refunded to the candidate or paid into his estate, as the case may be, if—

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- (i) the candidate is elected;
 (ii) the candidate is not elected but obtained a number of votes at least equal to one-fifth of the number of votes obtained by the candidate who was elected under the same provision of the Act as the provision under which the firstmentioned candidate was nominated;
 (iii) any contingency referred to in subregulation (7) arises.”;

- (e) by the substitution for paragraph (c) of subregulation (6) of the following paragraph:

“(c) Save as provided in paragraph (b), the deposit shall be forfeited to the council.”;

- (f) by the substitution for paragraph (c) of subregulation (7) of the following paragraph:

“(c) If a validly nominated candidate dies after the time and date determined in terms of regulation 2, for the lodging of nominations, but before the time and date determined in terms of regulation 5 for the lodging of ballot papers, no action shall be taken by the returning officer unless such candidate was the only one nominated for a region referred to in section 5 (7), in which case the registrar shall act in terms of section 5 (4) of the Act.”.

Substitution of regulation 4 of the Regulations

3. The following regulation is hereby substituted for regulation 4 of the Regulations:

- “4. If at the time and date determined in terms of regulation 2 for the lodging of nominations, the number of validly nominated candidates does not exceed the number of members to be elected, the returning officer shall declare such candidates to be elected members of the council.”.

Amendment of regulation 5 of the Regulations

4. Regulation 5 of the Regulations is hereby amended by the substitution for the words preceding paragraph (a) of subregulation (1) of the following words:

- “(1) If at the time and date determined in terms of regulation 2 for the lodging of nominations, the number of validly nominated candidates exceeds the number of members to be elected—”.

- (c) deur subregulasie (4) te skrap;
 (d) deur paragraaf (b) van subregulasie (6) deur die volgende paragraaf te vervang:

“(b) Saam met die dokumente in paragraaf (a) bedoel, moet elke kandidaat 'n bedrag van twintig rand (R20) by die kiesbeampte deponeer en sodanige deposito word aan die kandidaat terugbetaal of in sy boedel inbetaal, na gelang van die geval, indien—

- (i) die kandidaat verkies word;
 (ii) die kandidaat nie verkies word nie maar 'n getal stemme behaal wat minstens gelyk is aan een vyfde van die getal stemme behaal deur die kandidaat wat verkies is ingevolge dieselfde bepaling van die Wet as dié waarkragtens eersgenoemde kandidaat genomineer is;
 (iii) enige gebeurlikheid bedoel in subregulasie (7) voorval.”;

- (e) deur paragraaf (c) van subregulasie (6) deur die volgende paragraaf te vervang:

“(c) Behoudens die bepalings van paragraaf (b), word die deposito aan die raad verbeur.”;

- (f) deur paragraaf (c) van subregulasie (7) deur die volgende paragraaf te vervang:

“(c) Indien 'n geldig genomineerde kandidaat te sterwe kom na die tyd en datum ingevolge regulasie 2 vir die indiening van nominasies bepaal, maar voor die tyd en datum ingevolge regulasie 5 vir die indiening van stembriewe bepaal, word geen stappe deur die kiesbeampte gedoen nie, tensy sodanige kandidaat die enigste een was wat vir 'n in artikel 5 (7) bedoelde streek genomineer is, in welke geval die registrateur ooreenkomstig artikel 5 (4) van die Wet moet optree.”.

Vervanging van regulasie 4 van die Regulasies

3. Regulasie 4 van die Regulasies word hierby deur die volgende regulasie vervang:

- “4. Indien die getal geldig genomineerde kandidate op die tyd en datum ingevolge regulasie 2 vir die indiening van nominasies bepaal, nie die getal lede wat verkies moet word, oorskry nie, verklaar die kiesbeampte sodanige kandidate tot verkose lede van die raad.”.

Wysiging van regulasie 5 van die Regulasies

4. Regulasie 5 van die Regulasies word hierby gewysig deur die woorde wat paragraaf (a) van subregulasie (1) voorafgaan deur die volgende woorde te vervang:

- “(1) Indien die getal geldig genomineerde kandidate op die tyd en datum ingevolge regulasie 2 vir die indiening van nominasies bepaal, die getal lede wat verkies moet word, oorskry—”.

Amendment of regulation 6 of the Regulations

5. Regulation 6 of the Regulations is hereby amended—

- (a) by the substitution for the words preceding subregulation (1) of the following words:

“(95) Upon receipt of an identification envelope the returning officer shall examine the declaration on such envelope and—”;

- (b) by the addition after subregulation (2) of the following subregulation:

“(3) if he finds that a voter has lodged more than one identification envelope, he shall reject all but the first envelope lodged and if such envelopes are received simultaneously, he shall reject all such envelopes, and such rejected envelopes shall be set aside unopened and shall in due course be added to the rejected ballot papers.”.

