

HEALTH & DISEASE - NURSES

1994 - 1995

Bara faces new strike

Sowetan 7/11/94

**By Ike Motsapi and
Mzwandile Jacks**

NURSING sisters at Baragwanath Hospital are set to go on strike unless they are paid R500 over and above the R500 they had initially demanded as payment for being "overworked".

The nurses are angry that the Transvaal Provincial Administration had "given everybody the R500 which we had asked to be paid only to us".

The payment of R500 to

Baragwanath Hospital nursing staff and personnel has led to strikes at Sebokeng and Tshepong hospitals.

The National Education, Health and Allied Workers' Union yesterday warned that more hospitals where staff had not been paid the R500 were preparing to go on strike. (95)

Mr Neal Thobejane, general secretary of Nehawu, said: "This is a catch-22 situation which needs to be addressed immediately.

"Nehawu is aware that staff at

Hillbrow, Johannesburg, Leratong and Tembisa hospitals are preparing themselves to go on strike.

"We initially warned the TPA not to pay the R500 to Baragwanath Hospital staff because we knew it would trigger off a chain reaction. To stop this from continuing the TPA should ask those who have been paid to refund the R500," Thobejane said.

Baragwanath nurses warned they would go on strike on February 11 if their new demand was not acceded to.

Row over bonus for nurses 'a nightmare'

CT 14/1/94 (8) (95)

Staff Reporter

THE payment of R500 goodwill bonuses to nurses in unrest areas had become a nightmare, the South African Nursing Association (SANA) announced yesterday.

In a statement, the association blamed the Transvaal Provincial Administration for only rewarding nurses at Baragwanath Hospital despite the warning that this would cause a ripple of discontent through the entire nursing profession.

Disgruntled nurses at several Trans-

vaal hospitals have come out on strike and are threatening the provision of health care in the region unless they too are granted R500 bonuses.

"In the process the safety of nurses is being threatened, patient care is collapsing and nurses who dare to oppose the anarchy or try to maintain discipline in their hospitals are being victimised and intimidated," the statement said.

Protest action has not yet spread to other parts of the country.

Township nurses ⁹⁵ threaten to strike

ANDREA WEISS
Health Reporter

NURSING staff at maternity and obstetric units in Peninsula townships are threatening to strike on Monday because they were overlooked when a one-off cash award was made to day-hospital staff last month.

The threat follows crippling strikes in the Transvaal where the payment of a R500 cash bonus at Baragwanath Hospital sparked widespread dissatisfaction.

At Guguletu maternity and obstetrics unit, 46 members of the staff have signed a letter to Groote Schuur Hospital management, which oversees five units in the Peninsula.

The payment by the Cape Provincial Administration was in recognition of the "dangerous and difficult circumstances" in which they worked.

In the letter, the Guguletu staff say they operate a 24-hour service and are as much at risk as day-hospital staff.

And at the Guguletu unit there are bullet holes in the walls to prove their point, they say.

CPA regional director John Moodie said earlier this month the money had been made available to CPA for awards.

Drivers at Woodstock Day Hospital were also given the awards because they regularly went into the townships carrying staff and supplies.

A nurse at the Guguletu unit said they had heard some members of the staff had received as much as R3 400.

In many instances, the units operated alongside the day hospitals. All the work was done by nursing staff who sent patients with complications to larger hospitals.

The nurse said they would operate on a skeleton staff and send patients to Mowbray Maternity Hospital if their grievances were not taken seriously.

A Groote Schuur Hospital spokesman said a letter had been sent to CPA head office asking that maternity and obstetrics staff at Khayelitsha and Guguletu Day Hospital be awarded the same payment.

He said the hospital was awaiting a reply.

Nurses urge minister to speed arbitration

PRETORIA. — Health Minister ⁽⁹⁵⁾ Dr Rina Venter and the National Health Forum were called on yesterday to exert urgent pressure to speed up arbitration during hospital strikes. *CT 23/2/94*

The SA Nursing Association (Sana) said in a statement that "with the delays experienced in the process, patients' lives are compromised".

Sana said it had also met Cosatu to express concern at alleged intimidation of Sana nurses and the interruption of nursing care during strikes.

"The rights of the patient are being violated in an inhumane manner," the statement said.

● Hopes of ending an 11-day-old strike by nurses and workers at 13 Lebowa hospitals receded yesterday when workers decided to continue the strike, reports said. A spokesman said workers objected to "unilateral" government changes to a proposed agreement on pay and promotions. — Sapa

Hanover Park nurses angry at 'danger' award to blacks

□ 'We have violence too, but it's gang-related not political'

JOHN YELD
Staff Reporter

A DECISION to make a one-off "danger pay" cash award to black nurses working in black townships has angered Hanover Park obstetric nurses who are regularly terrorised by gangsters.

The nurses say they were told only black staff affected by political violence were eligible for the payment and they have accused the provincial administration of racism.

A nurse at the Hanover Park midwife obstetric unit (MOU), who declined to be named, said she had been given a written mandate signed by all the unit's staff to speak to the Press.

The unit's staff would start a go-slow campaign on Monday unless the province made a suitable response. The nurse said the unit's

staff were regularly terrorised by gangsters who demanded treatment when the emergency unit next door was closed.

"Then the gangsters come here and they expect us to help them even though we don't have a bandage or a doctor.

"They bring dogs and they threaten to get you at the bus stop, and one even threatened to kick the door in," the nurse said.

"We have bullets flying around here at any time of the day or night and there have been times when the staff have had to lie flat on the floor.

"The building has been hit by two stray bullets — there's one in the door and another came through the window, which is still broken. What if a nurse had been standing there?"

Staff at midwife obstetric

units in Guguletu and Khayelitsha had received a one-off cash payment from the province at the end of February because they worked in "difficult and dangerous circumstances", the nurse said.

A Mr Franciscus, an administrative officer from Groote Schuur Hospital, had visited the Hanover Park unit staff on February 28 and told them: "I have bad news for you — the cash awards were meant for blacks in black townships only."

The nurse said: "I'm not 100 percent sure what they received but it was apparently more than R500 and up to R3 000.

"It's not fair — just because their violence is politically related and ours is gang-related.

"We would like to know — isn't this being racist? And aren't we all black South Afri-

cans as well if we're not whites?"

The payments had caused animosity between the various midwife obstetric units, especially as patients from the black township units visited Hanover Park when their units were closed.

Reports of gangster-related incidents had been sent to the matron at Groote Schuur Hospital on January 25 and again on February 17, the nurse said.

"We've decided to 'go slow' if we don't get a response by Monday."

A Provincial Administration spokesman said the issue of the bonus had been discussed "at length" in meetings between all interested parties during the past few weeks.

"As the matter is still under discussion, the CPA will not be able to react in any definitive manner until a later stage," he said.

ARCT 3/3/94

(95)

PEOPLE'S LIVES *Meet the first nurses to set up a private nursing service in Soweto*

Two Nightingales brave odds

Sowetan 7/3/94

CRIME SNAG

*Going where
the TPA fears
to tread:* (95)

By Sizakele Kooma

THE two young women in white and navy uniforms stepping out of a battered grey hatchback with a brown case evoke memories of a scene that was familiar almost 20 years ago.

Nursing sisters Dorothy Mamabolo and Sylvia Boikanyo are on their daily rounds to mothers and their newborn babies in Soweto.

For the first three days after discharge from hospital they visit mothers to help them settle with their infants at home — a service which the provincial administration had to stop when the crime rate increased in many townships.

The two nurses have created history as the first in their profession to set up a private nursing service in Soweto. Their practice, situated in a medical complex on the outskirts of Dobsonville, covers post-natal care, surgical care and medical care.

"It's a dream we have both cherished," says Boikanyo.

"For the years that I worked in a hospital



Sister Sylvia Boikanyo

I toyed with the idea of starting a service. I told myself that if I could do it for patients at the hospital I could do it in their homes."

Adds Mamabolo: "When I worked at Baragwanath Hospital I used to worry about mothers who had to take their infants

into taxis because they had no transport. In their homes they had no one to help them adjust to the newcomer. They needed help and that help had to be accessible and affordable."

Both women, who have six years in the nursing profession, say they could have long left their jobs but were threatened by the prospects of going without a salary for some time

Private practice

"The only people we knew who had gone into private practice were white practitioners. We did not have any black models. We were also coming from a background that had not taught us to be self-reliant. The capital we had was also not enough to set up," explains Mamabolo.

It was not until November last year that they braved the odds and opened the practice, working on a part-time basis. By the 10th day of that month they had an average of 15 clients a day serviced by the one person working the shift.

In January this year they resigned their respective jobs to work fulltime on the project. A practice which started off with mainly patients from Lesedi Clinic now has about 58 clients on the books and gets referrals from 10 other private doctors in the Greater Soweto area.

"We were a God-send to the community of Soweto. We have not only helped with their medical problems, we have become friends on whom they can bounce

their problems and frustrations with their families. Most of them find it easy to confide in us," says Mamabolo.