Amendment of regulation 7 of the Regulations

6. Regulation 7 of the Regulations is hereby amended by the substitution for subregulation (2) of the following subregulation:

“(2) A candidate or his representative appointed by him in writing may be present at the counting of the votes, in which case the candidate or his representative shall make a declaration on oath or an affirmation in the form of Annexure A.”.

Amendment of regulation 8 of the Regulations

7. Regulation 8 of the Regulations is hereby amended by the substitution for subregulation (6) of the following subregulation:

“(6) the returning officer shall declare the candidates for whom the greatest number of votes had been cast, where applicable, with due regard to the proviso to section 5 (1) (f) and to section 5 (7) of the Act, to be elected members of the council, and in the case of an equality of votes which affects the result of the election, the returning officer shall, in the presence of the candidates and/or their representatives, but in any case in the presence of at least two (2) persons, determine by lot which candidate shall be declared elected.”.

Amendment of Annexure B to the Regulations

8. Annexure B to the Regulations is hereby amended—

- (a) by the substitution for the second heading of the Annexure of the following heading:

“NOTICE OF ELECTION OF MEMBERS [SECTION 5 (1) (f) OF THE NURSING ACT, 1978 (ACT No. 50 OF 1978)]”;

- (b) by the substitution for paragraph 2 of the following paragraph:

“2. (1) Nominations are invited for the election of fifteen (15) registered nurses.

Wysiging van regulasie 6 van die Regulasies

5. Regulasie 6 van die Regulasies word hierby gewysig—

- (a) deur die woorde wat subregulasie (1) voorafgaan deur die volgende woorde te vervang:

“By ontvangs van ’n identifikasiekoevert gaan die kiesbeampte die verklaring op sodanige koevert na en—”;

- (b) deur die volgende subregulasie na subregulasie (2) by te voeg:

“(3) indien hy vind dat ’n kieser meer as een identifikasiekoevert ingedien het, verwerp hy al die koeverte behalwe die eerste een wat ingedien is en indien sodanige koeverte gelyktydig ontvang word, verwerp hy al sodanige koeverte, en die verwerpte koeverte word onoopgemaak eenkant geplaas en mettertyd by die verwerpte stembriewe geplaas.”.

Wysiging van regulasie 7 van die Regulasies

6. Regulasie 7 van die Regulasies word hierby gewysig deur subregulasie (2) deur die volgende subregulasie te vervang:

“(2) ’n Kandidaat of sy verteenwoordiger skriftelik deur hom aangestel, mag teenwoordig wees wanneer die stemme getel word, in welke geval die kandidaat of sy verteenwoordiger ’n verklaring onder eed of bevestiging in die vorm van Bylae A moet aflê.”.

Wysiging van regulasie 8 van die Regulasies

7. Regulasie 8 van die Regulasies word hierby gewysig deur subregulasie (6) deur die volgende subregulasie te vervang:

“(6) verklaar die kiesbeampte die kandidate op wie die grootste getal stemme uitgebring is, waar van toepassing, met inagneming van die voorbehoudsbepaling by artikel 5 (1) (f) en van artikel 5 (7) van die Wet, tot verkose lede van die raad, en by ’n staking van stemme wat die uitslag van die verkiesing beïnvloed, bepaal die kiesbeampte deur loting in teenwoordigheid van die kandidate of hulle verteenwoordigers, maar in elk geval in teenwoordigheid van minstens twee (2) persone, welke kandidaat verkose verklaar moet word.”.

Wysiging van Bylae B van die Regulasies

8. Bylae B van die Regulasies word hierby gewysig—

- (a) deur die tweede opskrif van die Bylae deur die volgende opskrif te vervang:

“KENNISGEWING VAN VERKIESING VAN LEDE [ARTIKEL 5 (1) (f) VAN DIE WET OP VERPLEGING, 1978 (WET No. 50 VAN 1978)]”;

- (b) deur paragraaf 2 deur die volgende paragraaf te vervang:

“2. (1) Nominasies vir die verkiesing van vyftien (15) geregistreerde verpleegkundiges word ingewag.

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Each registered nurse who is a South African citizen resident in the Republic whose estate has not been sequestrated and who has not entered into a composition with the creditors of his estate, who is not a patient or a State patient as defined in section 1 of the Mental Health Act, 1973 (Act No. 18 of 1973), and who has not been convicted of an offence, whether in the Republic or elsewhere, in respect whereof he was sentenced to imprisonment without the option of a fine shall be eligible for nomination.

Each registered nurse or registered midwife who is a South African citizen resident in the Republic may sign not more than fifteen (15) nominations.

(2) Attention is directed to the proviso to section 5 (1) (f) and to section 5 (7) of the Act, which read as follows, respectively:

5. (1) (f): 'Provided that there shall be elected in each region referred to in subsection (7) at least one but not more than five such nurses ordinarily resident in such region.'

5. (7): 'The council shall by notice in the *Gazette* divide the Republic into six regions for the purposes of an election contemplated in subsection (1) (f).'

Substitution of Annexure F of the Regulations

9. The following Annexure is hereby substituted for Annexure F of the Regulations:

Elke geregistreerde verpleegkundige wat 'n Suid-Afrikaanse burger is en in die Republiek woonagtig is wie se boedel nie gesekwestreer is nie en wat nie met die skuldeisers in sy boedel 'n akkoord aangegaan het nie, wat nie 'n pasiënt of Staatspasiënt soos omskryf in artikel 1 van die Wet op Geestesgesondheid, 1973 (Wet No. 18 van 1973), is nie en wat nie aan 'n misdryf skuldig bevind is nie, hetsy in die Republiek of elders, en tot gevangenisstraf sonder die keuse van 'n boete gevonnissen is nie, is nomineerbaar.

Elke geregistreerde verpleegkundige of geregistreerde vroedvrou wat 'n Suid-Afrikaanse burger is en in die Republiek woonagtig is, mag hoogstens vyftien (15) nominasies onderteken.

(2) Die aandag word gevestig op die voorbehoudsbepaling van artikel 5 (1) (f) en op artikel 5 (7) van die Wet, wat onderskeidelik soos volg lui:

5. (1) (f): 'Met dien verstande dat daar in elke streek in subartikel (7) bedoel ten minste een maar hoogstens vyf sodanige verpleegkundiges wat gewoonweg in dié streek woonagtig is, gekies word.'

5. (7): 'Die raad moet vir die doeleindes van 'n verkiesing beoog in subartikel (1) (f), by kennisgewing in die *Staatskoerant* die Republiek in ses streke verdeel.'

Vervanging van Bylae F van die Regulasies

9. Bylae F van die Regulasies word hierby deur die volgende Bylae vervang:

"ANNEXURE F

ELECTION OF MEMBERS/A MEMBER OF THE SOUTH AFRICAN NURSING COUNCIL

BALLOT PAPER

Official mark of returning officer

Election of member/members

Names of candidates in alphabetical order	Electoral region in which candidate resides ⁽¹⁾	Column for voter's mark "X"

INSTRUCTIONS TO VOTERS

Each voter shall be entitled to vote for candidate/candidates and no more, and shall vote by placing a cross "X" opposite the name(s) of the candidate/candidates for whom he/she votes.

A ballot paper shall be rejected if—

- (a) it does not bear the official mark of the returning officer;
- (b) the declaration on the identification envelope is not in order;
- (c) it is not lodged in the identification envelope;

- (d) it is unmarked or is invalid because it is unclear;
- (e) it votes for more candidates than there are members to be elected;
- (f) it bears any writing or mark by which a voter may be identified;
- (g) a voter lodges more than one ballot paper.

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This ballot paper shall be folded face inwards and placed in the accompanying identification envelope, which shall be sealed and then placed in a covering envelope which shall be sealed, stamped and addressed to the returning officer atto reach him not later than.....on the day of 19....

The ballot paper may also be lodged by hand with the returning officer at.....

⁽¹⁾ The electoral regions are those referred to in sections 5 (l) (f) and 5 (7) of the Nursing Act, 1978."

"BYLAE F

VERKIESING VAN LEDE/'N LID VAN DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

STEMBRIEF

Amptelike merk van kiesbeampte

Verkiesing van lid/lede

Name van kandidate in alfabetiese volgorde	Verkiesingstreek waarin kandidaat woonagtig is ⁽¹⁾	Kolom vir kieser se merk "X"

INSTRUKSIES AAN KIESERS

Elke kieser is geregtig om vir.....kandidaat/kandidate te stem, en nie meer nie, en stem deur 'n kruis "X" teenoor die naam/name van die kandidaat/kandidate vir wie hy/sy stem, te maak.

'n Stembrief word verwerp indien--

- (a) dit nie die amptelike merk van die kiesbeampte dra nie;
- (b) die verklaring op die identifikasiekoevert nie in orde is nie;
- (c) dit nie in die identifikasiekoevert ingedien is nie;
- (d) dit ongemerk is of weens onduidelikheid ongeldig is;
- (e) dit stemme uitbring vir meer kandidate as wat daar lede is wat verkies moet word;
- (f) dit enige skrif of enige merk daarop het waardeur die kieser geïdentifiseer kan word;
- (g) 'n kieser meer as een stembrief indien.

Hierdie stembrief moet met die gesigkant na binne gevou word en moet geplaas word in bygaande identifikasiekoevert wat goed toegeplak en dan geplaas moet word in 'n ander koevert, wat toegeplak moet word, van 'n seël voorsien moet word en aan die kiesbeampte te gerig moet word sodat dit hom nie later nie as om.....op die dag van.....19... bereik.

Die stembrief kan ook per hand by die kiesbeampte te ingedien word.

⁽¹⁾ Die verkiesingstreke is dié bedoel in artikels 5 (l) (f) en (5) (7) van die Wet op Verpleging, 1978."

No. R. 449

19 March 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE SCOPE OF THE PROFESSION OF HEARING AID ACOUSTICIAN

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

No. R. 449

19 Maart 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP VAN GEHOORAPPARAATAKOESTIKUS OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken die uitdrukking "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis.