Their hectic daily schedule starts at 7.30 in the morning. First on the list are visits to 15 homes to do baby observations and physical examinations for the mothers. These are followed by wound dressing for surgical patients and medical care for diabetics, cardiac and hypertension patients.

In the afternoon it is back to the office where they run a teenage club, teaching family planning and sex education. The practice operates on medical aid rates but also offers half price for cash patients.

Says Boikanyo: "For those people who cannot afford medical aid rates we work on the primary health care base. Business is not what we had forecast it would be. We have had to make some concessions for people who had no money to pay us at all. Some people make fraudulent claims while some claims are rejected because the babies were not registered with the schemes."

"We are losing money instead of making it. We have spent almost R15 000. We do not draw salaries yet. In fact at some stage we went out asking for contributions."

"Our advisers have told us not to panic. We do not expect to break even until the end of the year. Then we would be able to buy an additional car and hopefully acquire bigger offices."

Boikanyo:
For those people who cannot afford medical aid rates we work on the primary health care base

Mamabolo:
We were a God-send to the community of Soweto

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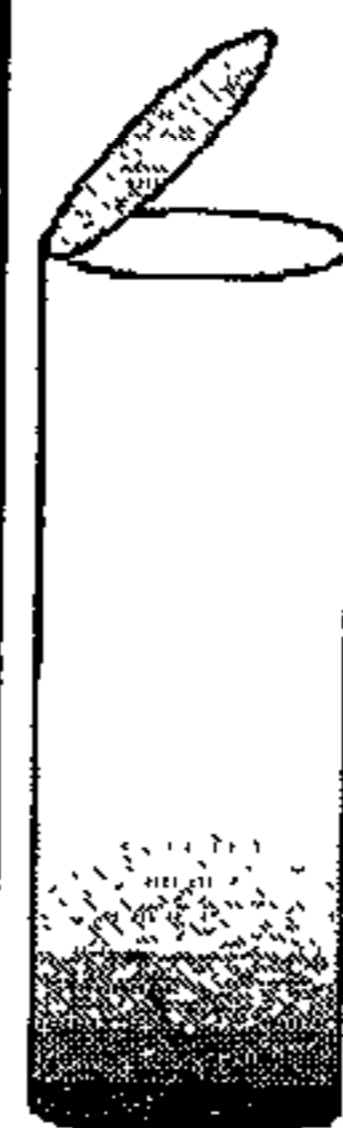
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KWATHEMA: 10am, 5.30pm

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Sister Dorothy Mamabolo

Some nurses now 'out of control' 96

CT11/3/94

THE SA Nursing Council cannot control a group of nurses who have no discipline and have abandoned the professional nursing ethic, the council registrar admitted yesterday.

The council was responding to statements in the latest Nursing News by hospital staff who decry the recent nationwide wage strikes, during which some hospitals closed and patients died from neglect.

A matron is quoted as saying: "When I entered the profession 35 years ago ... ethics were instilled from day one and we already knew then that the patient always came first. Now, 35 years later, I stand totally disillusioned ... to use patients as pawns in the chess game of labour disputes is totally unacceptable."

Council registrar Mr Frank Germishuizen said the council was not empowered to take action against groups of nurses on the basis of general complaints.

NATION BUILDING *Women prefer home*

Sowetan 25/3/94
Sister Dolly's
 (95)
baby boom

■ **HECTIC YEAR** *Midwife started*

helping mothers during the riots:

By Sizakele Kooma

THE year 1991 was a hectic year for 51-year-old Vosloorus mother Dolly Dube.

She and her family not only found themselves caught up in the middle of the East Rand riots. Dube, then a midwife at Natalspruit Hospital, was also stuck with pregnant women who arrived on her doorstep to be delivered.

At times, she would have to fetch them from their homes in her car and take them back to her house.

The women could not get to Natalspruit Hospital, the only hospital that serves the area because of fear of being attacked.

"I had been working at the hospital for 18 years and most of them knew I was a midwife. I could not turn them away when they came to me for help," Dube explained.

Soon the one spare bedroom in her Eastfield suburban home became a labour room and her small kitchen became a catering area. On one occasion, the widowed mother of two said she helped five mothers through labour.

She was not charging her clients until three months later when she registered as a private practitioner. Now they pay R120 for a service that includes ante-natal clinics, delivery and post-natal consultations but most of those who come from the low socio-economic group usually do not pay.

Once the practice had been set up, Dube solicited the help of two nurses and a gynaecologist, to whom she referred cases that needed medical attention. She also bought a pager and basic apparatus necessary for delivery.

"I am a lover of midwifery. I get satisfaction from delivering babies. I have helped about 180 women here in my house and I have 12 in labour.

"They come because they feel comfortable with me. Most mothers are not happy with the hospital environment because it does not fulfil their needs. At home they are free to do whatever their bodies dictate and they participate in the process.

"If they feel like squatting or taking whatever position is comfortable for them, I let them. This makes labour easy and there are fewer complications that way," she explained.

Dube, who still keeps her job as a night charge sister at Delmo Clinic, a private clinic in nearby Germiston, says she has never had a complicated birth.

"In a hospital a third of newborn babies need oxygen and a quarter need to be seen by a doctor.

"I don't have oxygen in my house and I have never needed it. I have also never had a case that needed to be seen by a doctor urgently," she said.

The trick, Dube says, is prayer before each delivery and another prayer after birth.

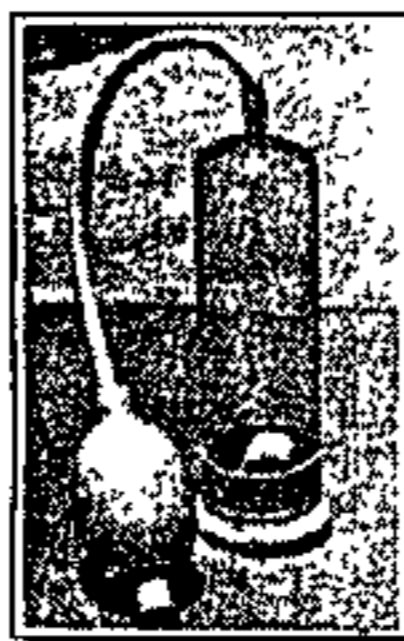
She is giving herself two years after which

she hopes to set up in business premises in the area.



Sister Dolly Dube

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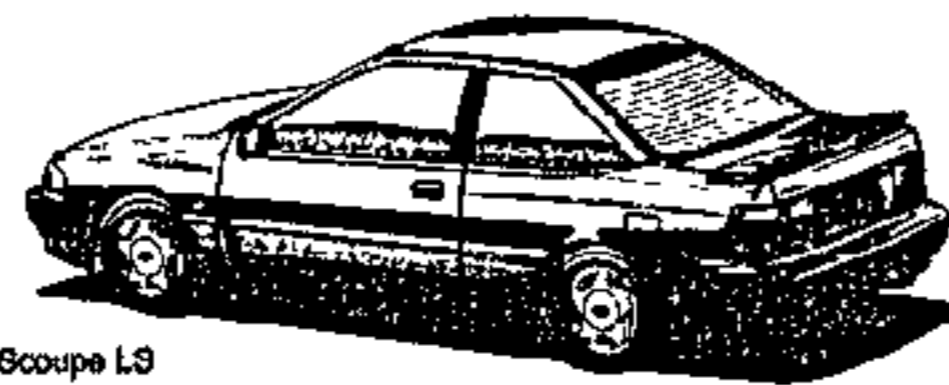
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Transkei nurses on strike

~~118~~ 95 CT. 8/4/94
UMTATA. — About 15 000 nurses have begun an indefinite pay strike in Transkei, forcing patients to leave hospitals.

Strike leaders said yesterday they had walked out to back two-year-old demands that their salaries be brought on a par with their counterparts in South Africa and added they would not return until their demands were met.

The strike has affected all 30 hospitals in the homeland. — Sapa

Nursing Council election

By CAS St LEGER

THE new-look, non-racial SA Nursing Council held its first election for office-bearers this week and re-elected a former president, Professor Wilma Kotze.

Head of the department of nursing at Port Elizabeth University, Professor Kotze was elected presi-

Sunday Times
dent in Pretoria on Thursday by "overwhelming vote", said registrar Frank Germishuizen. 10/4/94

In terms of the 1992 amendment to the Nursing Act, all references to race were removed in the council election process. The five-year term of the executive committee ex-

pired in March and this week's election was the first under the new rules.

Previously, 10 members of the 30 committee members were elected — five whites, three blacks, one Indian and one coloured. The elected component was increased to 15 members under the amendment to the Act.

The 15 nominated members include representatives of the various medical and pharmaceutical bodies, and lay members from an attorney and a priest to a social worker.

The other office-bearers are: vice-president Professor Grace Mashaba, head of the department of nursing at Zululand University; treasurer Miss Delia Muller, a director in the Department of National Health; and deputy vice-president Miss Heather Findlay, chief matron of Grey's Hospital, Maritzburg. (95)

focus on gender

Sowetan 12/4/94

SENIOR NURSES at Katlehong are boiling with anger over racial prejudice, gender discrimination and the general abdication of responsibility by the local authority.