Bigger role for nurses spelt out

JOHN VILJOEN
Staff Reporter

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ARG 23/3/93

NURSES could promote primary health care by sharing their knowledge with the communities they serve, according to a visiting medical academic.

Professor Faye Gary of Florida in the United States delivered the keynote address at an international nursing conference in Brackenfell yesterday.

Nurses should be trained to provide the form of service that was important to the communities they worked in, rather than to their profession, she said.

Access to hospitals was dropping. In 1990 the average time a patient admitted to Grootte Schuur hospital spent there was six days, down from

14 days six years before, she said.

In the United States only the sickest were hospitalised and many patients were discharged prematurely.

This was a worldwide problem and the best response to it was a good system of primary health care.

Nurses could contribute to this by being trained to "teach, share and demystify", she said.

Nurses of the future would have to cater for requests from families for more information on health.

"We have to share and make it a partnership," Professor Gary said.

The conference, *Africa Unite For Nursing Education: Integrating Primary Health Care into Nursing Education*, was organised by the University of the Western Cape's department of nursing, and ends today.

NEWS Student nurses angered over treatment by principal

Nurses boycott classes

Sowetan 19/5/93

By Ike Motsapi and Isaac Moledi

■ **LAST STRAW** Bara students act after demands for college head's dismissal are turned down:

MORE THAN 300 student nurses at the Baragwanath Hospital staged a sit-in at the Nursing College after their demands for the removal of the principal were turned down yesterday.

The student nurses acted after a meeting at the college yesterday.

The sit-in was decided upon on Monday and was started yesterday.

Hospital authorities were yesterday locked in meetings aimed at trying to defuse the tension.

Tension has been building up at the hospital for some past weeks after student nurses complained of bad treatment by the college's principal.

Yesterday they resolved to have her removed and vowed that they would only return to classes once she was no longer their principal.

They then decided to boycott classes and refused to be taught after the meeting, which lasted more than an hour.

Baragwanath Hospital public relation officer Mrs Elmarie Wright said she learned about the trouble when she heard student nurses singing at the college.

She said: "This happened early yesterday but we did not know what was happening.

"I can now confirm that there was trouble at

the hospital when student nurses refused to go to classes and staged a sit-in.

"A full statement will be released by the hospital superintendent tomorrow (Wednesday)."

The National Education, Health and Allied Workers Union will issue a statement today regarding the problem at the hospital.

The union's spokesman yesterday told *Sowetan* they had been locked in talks with the Transvaal Provincial Administration on various issues and that "this problem will be on the agenda when we next meet them".

Star 2015/193

Bara student nurses strike

Student nurses at Baragwanath Hospital's College of Nursing have gone on strike and staged a sit-in at the principal's office demanding, among other things, the principal's resignation. A delegation comprising TPA officials, the principal and the acting chairman of the staff club negotiated with the SRC regarding the demands, but the issues remained unresolved. — Sapa

122 05

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001

or

SAMDC Building
553 Vermeulen Street,
Arcadia
PRETORIA
0002.

Elke nominasievorm ten opsigte waarvan een van hierdie bepalings nie nagekom is nie of wat nie teen voormelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeampte.

Posbus 205
PRETORIA
0001

of

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0002.

BOARD NOTICE 53 OF 1993
THE SOUTH AFRICAN NURSING COUNCIL
REMOVAL OF NAMES FROM REGISTERS
AND ROLLS

Notice is hereby given that in terms of section 29 (1) (c) of the Nursing Act, 1978 (Act No. 50 of 1978), the name of Mr S. P. Olifant has been removed from the registers of nurses and midwives following on a disciplinary inquiry by the South African Nursing Council into his conduct on 2 March 1993. The sentence comes into operation on 17 May 1993.

F. GERMISHUIZEN,
Registrar.
14 May 1993.

RAADSKENNISGEWING 53 VAN 1993
DIE SUID-AFRIKAANSE RAAD OP VERPLEGING
SKRAPPING VAN NAME UIT REGISTERS
EN ROLLE

Kennis word hiermee gegee dat, kragtens artikel 29 (1) (c) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die naam van mnr. S. P. Olifant geskrap is uit die registers van verpleegkundiges en vroedvroue na aanleiding van 'n tugondersoek deur die Suid-Afrikaanse Raad op Verpleging op 2 Maart 1993. Die vonnis tree op 17 Mei 1993 in werking.

F. GERMISHUIZEN,
Registrateur.
14 Mei 1993.

95
Student nurses strike

21/5/93
6415/13
810/13

THE strike by student nurses at Baragwanath's Nursing College continued yesterday. The strike is in protest against increases in lodging and boarding tariffs. National Health and Allied Workers' Union (Nehawu) official Siphwe Mabaso said yesterday, increases were above recent salary increases. The TPA said this week the strike started on Monday with a sit-in at the principal's office.