Had she given way to her fury, Mrs Petronella Poho would have blown her top long ago and probably have quit her post as senior community health nurse.

But she is rational. She prefers to live with her misery, with the hope that things will come right.

Her problems are multiple, including the unbearable staff turnover which has virtually turned her into "a training officer".

"We train people to do the job, but in time they resign for greener pastures.

"Surely, we cannot stop people who leave because they do not see any prospect of growing within the establishment," Poho said.

"Having said that, I do not accept that I should be turned into a perpetual training officer, training new staff everyday.

"This is not a problem of my making, and those responsible for it should correct the situation, otherwise all our nurses will leave for greener pastures."

Her salary and those of other senior staff, some with master's degrees, or not compatible with their wide experience and qualifications.

A senior nursing staffer, who is also a training officer, was demoted because she failed an "internal driving test".

This was despite the fact that she holds an official driving licence issued by a Government department.

Not only that, but deputy nursing heads are paid the same salary as a junior health inspector, despite their wider scope of responsibility.

Poho said the unfairness of the matter becomes more pronounced when viewed against the backdrop that the deputy chief holds a master's degree in nursing, with the health inspector holding a diploma in public health.

Expanding on the gender discrimination, she said most senior nurses in Katlehong were not entitled to car allowances, something which health inspectors enjoyed.

Gender discrimination

"Car allowances are only given to male health inspectors. So you see, not only have we to put up with racial discrimination, but there is also an element of gender discrimination practised by the Germiston Health Department.

"We think we have had enough of it, and are calling for the authorities to attend to our plight," Poho said.

Added to these problems, is the fact that the staff complement of 31 is expected to serve a population in excess of 500 000.

She said most of the nurses, who are "just double qualified", lack experience in community health care, "so that it is important that more experienced staff be employed".

As if that were not enough, senior nurses are

Nursing sisters under the Germiston local authorities complain about the authorities' lack of interest in their working conditions, the clinics, gender discrimination and general neglect, says

Joe Mdhlela:

~~95~~ 95



Senior nurses at Katlehong Health Care Centre point at a stagnant pool of water at the entrance of the clinic.

demoted and harassed by their white colleagues at every turn because the current hierarchy is structured in such a way that senior black nurses have to report to them.

The fact that black nurses have wide experience and imposing qualifications seem to count for nothing.

Poho said the insensitivity displayed by authorities was shocking to say the least.

She cited an instance of three nurses who were subjected to pre-employment HIV examination without their consent.

"People are talking about a new dispensation, but if this is a foretaste of things to come in a new South Africa, then we are all wasting our time.

"Certain authorities within the Germiston Health Department are seemingly not keeping abreast with the changing times. They still cling to the old *baasskap* mentality which has no place in a democratic society."

Even the maintenance of the clinics leaves much to be desired.

Clearing the weeds in some of the clinics has become the responsibility of the nurses, and not the authorities.

Poho talked about blocked toilets, stagnant water forming around the health centres, and the general squalor that has become an eyesore not only to the staffers, but to the patients who must be served under such conditions.

Supposed to be exemplary

She said they were supposed to educate the community about cleanliness, yet the very same clinics that were supposed to be exemplary contradict these values.

"Katlehong needs a black Medical Officer of Health who is better attuned to the culture of blacks and will be sensitive to the community needs," Poho said.

Germiston Health Department's MOH, Dr Phyllis Back, said she was not aware nurses had serious grievances.

She said there were structures to deal with complaints, and suggested they make use of them.

"I suggest that nurses discuss their complaints with the management service department, a body that deals with grievances.

"Obviously I cannot respond to allegations made through the Press," Back said.

Nurses' strike continues

UMTATA. — The Transkei nurses' strike will continue into next week. (95) ARG 16/4/94

Strikers' representative Sister Nomonde Tuma said yesterday the Department of Health had said on Thursday that some of the 1 500 cheques for long-promised rank and parity adjustments would be issued yesterday afternoon.

"We are still waiting," Sister Nomonde said.

She said only when the nurses' short-term demands, including the cheques, were met would they consider returning to work. (95)

The nine-day-old strike has virtually paralysed the territory's 32 state hospitals. Casualty departments are still operating, but no patients are being admitted. Most are being referred to hospitals in South Africa and the Ciskei. — Sapa.

NEWS Hospital workers target matron

Call to fire two matrons

Sowetan 10/5/94
■ NO COMPROMISE Patients taken
 to another hospital about 100km away:

By Khathu Mamaila

HUNDREDS OF WORKERS, INCLUDING nurses, at Maphutha Hospital in Namakgale near Phalaborwa have gone on strike demanding the immediate dismissal of two senior matrons.

Workers at the hospital said at the weekend that they had been on strike for more than six weeks in a bid to put pressure on the authorities to remove the matrons.

A spokesman for the strikers, Mr Kgaugelo Ramodise, said the workers had vowed to suspend the strike only after the management had acceded to their demands.

Practising favouritism

Asked why the two matrons were targeted, Ramodise said the two were accused of practising favouritism in the allocation of maternity and study leave.

He said the matrons lacked basic admin-

istration skills and did not consult with workers on the formulation of policy.

Repeated attempts to reach management for comment yesterday proved fruitless as the switchboard was not operating.

The two matrons could also not be reached for comment.

Ramodise said a meeting between the strikers and two officials from the health department aimed at ending the strike last week ended in a deadlock:

Strikers, he added, were not prepared to compromise and demanded that the matrons be dismissed or transferred to another hospital. (95)

Local residents said the strike had adversely affected them because patients now had to be transported to another hospital which is about 100km away.

Residents interviewed appealed to the authorities to help resolve the matter before any casualties were reported due to lack of nursing staff.

Nurses go all out for change

By CAS St LEGER

THE FACE of nursing in South Africa is set to change after protests to the Department of Health.

Last month, the SA Nursing Council's first non-racial election for office-bearers resulted in the re-election of Professor Wilma Kotze as president.

The Transitional Nurses Committee, representing 130 000 of the country's 140 000 nurses, rejected the results.

The committee was formed after a meeting of nursing bodies at Wits University in January. The 650 delegates resolved to restructure both the SA Nursing Association and the SA Nursing Council.

The results of the election were undemocratic, said the committee's secretary, Professor Leana Uys. "All 15 elected members of the council are white, while 50 percent of this country's nurses are not," she said.

As a result of the committee's protest, a task force for a new nursing regulatory body has been set up to rewrite the Nursing Act and to ensure new elections are held as soon as possible.

More community participation and dramatic changes to nursing education are foreseen under a new SA Nursing Council to be elected early next year.

Professor Uys would like to see nursing education placed under the Department of Education rather than Health.

Council registrar Frank Germishuizen said nurses would be consulted on the new-look council.

Bid to revamp Nursing Council

Staff Reporter

95 AUG 18/5/94

MINISTER of Health Nkosazana Zuma has appointed a task force to amend the Nursing Act to "establish a Nursing Council which will be more democratic, transparent, equitable and accessible".

This was "in response to representation by some nurses ... because of unhappiness with the 1993 Nursing Council election", according to a statement by the Task Force Secre-

tariat for a New Nursing Regulatory Body.

The task force, which consists of representatives from the Transitional Nurses' Committee, the Nursing Council and the National Health Forum, has asked for input from all nurses.

For more information, contact the nearest nursing college, the task force secretariat at ☎ 012 343-0121, extension 252, or task force representative W J Kotzé at the University of Port Elizabeth at ☎ 041 504 2122.

Nurse aide drugs, robs ill women

Crime Reporter

POLICE are hunting for a thieving nurse aide who has drugged at least one elderly patient — and then stolen from her.

One elderly Sea Point victim was fleeced of thousands of rands worth of jewellery and R500 cash — while the second known victim, also from Sea Point, lost thousands of rands in cheque fraud.

Detectives believe the nurse aide — a woman in her 40s who uses false names — may have other victims who have not reported the incidents.

Mrs Milly Curtis-Setchell, in her 60s, who lives on her own and is suffering from a rare muscle disease, said the woman offered her tea.

"After taking one sip, I lost consciousness and came round about five hours later when my night nurse and several other people arrived. My home had been ransacked and jewellery and cash taken."

The nurse aide was traced to a nearby flat where she was taking care of Mrs Nessa Levitt, 85. A police spokesman said Mrs Levitt was agitated at the police's arrival at her flat, so the woman was warned to appear at the police station the next morning. She returned the jewels and cash, but did not report to police.

Mrs Levitt said the woman — who had claimed her name was Margaret Adams — had altered cheques to steal money from her.

Anyone who may have information on the whereabouts of the woman is asked to contact Warrant Officer Wynand Swart at 434-5505.



DRUGGED AND ROBBED . . . Mrs Milly Curtis-Setchell, of Sea Point, has still not recovered after being drugged by a nurse aide who fled with jewellery and R500 in cash about two weeks ago.

Picture: BENNY GOOL

Nurse stole drugs for personal use

Staff Reporter

A FORMER nurse at Conradie Hospital was yesterday found guilty of disgraceful conduct after she admitted to being a drug addict and falsifying hospital records to obtain drugs.

She had falsified entries in the drug register to show she had given certain drugs to patients when she had in fact used the drugs herself.

A disciplinary hearing of the South African Nursing Council suspended Mrs E A Muir, 44, of Hermanus, for 12 months. The sentence was suspended for five years provided she was not found guilty of a similar offence in that time.

Mrs Muir was charged with abusing schedule seven substances, making false entries in the drug register and falsifying an appointment card to get off duty.

She pleaded guilty.

In mitigation Mrs Muir said she was a battered wife and had a child to support. She had taken the drugs to escape her circumstances.

CT 7/7/94 95

Private doctors (95) must Aid 26/7/94 aid poor

LIBBY PEACOCK
Staff Reporter

ADEQUATE medical care can be provided to the disadvantaged only with the assistance and co-operation of doctors in the private sector, according to Ivan McCusker, Medical Association of South Africa (Masa) health policy committee chairman.

Dr McCusker said the implementation of free health care for pregnant mothers and children under the age of six, who were not covered by medical aid, could "overwhelm" a system which was "already overburdened and inadequately staffed".

But Masa shared the government's conviction that a large disadvantaged sector of the population was entitled to adequate health care.

And in an attempt to relieve the burden on state facilities, Masa commissioned experts in health care management to develop practical proposals for services to be provided by private doctors as well.

The association plans to present its recommendations to Minister of Health Nkosazana Zuma next month.

The proposal for private sector involvement, which Masa believes should be voluntary and affordable to the government, is being discussed widely within the medical profession.

An outline of the draft plan to involve the private sector in providing free health care to children under six and pregnant women include:

- Private practitioners, working from their consulting rooms, form the basis of the plan.

- A combination of payment mechanisms is recommended. Both the mechanism and level of payment must be seen as the medical profession's *pro Deo* contribution to the Reconstruction and Development Programme.

Nurses sit-in at clinic

Sowetan 19/8/74

By Mzimasi Ngudle

THE Florence, a private clinic in Hillbrow, came to a standstill yesterday and was poised for more stoppages after nurses staged a sit-in and vowed to continue until dismissed colleagues were reinstated.

Dr Toby Mashile, one of the paediatricians at the clinic, said he found one nurse attending 15 patients in the clinic's intensive care unit. The nurses also demanded the instant dismissal of matron Ms Debbie Bowman, who fired the nurses. The nurses were reportedly dismissed for negligence after a baby died an hour after birth.

The striking nurses pointed out that the culprit was the gynaecologist who performed the delivery. The gynaecologist failed to call a paediatrician to examine the baby.

They said the presence of a paediatrician during birth was even more crucial as the mother, who was a cardiac patient, fell into a high risk group.

Dr Toby Mashile, one of the paediatricians attending to patients at the clinic, said doctors at the clinic were of the opinion that the nurses were unfairly dismissed. Mashile's intervention led to the clinic management agreeing to retain the nurses on a casual basis pending an appeal hearing on Monday.

(15)



Pictures: LEON MÜLLER, The Argus.

UPSET STAFF: Valkenberg staff protest outside the offices of the regional parliament in Wales Street.

Move patients — Valkenberg staff

LIBBY PEACOCK
Health Reporter

VALKENBERG Hospital staff who fear for their safety picketed the hospital's maximum security section and later the regional parliament in Wales Street to demand the transfer of dangerous patients to Pollsmoor Prison.

Yesterday's pickets followed the rape of a nurse, allegedly by a state president's patient in the maximum security section last week, and attacks on a nurse and nursing assistant on Sunday.

Men and women nurses and general assistants demanded

that three dangerous patients be transferred to Pollsmoor.

The picketers, carrying placards bearing slogans such as "Protection is a right in Valkenberg" and "We cannot work under fear" moved to the offices of the provincial legislature, demanding to see Western Cape Health Minister Ebrahim Rasool.

He was unavailable, but the convenor of his strategic management team, Faeed Abdullah, listened to the staff's grievances and accepted a memorandum.

The document said the attacks could have been prevented

if there had been enough staff, particularly male nurses, on duty, if dangerous patients had been removed to Pollsmoor and if there had been more adequately trained security officers on duty.

There was also "an unacceptable delay" in the filling of chief professional nursing posts.

Demands included "immediate assistance" by Correctional Services or the defence force, the unfreezing and filling of nursing posts and an "adequate budget for Valkenberg Hospital

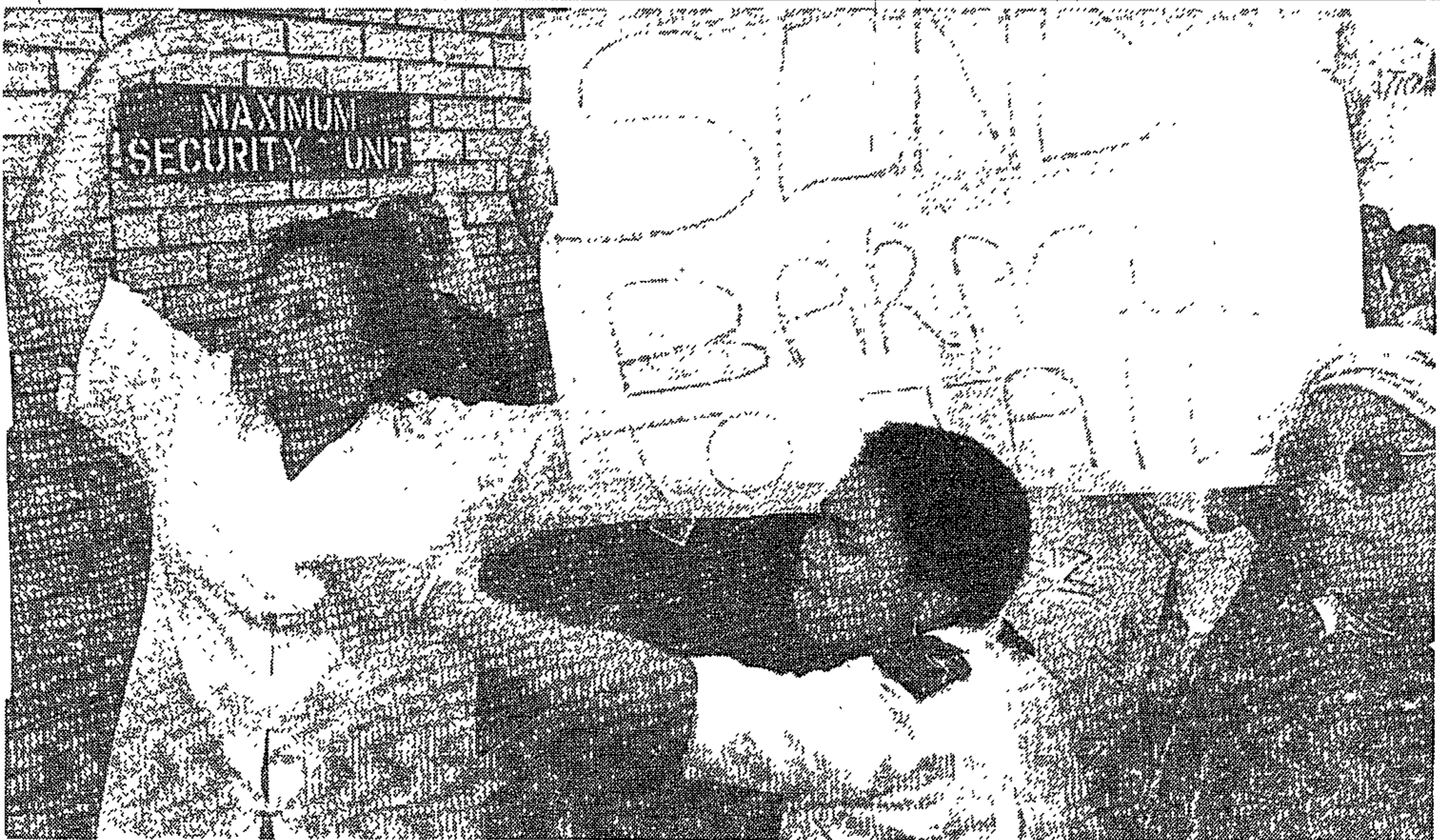
to provide for the needs of the staff and patients".

Mr Abdullah said Mr Rasool had been briefed about last week's rape and was "very concerned that such a thing could happen". He would also be briefed about Sunday's incident.

He said the moratorium on posts had been lifted, but there was a "bit of a bottleneck" in the unfreezing of posts.

The staff's demand that something be done straight away was a "fair request" and said security at the hospital would be increased immediately.

(45) ARG 23/8/94



SAFETY FEARS . . . Staff at Valkenberg stopped work yesterday in protest against attacks on staff by patients. The name "Baracuda" referred to in the poster is the nickname of a state president's patient allegedly involved in last week's attack on a nurse who was throttled and raped.