SA nurses recruited

MALAYSIA was planning to re-cruit nurses from SA, Deputy Health Minister Farid Ariffin said in Kuala Lumpur yesterday. (15)
"We have received a positive response from SA, where the syllabus of the nurses' training is similar to Malaysia's," he said.

6/10/93
BIPRY

NEWS Lawyers l**Student
nurses end
Bara sit-in** (95)**■ Grievances are ironed****out:** *Soweto
24/5/73*

STUDENT nurses at Soweto's Baragwanath Hospital returned to work and classes on Friday after a four-day sit-in in support of various demands.

In a joint statement the Transvaal Provincial Administration and the Baragwanath Nursing College students representative council said the situation at the hospital had returned to normal on Friday after windows were smashed at nurses' residences and students were sprayed with hoses on Thursday morning. — Sapa.

news in brief

Nurses march to Pretoria

Sowetan 28/5/93 (95)

ABOUT 1 200 trainee sisters from five nursing colleges marched on the Union Buildings in Pretoria yesterday to demand the disbandment of the SA Nursing Association and better salaries.

The nurses from Baragwanath, Garankuwa, Bonalesedi, Tshepong and Lebone colleges also rejected the "unilateral rationalisation" of health services by the Transvaal Provincial Administration.

They also demanded that nurses' student representative councils be recognised and the TPA came under fire for increased board and lodging fees.

Students want more funds

Sowetan 28/5/93 (100)

ABOUT 50 South African students studying in Nigeria under the Luthuli Memorial Trust are reportedly staging a sit-in at the trust's offices in Lagos to demand an increase in their allowances.

The students have claimed their supervisor has "shunned" them and have criticised the ANC's chief representative in Nigeria for ignoring their plight. A students' representative said the economic situation in Nigeria had "crumbled" with resultant rocketing prices and "we can't cope on our present allowances".

Returnees picket UNHCR

Sowetan 28/5/93

ABOUT 150 returned exiles yesterday besieged the Johannesburg offices of the UN High Commission for Refugees demanding that the organisation pay them their grants.

The returnees, who complained that their families were starving because they had not been given grants amounting to more than R4 000 since their return, vowed they would not leave the offices until their demands were met.

By late yesterday they were still staging a sit-in at the UNHCR offices at the Carlton Centre and vowed not to leave.

Star 11/7/93

Nurses march over pay

About 100 nurses marched on the Union Buildings yesterday in support of salary increases and better working conditions.

(95)
The group, calling itself Concerned Nurses of South Africa, delivered a memorandum to the Department of Health, the Commission for Administration, the Transvaal Provincial Administration and the SA Nursing Association.

Nurses want an answer within 21 days to their demand for a 30 percent

across-the-board increase.

Meanwhile, hundreds of eastern Cape nurses marched through Port Elizabeth's city centre yesterday.

They presented a memorandum to the SA Nursing Association and to the Cape Provincial Administration's regional health director.

Nurses from Graaff-Reinet, East London, Queenstown, Fort Beaufort, Uitenhage, Port Elizabeth and surrounding areas took part in the march. — Pretoria Bureau.

Nurses on the march

Sowetan 17/1/93
By Josias Charle and Sapa

ABOUT 100 nurses from Pretoria and Johannesburg marched on the Union Buildings in Pretoria yesterday to present a memorandum of their demands.

(95)
The nurses, calling themselves Concerned Nurses of South Africa, asked that the memorandum be forwarded to National Health Minister Dr Rina Venter, the Commission for Administration, the Transvaal Provincial Administration and the SA Nursing Association.

They demanded that their memorandum be replied to within 21 days.

They held placards and chanted as they marched towards the Union Build-

ings. Police and soldiers on horseback watched them along the route.

The nurses demands are:

- A 30 percent salary increase;
- Recognition of experience and qualifications;
- Introduction of a risk allowance;
- A uniform allowance of R500 a year and that their night shift allowance be increased by 50 percent; and
- A housing and transport allowance for all nurses.

And in the Eastern Cape hundreds of nurses marched through Port Elizabeth's city centre yesterday and presented a memorandum to Sana and the Cape Provincial Administration's regional health director, Dr Rex Simpson, over the same demands.

Tygerberg food 'unfit for humans'

Staff Reporter

STUDENT nurses at Tygerberg Hospital are incensed at the poor quality of hostel food and the 14% hike in accommodation costs while their annual salary increases were only five percent.

Mr Alastair Charles, co-ordinator of the National Education Health and Allied Workers' Union (Nehawu), said in Belville yesterday the students have signed a petition demanding that the caterers be replaced for serving food which was "unfit for human consumption".

He said of the 286 nurses who lived in hostels, many were breadwinners earning R970 a month, depending on experience.

Accommodation now costs R346 a month and many of the nurses could not afford the hike.

"Doctors and sisters pay the same for accommodation and have flatlets whereas the student nurses only have a bed, desk and basin in their rooms."

Student representatives, Nehawu and CPA officials met last week and it was agreed the nurses would eat the food provided by the caterers until July 19 while the quality was investigated.