Picture: BENNY GOOL

Valkenberg staff 'fear for their lives'

Crime Reporter

TWO nurses were attacked at Valkenberg yesterday — only days after a nurse was allegedly raped by a patient.

Yesterday about 100 angry staff members went on strike, calling for more male nurses.

The strikers, who told the Cape Times they feared for their lives, were also demanding that dangerous criminals be removed from the psychiatric hospital and placed in the care of prison warders.

Nurses embarked on a protest march through the hospital, bearing placards which read "send all prisoners to jail", "employ prison warders for criminals" and "more male staff or no staff at all".

They stopped outside the maximum security unit where they chanted for the removal of the state patient involved in last week's attack, whose nickname is Baracuda.

Hospital senior medical superintendent Dr Ethel Hacking said last night that the Hospital and Health Services had unfrozen

10 posts and that two new male nurses would start work immediately.

In yesterday's attack, a male nurse was hit over the head with a plank when two observation patients ambushed him in a dining room around 1am.

Dr Hacking stressed that the breakthrough in increasing the number of staff at the hospital was as a result of her negotiations last week with Cape Provincial Administration authorities and not because of yesterday's strike.

(95)
CT 23/8/94

Nurses' action closes hospital to new patients

Own Correspondent

DURBAN. — The strike-hit King Edward VIII Hospital here was closed to new patients yesterday and only a few emergency cases were attended to, kwaZulu/Natal Health Minister Dr Zweli Mkhize said.

It would be difficult to handle new patients because of the continuing strike by more than 2 000 nurses and general assistants.

General health policy and conditions of service needed to be reviewed to ensure a lasting solution, he said.

CT 26/8/94

Nurses fear for their lives

Southern

2618 - 3018/94

By Edwina Booyen

N URSING staff at Valkenberg Hospital fear for their lives following a second assault by patients in less than two weeks.

Two nurses were attacked on Sunday night, less than a week after a nurse was allegedly raped by a patient admitted for observation.

On Monday about 100 workers, including nursing staff, general assistants, clerks, social workers and psychiatric staff went on strike. They are demanding safety for staff, more male staff, security and police.

"How can we work here if we are scared to go near the patients, because we fear being raped or killed?" said a nurse.

The workers, members of the Health Workers' Union (HWU) and the National Education, Health and Allied Workers' Union (Nehawu), also demanded the removal of all dangerous criminals, especially "Barracuda's", the patient involved in the alleged rape attack last week.

"After the first attack we held a meeting with management," Sister Barbara Skweyiya, HWU shopsteward, said. "We wanted Barracuda and other patients like him removed from Valkenberg. He is a forensic patient, sent here by the criminal courts for observation. He is not psychotic. But nothing was done." (95)

Skweyiya said nurses overheard other patients later in the week saying "Barracuda has paved us a way, now we can do whatever we want with the nurses".

In Sunday night's attack patients, also from the forensic unit, tried to rape a second nurse. She escaped when male nurse, Mr Willy Malloy, went to her aid, but he was badly assaulted with a plank.

"We thought that after the first incident all female staff would be removed from the forensic unit or that more male staff would be placed on the shift with us," said Sister Ellen Bomali. "With only two nurses per ward we are too few on a shift."

Valkenberg senior medical superintendent, Dr Ethel Hacking, said the psychiatric hospital is "dangerously" under-



LISTEN! Angry nurses at Valkenberg Hospital confront assistant medical superintendent Dr Christine Dare about the removal of criminal patients

staffed, because a moratorium had been placed on posts.

After an emergency meeting with the Hospital and Health Services, Hacking said on Tuesday that 10 posts had been unfrozen and two more male nurses would start work there immediately.

The removal of Barracuda and other criminal patients to Pollsmoor Prison, she said, is being discussed with the attorney-general's office.

Desperate position at hospitals hit by strike

Star 29/8/94
OWN CORRESPONDENT

Durban — A strike by more than 4 000 nurses and other medical workers has led to chaos of desperate and critical proportions at five hospitals in KwaZulu/Natal, according to Dr Daryl Hackland, deputy director-general of the KwaZulu/Natal Provincial Administration.

Nurses at King Edward Hospital in Durban sat in the sun yesterday reading newspapers or knitting while trauma, cardiac and maternity cases were turned away.

At Addington Hospital — the only one accepting emergency trauma victims yesterday afternoon — paramedics had to wait at least 20 minutes before

their patients could be admitted for treatment.

Hackland said the strike was against salary imbalances and alleged nepotism and corruption.

A paramedic said ambulance staff had been alerted that they would have to take patients to Grey's Hospital in Maritzburg if Addington became full.

A staff member at Durban's Clairwood Hospital said they were working under "siege conditions". (95)

Hackland said SANDF personnel, flown in on Friday from Pretoria, volunteers and doctors, were working around the clock at Clairwood Hospital to provide optimal patient care.

He said private hospitals

were also being roped in to help.

"The illegal work stoppage and stayaway is intolerable, and totally unacceptable. We are doing everything humanly possible to see that patient care is provided. Doctors are giving their utmost to provide optimal care, feeding and nursing the patients themselves. They are at their wits' end," Hackland said.

Hackland said health services management had reached the end of its tether and would take a strong stand against the strikers.

He said an application for an interdict against the strikers would be brought in the Durban Supreme Court today.

► **Strike Watch — Page 3**

Court restrains hospital strikers

Star 30/8/74

Durban — All the nurses and other staff members at Durban's King Edward VII and Addington hospitals have been restrained by the Supreme Court from continuing with the illegal strike which began last week.

Striking employees at the Clairwood and King George V hospitals returned to work yesterday morning after regional organisers of the National Education, Health and Allied Workers' Union convinced them to do so.

Late yesterday Durban Supreme Court judge Mr Justice Hugo granted two urgent temporary interdicts brought by Kwa-Zulu/Natal Health Minis-

ter Dr Zweli Mkhize against strikers at King Edward and Addington.

The orders prevent all nurses, general assistants, porters, security guards, specialised auxiliary service officers, messengers and radiographers at the two hospitals from continuing with strike action.

Mkhize will meet representatives of the Kwa-Zulu/Natal Provincial Administration health services, health workers, unions, hospital management, and medical school officials in Durban tomorrow to discuss the future handling of grievances.

— Own Correspondent.

Striking nurses curbed

(95) CT 30/8/94
Own Correspondent

DURBAN. — Nurses and other staff members at the city's King Edward VII and Addington hospitals have been restrained by the Supreme Court from continuing with the illegal strike that began last week.

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granted two urgent temporary interdicts brought by kwaZulu/Natal Health and Welfare Minister Dr Zweli Mkhize against strikers.

KZNPA health services director Dr Colin MacKenzie warned workers if they continued striking after 9am today they faced dismissal.

Union leaders said Dr Mkhize had agreed to set up a commission of inquiry into staff grievances.

Strikers at King Edward and Addington have until September 9 to tell the court why they should not be prevented from striking.

Hospital faces brain drain

By PETER DENNEHY
and RONALD MORRIS

THE resignation of Grootes Schuur trauma head Professor John Knottenbelt has highlighted the growing disenchantment of several senior medical and administration staff at the hospital.

Sources told the Cape Times last night that there was a "long list" of people who had resigned or who intended resigning in the near future.

Former senior medical superintendent at the hospital, Dr Robin Pelteret, who took up a post outside the hospital this month, said he had left Grootes

Schuur because of "intolerable working conditions".

He said many senior people were also unhappy at not being sufficiently rewarded for work done and there was no job satisfaction.

Prof Knottenbelt has left to emigrate to the United Kingdom. He said at the weekend that part of his reason for leaving was his concern about the ongoing violence, the insults that doctors had to endure from patients in the trauma unit and the uncertain future of academic hospitals, which face budget cuts as more resources are devoted to primary health

in terms of new government policy.

Last night Dr Pelteret said the "health environment" at the hospital was "confused".

He said senior personnel were not being adequately rewarded for the "intolerable" workloads they carried or for the levels of responsibility which were demanded of them.

The director-general of provincial hospital services, Dr Tom Sutcliffe, said while he shared the "budget-cut" concerns of senior staff he did not share their pessimism.

A health plan being formulated would, he hoped, restore confidence and morale among

95 CT/2/12/94
top-level doctors under huge stress during the transition.

He would not give details of this plan.

"Each province may also have to look at developing its own sources of income," Dr Sutcliffe said.

Dr Sutcliffe said he fully shared the professor's concern about academic hospitals, which could not be run down. Yet he did not share his pessimism.

"We are trying to reshape academic hospitals so that their integrity is maintained, but also to release enough funds to level the playing fields between provinces."

Health workers threaten strike

South

By Shannon Neill

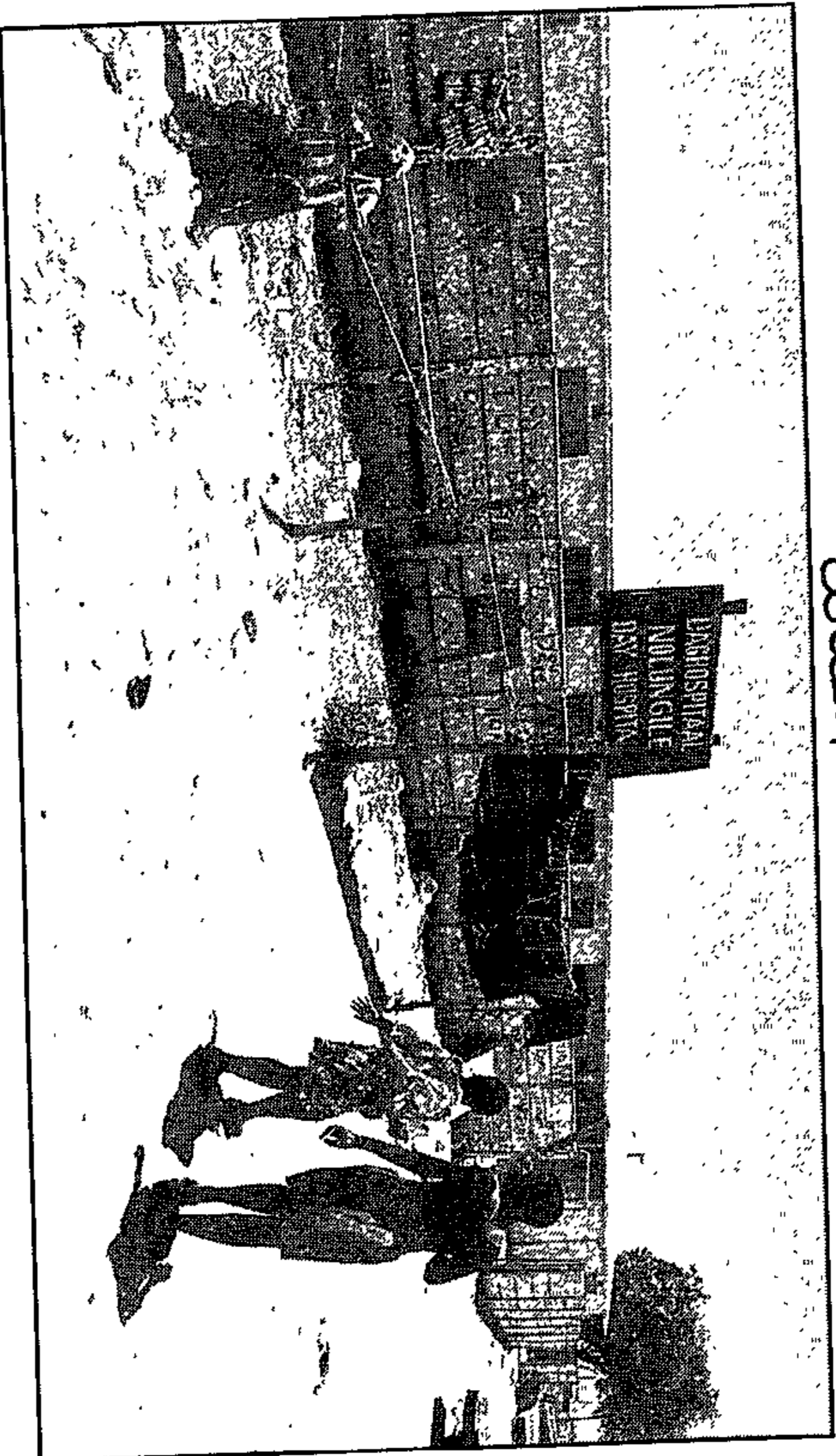
THE HEALTH sector's attempts to merge the four providers of health in the Western Cape is in a shambles and health workers are threatening to refuse to work unless wage parity is achieved.

If salaries are increased in the various bodies to match the highest-paying local authority, the state's salary bill for the Cape Metropolitan area will increase by R216-million per year.

According to a survey by the UCT Health Economics Unit (HEU), the disparities are so great that a nursing assistant working for one local authority earns R20 394 per annum while one with the same qualifications and experience, but employed by the state, earns R13 890.

The Nolumgile Primary Health Care Complex in Khayelitsha employs Cape Provincial Administration (CPA) and Western Cape Regional Services Council (WCRSC) workers to do the same work for different salaries. They recently refused to work together unless they were given wage parity.

Chief Director of Health for the WCRSC, Dr Stewart Fisher, said the problem had been settled by separating the two staffs so that one



UNEQUAL WAGES: Health workers at Nolumgile Primary Health Care Complex in Khayelitsha earn different wages for the same work

group worked with day hospital referrals while the other focused on children.

"The wage discrepancy is still there and this is the biggest stumbling block to co-ordinating the fragmented health services in this country," he said.

Under the former regime, health in the region was provided by the

WCRSC, the Cape Town City Council, the CPA and the Department of National Health.

No department has yet taken responsibility for the merger, according to Dr John Frankish of the health strategic management team.

"We are feeling increasingly frustrated that no decision has been taken.

en about who is going to run the district system.

"And until this is decided we can't do anything about the wage disparities," Frankish said.

He explained that the government needed to decide whether to transfer staff from the local authorities to the state or vice versa. Nationally only five percent of

health workers are employed by local authorities, so if the transfer went from the state to the local authorities this would mean a sudden rise by 95 percent in the state salary bill, Frankish said.

Because of this there has been pressure on local government to accept the state scales.

"People from local government who are transferred at their current salaries would be phased into the scales over a period of five to 10 years," Frankish said.

"People from local authorities would, for example, only get a two percent increase while ex-state employees would get six percent.

"The potential problem here is with the transfer of the differently structured pension funds. This transfer will be an enormous drain on the state pension fund.

"There are also enormous discrepancies in car allowances and housing subsidies. Again this will have to be made up somewhere."

He said the ministry of constitutional development was supposed to have decided on the adjustment process by the end of December so that a white paper could be presented in parliament by the end of March next year.

"At the moment I don't think anything will be done about it," Frankish said.

95

Less nurses in attendance

(95)

Sowetan 6/11/95

By Glenn McKenzie

BARAGWANATH Hospital staff, burdened with high New Year's Day casualties, also had to contend with a number of nurses who were mysteriously absent.

A source, whose name is known to *Sowetan*, said on Monday that approximately 10 nurses in the casualty ward did not show up for work.

"Some of these nurses called to say they were sick and some of them said they had family problems. Whether this is true or not, we don't know," said the source.

Sowetan would like to clarify that Matron Peggy Masondo was not the source of information regarding absent nurses, as people who read a story in our Tuesday, January 3 edition may have been led to believe.

Masondo was only quoted in the story as saying that New Year's Day had been a bloody one for hospital staff.

A hospital official said yesterday she was unable to determine exactly how many nurses were absent. That information would be made available today.

R58m plan for rebuilding violence-torn townships

BD 17/1/95

A R58,15m plan to begin rebuilding the violence-torn townships of Katlehong, Thokoza and Vosloorus this year was announced yesterday by Gauteng reconstruction and development commission head Ben Turok.

Turok said the area would receive more than R3bn in funding over the next five years, R645m from RDP fund contributions and the balance from "other public fund contributions". Local businesses would meet government representatives early next month to discuss how they could participate in the scheme.

Immediate plans included the repair of houses destroyed by violence, the supply of emergency services to hostels and informal settlements, sewerage rehabilitation, integrating township security forces into the SA Police, establishing satellite police

ERICA JANKOWITZ

stations and the withdrawal of illegal weapons.

Local builders would be used. Those who could not afford to buy building materials could do so through a co-operative which would sell goods at wholesale rates.

An amount of R28,1m had been allocated to this project, which would be implemented by two non-profit agencies: the Home Loan Guarantee Company and the New Housing Company.

Turok said a damaged housing commission consisting of government and community representatives would be established to adjudicate housing claims in the area.

He said R8,7m would be spent on providing adequate water supply and sanitation facilities to informal settlements and hostels. Sewerage reha-

bilitation would receive R2,1m, water rehabilitation R2,2m and refuse removal R1,75m, with the transitional local councils (TLCs) acting as implementation agencies.

Turok stressed that while government would fund capital costs, running costs would be paid by the TLCs, thus spreading the load of rebuilding the area.

Members of ANC-aligned self-defence units and Inkatha-linked self-protection units who joined the police would receive R900 a month, calling for a budget of R4,5m. Other costs would amount to about R5,5m.

He said R7,5m had been set aside to establish 17 satellite police stations in the area and R150 000 for reducing the number of illegal weapons.

He described the Katarus area as reasonably peaceful except for some taxi routes, with political violence having ended.

'Racial slur' sparked police protest

THE policemen who occupied Soweto's Orlando police station yesterday said they were protesting at a racial slur against one of their members.

Police and Prisoners Civil Rights Union co-ordinator Thozamile Tane said the policemen were protesting against a white policeman who called one of his black colleagues a "kaffir".