Confirming the talks, CPA director of labour relations Mr Pierre Oosthuizen would not comment on specific issues as negotiations were continuing.

Phone advice: Doctors to bill

95 299
CT6/8/93

Staff Reporter

DOCTORS are now allowed to charge patients for telephone consultations — but medical aid schemes will not pay for them.

Some doctors have welcomed the move, saying patients have been "stealing time" with long telephone calls, while others have described the practice as "iniquitous".

Dr Norman Levy, a member of the Medical and Dental Council, said yesterday the council had laid down certain conditions under which doctors could charge for telephonic consultations.

These include:

- The patient had to be one whom the doctor had seen on a previous occasion, and could not apply to new patients;
- The doctor had to inform the patient about the charge before the consultation, and the patient had to agree to it;

Medical schemes won't pay

● No charge could be made for calls inquiring about test results;

● The rates charged had to be the same as those for a normal repeat consultation in a doctor's rooms;

● The doctor had to make it clear that he was available in his rooms, and

● A professional, therapeutic service had to be rendered.

Dr Levy said medical aid schemes had announced that they would not pay for telephonic consultations.

A doctor, who cannot be named for professional reasons, described the move as "iniquitous" and said he had no intention of implementing it.

"As a family doctor in practice for 35 years, I would not dream of levying a charge for a phone call from a patient. It is part of the goodwill of one's practice."

A group of three doctors in the northern areas have already implemented the scheme.

"In selective cases we are charging for telephone calls, for instance if the patient says he cannot come in to our rooms. The idea is to help patients," one of the three doctors said.

He said it would stop patients who interrupted consultation in their rooms with long, detailed telephone calls, which amounted to "stealing time".

"I think it is unfair if I do a consultation over the phone, prescribe medication, carry the responsibility and don't get paid."

Political 'hijackers' under fire in Atlantis

Political Reporter

A TELEVISION programme in which the Democratic Party's chairman for Atlantis, Mr Jeff Leonard, takes up the cudgels for the township's unemployed, has been slammed as "a cheap political stunt".

Mr Danny Oliphant, a Cosatu office-bearer and vice-chairman of the unaligned Atlantis Community Forum (ACF), claimed political parties were trying to claim credit for the "victories" the forum had won for the township.

He said a moratorium on action over service payment arrears had been agreed on at a meeting between the Western Cape Regional Services Council's chief director of finance, Mr P

SI Times (C Metro)

Schenk, and representatives of Atlantis community at the beginning of the week 15/8/93

The moratorium was a "great victory". It would be in force until January 31.

"For the first time in a long time, Atlantis residents can feel relaxed," Mr Oliphant said. Our aim is to have all debts written off and let Atlantis start afresh."

In terms of the agreement, the WCRSC has undertaken:

- Not to disconnect electricity and water;
- Not to evict tenants;
- Withdraw all summonses; and
- Freeze arrears until January.

"The political parties make empty promises. The Atlantis Community

Forum is apolitical and is not interested in empty promises or in our people surviving on food vouchers alone. We want employment to be created to enable our people to regain their dignity," Mr Oliphant said.

Mr Leonard and Mr Schenk could not be reached for comment yesterday.

Killing: Identikit ready

By CHIARA CARTER

POLICE are to release an identikit of a man wanted for questioning in connection with the murder of nine-year-old Lorenzo Naidoo of Uitsig, Elsie's River.

Lorenzo's body was found at a refuse dump on the corner of 35th Avenue and Modderdam Road on Tuesday.

His shirt was over his head and he had been bludgeoned on the chest. He had not been sexually molested.

Two witnesses told police they had seen a "light-skinned" coloured man in a red tracksuit grab the boy about a kilometre from where his body was found.

Linked

Lorenzo's family last saw him about 6pm on Monday evening when he left on an errand.

A spokesman for the police said an identikit would be released tomorrow.

He said it was too early to comment on speculation that the killing might be linked to the Station Strangler.

However, police were investigating "all possibilities".

In October, 10-year-old Jacobus Louw was found sodomised and strangled at Mndi Beach, leading to speculation that the Station Strangler was back.

Hospital staff plan go-slow

By JESSICA BEZUIDENHOUT

MORE than 300 hospital workers and nurses who are members of the Public Service League in Worcester intend to embark on an indefinite go-slow, says PSL spokesman for the area Reggie Farao.

The decision had been reached by "unhappy" members, who were disappointed with the government's offer of a five-percent salary increase, Mr Farao said.

Staff would work only two hours a day and, if a crisis arose, would refuse to help, even if this meant hospitals would not run smoothly, he said.

This would also apply to emergency services.

A spokesman for National Education and Health Workers' Union, Pedro George, said Nehawu members would not take part in the strike.

Rationalisation

Mr Farao said PSL members were aware of the serious implications of the strike for services, but had no alternative.

"Our people refuse to accept the government's plans for rationalisation," he said.

Both hospitals in the town were under-staffed and the government was continuing to freeze posts.

Meanwhile, the PSL's general manager, Mr Bernard Wentzel, said the strike was not a national action.

Its branches were autonomous and each could decide according to the needs of its members.

Although the go-slow would contradict the PSL's policy of exploiting other measures to resolve the problem, the organisation would support the Worcester branch, Mr Wentzel said.

Negotiations between the PSL and the government's Commission for Administration would continue this week.

Sowetan

Nurses back to class

ABOUT 200 student nurses at Port Elizabeth's Charlotte Searle College will return to classes today after being locked out since last Monday.

This decision follows a Friday meeting between the National Education, Health and Allied Workers' Union and the Cape Provincial Administration, CPA spokesman Dr Rex Simpson said. 16/9/93

Students who participated in Monday's South African Municipality Workers' Union march to the CPA offices returned to the college which had been locked. (AS)

They forced their way in, overturned desks and scattered papers in some classrooms.

Nurses Star 18/8/93 in need

At the 900-bed Natalspruit Hospital, in the thick of mourning and mayhem, are the forgotten and tireless workers from whom the maimed in their hundreds seek tender care.

But the caring nurse is herself a drained soul, after yet another sleepless night with the customary rattle of gunfire.

Last week, there were about 100 refugees at the hospital. At the height of the 1990 battles, as many as 10 000 people sought shelter there.

"But, while the numbers are down, the workload is up," says chief medical superintendent Dr Norman Kernes. "The nature of injuries has changed. The majority are now gunshot wounds."

It costs about R300 to treat a stab wound, but the expenses increase to as much as R30 000 for a shooting victim, he points out.

Kernes says the hospital copes with the overload because diabetic, hypertensive and epileptic patients stay away during times of danger. Later, of course, they strain resources when they return with various complications.

According to Kernes, the majority of Natalspruit's staff is from the townships, but whatever happens, "99 percent still manage to get to work". Some stay overnight when the going really gets tough.

Nurses are also mothers, wives, and friends whose lives

NURSES have to keep up a brave front while treating victims of the violence that also affects their lives. They give tender care, but are themselves in need of it

are not divorced from the realities of a township under siege.

A matron tells of efforts by nurses to keep a brave front while treating victims of the same violence that could have consumed them.

"It is taxing on our morale, frustrating and strenuous emotionally," she says.

She speaks of the struggle to motivate staff demoralised by what happens to their loved ones. Only a few weeks ago, one nurse was in a taxi that was hijacked. She described how a man next to her was gunned down in a Tokoza hostel, while three other men who had been abducted with her were singled out for execution.

She escaped physically unharmed and is back among the Natalspruit nurses, one of many who, day in and day out, has to perform as a detached professional, unconcerned with the political affiliation of the patient.

For all she knows, she could be battling to save the life of her abductor.

1 000 nurses march

Sowetan 10/9/92
MORE than 1 000 student nurses marched on the Provincial Administration of the Orange Free State offices in Bloemfontein yesterday to demand the scrapping of an extra R500 academic fee.

Waving placards and toyi-toying, the protesters from the Mangaung Nursing College vowed to continue their week-long boycott of classes until the fee was scrapped.

The protesters were refused entry to the offices to hand a memorandum to officials.

African National Congress' Southern Free State official Mr Moses Mogamise criticised the administration.

Mogamise warned the Free State Provincial Administration to change its attitude or face action after the scheduled April 27 general election. — *Sapa*

95

1 000 nurses on strike

CIPRESS 19/9/93
MORE than 1 000 nurses at three Gazankulu hospitals went on strike this week demanding a 40 percent increase and a fair promotional system.

Director-general of health FRS Maluleke told the nurses that health minister Brifon Tlakula, who is in Mozambique, would attend to their grievances when he comes back. (95)

Now nurses set up their own trade union

Sowetan 12/10/93

THE South African Nursing Association has established a trade union for nurses.

Sana registered one of its departments as a trade union with the Department of Manpower in order to become more representative of nurses, the association said in a statement yesterday.

Private sector

(95)

Membership of the trade union leg of the association, known as the South African Nurses' Trade Union, is open to members of the association employed in the private sector, including local authorities, regional service councils, private hospitals and old age homes not managed by the State.

According to the association, members employed in the public sector cannot, and need not, belong to the trade union as Sana already participates in public sector negotiating forums.

Sana will, therefore, also continue to fulfil its function as a professional association. — Sapa.

Nurses form trade union ⁹⁵

JOHANNESBURG — A trade union for nurses has been established by the SA Nursing Association (SANA) ^{CT 12/10/72}

The SA Nurses' Trade Union is open to association members employed in the private sector, including non-state local authorities, regional service councils, hospitals and old-age homes.

SANA said yesterday it already represented members employed in the public sector by participating in public sector negotiating forums and thus continued as a professional association. — Sapa

Umlazi hospital strike ends

THE strike by more than 400 nurses and general workers at the Prince Mshiyeni Hospital in Umlazi, Durban, ended yesterday following an interim agreement reached on Monday by the hospital management and the workers' committee. *Sowetan*

Since the strike broke out on Monday last week the hospital had been forced to operate on a skeleton staff and to attend to emergencies only. The workers stopped work to enforce their demand for the immediate dismissal of all the staff at the hospital's personnel section for alleged inefficiency and nepotism.