He claimed complaints had been lodged with the station commander following the alleged racial incident, but no disciplinary action had been taken.

About 100 SAPS members had locked the gates and refused to allow station commander Col AG Louw and other policemen to enter.

Police spokesman Col Herman Oosthuizen said about 400 policemen had been

BENJIE MBEVAYA

denied access to the police station by the protesters.

The protesters had opened the gates only after Stephen Nkutha, from the office of Gauteng safety and security minister Jessie Duarte, had been called to negotiate.

Oosthuizen said a delegation of five aggrieved policemen had yesterday met Soweto district commissioner Brig Chris Earle.

At the meeting it was agreed that all grievances would be investigated and, if found to be true, acted upon.

"In the meantime the members who were on strike are under investigation for violating the constitution by depriving members of the public free access to policing services," he said.

Nurses guilty of disgraceful conduct

THE SA Nursing Council's disciplinary committee yesterday found four senior nurses guilty of disgraceful conduct after they failed to report a colleague who allegedly assaulted an elderly patient with a knobkierie in November.

Five junior nurses were found guilty of improper conduct after they failed to observe and treat the injuries of Daniel Maseng, who sustained facial abrasions, a swollen cheek and bruises to his neck after the alleged assault at the Goldfields Regional Hospital in Welkom, Free State.

DEBORAH FINE

Nursing council registrar Frank Germishuisen said the senior nurses had received sentences of between three and six months' suspension. The sentences were suspended because they had shown remorse, he said. The five junior nurses were reprimanded and cautioned.

Germishuisen said the alleged assault would be investigated in February during the trial of the nurse accused of perpetrating the offence.

London orchestra to perform in S

THE London Philharmonic Orchestra is to arrive in SA on February for an 11-concert tour, sponsors bank said yesterday.

The 87-member orchestra played to a packed Superbowl at Sun two years ago, setting an attendance record. Venues on this tour include Kirstenbosch National Botanical Gardens in Cape Town, the VI Green in Durban and Vista Unity in Soweto.

"We wanted to reach further the SA community that received warmly on our last visit," said deputy MD David Marcon.

The orchestra had programmed appeal to all types of music including those who did not regularly listen to classical music.

"Since these venues are so accessible to the public we anticipate creating an electric atmosphere."

It will also perform at the Superbowl, the Johannesburg, Durban Cape Town city halls, and the Pieter Market Hall in Port Elizabeth.

Concert programmes will include local choirs and soloists including Virginia Davids, Sibongile Khuzwayo, Gordon Christie and Rafael Villalba.

The first concert, at Johannesburg City Hall on February 7, will be broadcast live on NTV. — SAJ

Nurses sentenced for patient abuse

By Josias Charle

FOUR nurses received suspended sentences and five others were cautioned and reprimanded by the South African Nursing Council yesterday for their failure to report the assault on a patient by their colleague at a Welkom, Free State, hospital. The incident happened on the night of November 12 1993 at Goldfields Regional Hospital.

The patient, who was assaulted with a stick, was Mr Daniel Maseng. The council found all nine nurses guilty.

Nursing sister Mrs MF Mcengwa was sentenced to six months, suspended for a year. Mrs DA Nkosana, Mrs MD Bothoko and Miss NS Madibe received three months suspended sentences each.

Mrs P Matli, Mrs ME Matolo, Mrs G Mda, Miss MD Ngake and Mrs NL

COVER-UP Assistant beat man for being 'abusive and difficult' to staff:

Malunga were cautioned and reprimanded. According to papers submitted at the disciplinary hearing in Pretoria yesterday, one of the nurses on night duty, Mrs GE Masehle, who is a nursing assistant, assaulted Maseng for allegedly being abusive and difficult towards nurses. He was hit several times in the face with his walking stick. He sustained bruises, lacerations and a swollen cheek. He also had injuries to his neck.

After the assault none of the nurses approached him to help.

Giving evidence at the hearing, Mcengwa said she was in charge that

night and did not hear or witness any assault on Maseng.

She was only informed the following day that a patient had been assaulted. She did not report the matter to her seniors. She also did not fill in details of the assault in Maseng's bed chart.

She also failed to give him any nursing assistance. "I did not report the matter because I was afraid that his relatives and the public would then become aware of the problems at hospitals. I did not want to give the public a bad impression of the hospital," she said.

(95) Somerset 17/1/95

Ultimatum for striking nurses

ET 31/1/95
EAST LONDON. — The Eastern Cape Government yesterday warned about 300 striking nurses in the former Ciskei to end their illegal six-day-old pay protest or face dismissal.

The warning followed an emergency Provincial Executive Council meeting held in Bisho late yesterday.

Written notices were later served on nurses at Mdantsane's Cecilia Makiwane Hospital, giving them until Friday to provide a written note to the medical superintendent on why they were not performing their duties.

A verbal ultimatum to return to work by last Sunday was ignored.

Striking nurses at Keiskammahoe's S S Gida Hospital have been given until tomorrow morning to return to work.

The nurses have demanded an audience with President Nelson Mandela when he visited Bisho on Thursday. — Sapa

ses are warned

Nurses: sign on or duck

(95) Sowetan 3/2/95

NURSES participating in a strike at two Ciskei hospitals will have to bind themselves to agreements of the Labour Relations Act, or face automatic dismissal.

This warning was issued yesterday by Eastern Cape health MEC Dr Trudi Thomas. Thomas intimated that the hundreds of nurses involved — all employed at either Cecelia Makiwane, in Mdantsane, or S S Gida Hospital, in Keiskammahoek — would have to sign letters to the effect and submit them by this morning.

The nurses, many of whom have been on strike for more than a week, are demanding pay parity with nurses in the former provincial administration.

Wednesday's reports said the strike had been suspended, but nurses interviewed in Bisho yesterday said the strike would continue. Nurses would also be required to acknowledge in their letters that they had participated in an illegal strike. "If they do that they will be reinstated," she said. They will not be paid for the time they were on strike.

President Nelson Mandela was yesterday met by placard-carrying nurses at the gates of the provincial legislature. Mandela is on a three-day tour of the Eastern Cape. — *Sapa*.

Nurses told: Stop strikes

CT8/2/95 (95)

EAST LONDON. - Hundreds of striking nurses at two Eastern Cape hospitals were accepted back at work yesterday, on condition they promised in writing not to strike again.

Local Health Minister Ms Trudy Thomas warned she would take disciplinary action if their actions affected the provision of health care. — Sapa-Reuter

Council a 'first' for nurses

95
12/195
Political Staff

NEW legislation, tabled in the National Assembly yesterday, will establish a single controlling body for South African nurses for the first time.

A new interim nursing council will replace the existing four nursing councils and provide uniform regulations for nursing throughout South Africa.

The three councils which were based in Transkei, Ciskei and Bophuthatswana, as well as the SA Nursing Council, will be abolished, a memorandum attached to the bill said.

The new council should be representative of the people registered under it and be elected democratically.

An interim council which encompasses all existing councils should make recommendations about the constitution of the new council, the memorandum said.

Disruptions force nurses' college to close

Rioting students have forced the indefinite closure of the Baragwanath Nursing College, hospital authorities said yesterday.

"A continuous performance assessment of the general conduct of the student nurses will be maintained to ensure that their behaviour has improved before consideration to reopen the college can be made,"

Baragwanath spokesman Hester Venter said.

During the suspension, students are expected to work in the wards for 40 hours a week. A "no work, no pay" policy will be observed. Student nurses reported for work without any problems yesterday.

A senior nursing staffer in the casualty ward said the return to work was probably pro-

ceeding smoothly because many of the students lived outside the hospital premises.

Student nurses, who have not attended classes since the beginning of the month, have been protesting against the scrapping of their course-completion bonus by the Government's Commission for Administration.

The students' protest came to a head on Febru-

ary 3 when they disrupted a nurses' graduation ceremony at the University of the Witwatersrand.

A tutor who declined to be named said students hijacked a bus, leaving her and some guests without transport.

Gauteng health MEC Amos Masondo said he hoped the crisis would be resolved soon. — Staff Reporter.

Diepkloof residents dump refuse at office

The dumping of refuse outside the Diepkloof administration offices by residents on Saturday has been applauded by Mululeke Kapeni, deputy chairman of Gauteng's Western Metropolitan Substructure.

Diepkloof residents on

Saturday dumped loads of refuse outside the Zone Two administration offices and accused the administration of not providing services.

Yesterday Kapeni laid the blame squarely on the shoulders of the Greater Johannesburg

Transitional Metropolitan Council. He accused the TMC of trying to delay the devolution of powers to the province's substructures which, he said, could easily have dealt with service issues.

"Our chief executive officer, Denis Rogers, has submitted a needs analy-

sis to the TMC in terms of materials and human resources, but all these efforts have been in vain," he claimed.

Kapeni accused some officials of having political agendas and of playing political games at the expense of people at grassroots level. — Sapa.