(95)

13/10/93

Nurses strike in QwaQwa

CT, 21/10/93

(157) (95)

Own Correspondent

JOHANNESBURG. — Seventy seriously-ill patients were evacuated from QwaQwa hospitals and clinics and driven under SADF guard to Free State hospitals on Tuesday night after a wildcat strike by homeland nurses.

The strike at QwaQwa's two hospitals and 25 clinics by about 600 nurses demanding the creation of additional nursing posts began on Monday and had seriously endangered the lives of patients, South African and homeland authorities said yesterday.

QwaQwa Secretary for Health and Welfare Mr Louis Buys said yesterday the evacuation — conducted by road because of adverse flying conditions — had started on Tuesday night and

Patients evacuated by road

ended yesterday morning.

He said the strike, backed by the National Education Health and Allied Workers' Union (Nehawu), had followed demands by 22 recently qualified nurses for permanent posts.

The demand had been denied and the entire nursing college had embarked on the strike.

"Everything came to a standstill late on Monday. It had been building up during the day and we requested the assistance of

the provincial administration and the surgeon-general of the SADF.

"We evacuated all the serious cases to hospitals in Bloemfontein and Bethlehem and at the moment there is no risk to our patients, which has been our main aim," Mr Buys said.

He confirmed that the strike had endangered the lives of patients. "Obviously (lives were endangered). They (nurses) simply left their patients unattended."

Mr Buys said he had told nurses and Nehawu that new posts could not be "drawn from a hat".

He said a handful of doctors and matrons were working.

Health Minister Dr Rina Venter called on Nehawu to call off the strike, which she said had placed the well-being and lives of their patients in serious danger.

Bara nurses down tools

Sowetan 26/11/93

By Ike Motsapi

TALKS between officials of the Transvaal Provincial Administration, the Peace Secretariat and a delegation of nurses failed to resolve a strike by almost the entire nursing staff at Baragwanath Hospital yesterday.

The meeting was also attended by the Soweto Civic Association.

The nurses downed tools while the talks, which started about 8am, were still in progress. By late yesterday the parties were still locked in a meeting.

Yesterday's talks follow last week's 24-hour meeting between a delegation from the TPA and the nurses.

The nurses are demanding an extra R500 a month "as a bonus for working under difficult conditions" because of the shortage of staff.

They are also demanding that more people be employed to ease the workload.

NEWS 'Serious blow

More pay for Bara staff nurses

THE Transvaal Provincial Administration, Peace Secretariat, Soweto Civic Association and a delegation of nursing staff meet today to address the issue of paying workers an extra R500 at Baragwanath Hospital.

The four parties last met at Baragwanath Hospital last Thursday.

In a joint statement afterwards, it was agreed that the "state of Baragwanath Hospital should also be looked at during the meeting".

The statement added: "Following negotiation between the TAP, the civic association, National Peace Secretariat and nursing staff of Baragwanath Hospital agreement was reached on several points."

The TPA, which runs the administrative part of Baragwanath Hospital, committed itself to paying the nursing staff an amount of R500 falling under the following categories:

- Nursing auxiliaries;
- Trained nurses (professionals); and
- Enrolled nurses.

"The role players will meet on an agreed date, tentatively Monday November 29 to address the state of Baragwanath Hospital, including finances," the four parties agreed.

BUCKSHAR

business

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Nurses' strike continues

Sowetan 9/12/93

Sowetan Reporter and Sapa

THE sit-in strike by nursing staff and labourers at Jane Furse Hospital in Lebowa entered its second day yesterday.

The nurses went on strike on Tuesday to protest against the decision taken by the hospital management not to admit 20 nursing students for training.

Superintendent Dr Cope Khan-Khai said senior officials from the Lebowa Department of Health were to meet the striking workers yesterday to try to resolve the matter.

Services at the hospital were on the

verge of collapsing following the strike by the entire nursing staff and labourers.

(95)
Chairman of the National Education, Health and Allied Workers' Union Mr Philemon Makgakoe said yesterday more than 400 nurses downed tools to demand the immediate registration of the 20 student nurses for bridging courses.

Courses started

He said the courses should have started on November 1 but this failed to take place.

A meeting was held with the deputy director of nursing services in the Health and Welfare Department, Miss

AT Kekana, where November 22 was set as a date for the registration and commencement of the courses.

Kekana yesterday denied that she held a meeting with the nurses' representatives.

She said she was not in Lebowa when the strike started and referred all enquiries to the director-general for health, a Dr van Wyk, who was said to be unavailable.

The nurses are demanding that the student nurses be registered with the South African Nursing Council before the December 16 deadline.

They have also threatened to force nurses at other hospitals into a strike if their demands are not met.