New non-racial nursing group

CT 20/2/95 (95)
JOHANNESBURG. — Gauteng nurses of all race groups met at the University of Witwatersrand's Medical School this weekend to elect representatives to the interim committee of the Democratic Nursing Organisation (Denosa), a newly created body which will represent all nurses.

The successful candidates in the ballot were Ms Nontsha Nciza, Bona-Lesedi Nursing College; Prof Marie Muller, Rand Afrikaans University; and Ms Frayne Furniss, Cancer Association of SA.

The organisation was formed to replace the South African Nursing Association, which black nurses felt belonged to the apartheid era as its office bearers were predominantly white.

The interim committee will function until Denosa is officially launched in a year's time.

The move was initiated by a committee of "concerned black nurses" who objected to being legally compelled to belong to the "apartheid-structured" South African Nursing Association.

"Our aim is to initiate democratisation of the nursing profession," a spokeswoman said. — Sapa

Lessons (95)

stopped

27 20/2/95

JOHANNESBURG —
Lessons at the Baragwanath Nursing College have been suspended because of riotous behaviour by students.

Students' performance would be monitored "to ensure their behaviour has improved before consideration to reopen the college can be made", a spokeswoman for Baragwanath said yesterday.

Students, protesting against the scrapping of a course completion bonus, stopped attending classes and disrupted a graduation ceremony. — Sapa

Claim for free legal defence

TWO businessmen facing multimillion-rand fraud charges applied to the Constitutional Court yesterday, claiming they were entitled to free legal representation.

Pretoria attorney Albert Vermaas and Pretoria businessman Johan Lombard are claiming that they are entitled to free legal representation in terms of section 25 (c) of the constitution.

The section states that an accused has the right to consult with a legal practitioner of his or her choice, to be informed of this right promptly and to be provided with the services of a legal practitioner by the State.

Du Plessis's counsel F Jacobs submitted that section 25 gave an accused the right to a legal representative of his or her choice.

The trials of both men were already under way when they were granted leave to refer this matter.

Counsel for Vermaas, C Jansen submitted the court should declare that his client was entitled to legal representation following certain guidelines. These would include the accused person's ability to follow court proceedings without counsel and the extent of his inability to pay for legal representation.

SUSAN RUSSELL

The Constitutional Court, Jansen said, had to lay down the basic principles to be followed in future regarding free legal representation.

One of the issues the court will also have to decide is whether the constitutional provisions regarding trials pending or in progress when the constitution came into effect last April, precluded both men from applying to the court for a ruling.

Section 241(8) states that all proceedings pending before a court of law before the constitution came into effect shall be dealt with as if the constitution had not been passed.

Counsel for both men argued that section 241 did not preclude them from applying, even though both trials had been in progress at the time the constitution came into operation last year.

It was argued that all other provisions were subordinate to the fundamental rights in Chapter 3.

The 11-member court, headed by court president Judge Arthur Chaskalson, reserved judgment.

Protesters barred from Pepsi plant

DEBORAH FINE

PEPSI soft-drink manufacturer New Age Beverages (NAB) obtained a final order in the Rand Supreme Court yesterday interdicting unemployed members of the Gauteng Jobseekers' Association from demonstrating outside its Germiston plant and demanding jobs.

The soft drink firm obtained a provisional order from the court in January interdicting the association from intimidating and harassing NAB employees, managers and customers and vandalising the company's property.

NAB chairman and CEO Samuel Mthembu said in papers before the court that association members requesting jobs had begun gathering outside the plant when it opened in September last year.

The factory had a full complement of staff and thus had no vacancies.

When the group realised they would not be employed, they became "restless" and began intimidating and harassing NAB employees and customers.

They had also attempted to stop the company from conducting its business and had vandalised NAB property, causing the firm losses of about R550 000 a day.

Aware of SA's economic climate and the frustration of the unemployed, NAB had held 15 meetings with the group in an attempt to peacefully resolve the situation.

The group, however, had displayed an "intransigent" attitude and had insisted that because Coca-Cola employed "thousands", NAB could do the same.

Yesterday's order also finally interdicted the group from coming within 500m of NAB's premises.

Plan for Nehawu rejected as 'beyond logic'

PRETORIA — The SA Nursing Association rejected yesterday the admission of National Education, Health and Allied Workers' Union (Nehawu) members to the Interim Nursing Council.

Nehawu "advocates and orchestrates strikes among nurses", the association said in a statement in Pretoria.

Health Minister Dr Nkosazana Zuma's

move to bring Nehawu into a body regulating professional ethics was "completely beyond logic".

Representatives from her office demanded at a meeting in Cape Town on Monday that the Transitional Nurses' Committee give up some of its seats in the nursing council to Nehawu, the association said. — Sapa. (95) BD 11/3/95

Bara council to meet over nurses' strike

BY N. LANHLA MBATHA

The Baragwanath Hospital College Council will meet on Thursday to discuss the four-week-old dispute between nursing students and the administration, hospital spokesman Hester Vorster said yesterday.

Student nurses, protesting against the scrapping of their course-completion bonus by the Government's Commission for Administration, have not been attending classes since the be-

stan 7/3/95
ginning of last month.

According to Vorster it had been decided by the commission, after consultation with the staff association and the unions concerned, to replace the bonus with "three notches extra on starting salaries for nursing sisters".

Vorster said the students' protests came to a head on February 3 when they disrupted a nurses' graduation ceremony at the University of the Witwatersrand's Great Hall.

(40) (95)
They stormed the hall, overturned tables, broke glassware and spilt soft drinks on guests, causing damage estimated at about R11 000, she said.

While the college remained closed, all 573 four-year-course nursing students affected by the dispute have been reporting for duty in the wards.

"In the meantime students are expected to work in the wards for 40 hours a week, and a no work, no pay policy is being observed," Vorster said.

repaid by tolls collected at the existing Kranskop Toll plaza and the Nyi and Sebetiela Toll plazas.

Police/population ratio in Republic

*17. Mr D H M GIBSON asked the Minister for Safety and Security:

- (1) (a) What is the current police/population ratio in the Republic and (b) in respect of what date is this information furnished;
- (2) whether the South African Police Service has established the optimum police/population ratio for the Republic; if not, why not; if so, what is this ratio;
- (3) whether any steps are being taken to achieve this optimum ratio; if not, why not; if so, what steps;
- (4) whether he will make a statement on the matter?

N155E

The MINISTER FOR SAFETY AND SECURITY:

- (1) (a) 2,881 000.
- (b) 1 April 1994—The latest audit is not complete, but there will not be any significant difference.

(2) No. The South African Police Service, as well as each of the other 10 police agencies, has jurisdiction over specific geographic areas of the Republic. In order to establish the optimum police/population ratio for the Republic as a whole, the combined resources of all 11 agencies need to be determined. A national audit to determine precisely what the resources are, is being finalised. Once that has taken place, and once it is clear how these resources are distributed, the South African Police Service will be able to determine the optimum police/population ratio. This is likely to happen as soon as the rationalisation and amalgamation process has been completed.

(3) See (2) above. Budgetary consideration will largely determine the steps to be taken to achieve an optimum ratio.

(4) No.

SAPS: members on strike in January 1995

*18. Mr D H M GIBSON asked the Minister for Safety and Security:

- (1) Whether any members of the South African Police Service went on strike in January 1995; if so, (a) how many (i) such members went on strike and (ii) working days were lost as a result of strike action and (b) what were the grievances of the striking members;
- (2) whether any action was taken to resolve this issue; if not, why not; if so, what action.

N156E

The MINISTER FOR SAFETY AND SECURITY:

- (1) Yes.
- (a) (i) 279
- (ii) 333
- (b) Racism between members and discrimination and victimisation by management against certain members; Promotions; Transport to and from work; Autocratic management; and Salaries.

(2) Yes. On 31 January 1995 the National Commissioner had a meeting with the three recognised employee organisations, namely, SAPU, POPCRU and PSA, to address as a matter of urgency the labour relation problems with the SAPS.

A National Committee has been established to facilitate speedy resolution of industrial disputes.

The National Commissioner also personally attended and addressed meetings in the Soweto police district.

Training facilities for African nurses in the Province of the Western Cape

*19. Mr C M MAKWETU asked the Minister for Health: (95) HANSARD/15/3185

Whether there are any training facilities for African nurses in the Province of the Western Cape; if not, why not; if so, (a) in which hospitals and/or (b) at what colleges? N157E

The MINISTER FOR HEALTH:

Yes.

(a) There are no facilities for nursing education at any of the hospitals in the province of the Western Cape. Nursing education is offered by the four Nursing Colleges and the Department of Nursing at the Universities of Cape Town, Stellenbosch and Western Cape.

(b) Nico Malan Nursing College; Sarah Dolie Nursing College; Otto du Plessis Nursing College; and Carnus Nursing College.

Defence Force funding for chemical/biological weapons

*20. Mr L T LANDERS asked the Minister of Defence:

- (1) Whether the former and/or present Defence Force has ever funded a secret project in respect of the creation and production of chemical and biological weapons; if not, what is the position in this regard; if so, (a) when did such a project commence and (b) on whose instructions was such project launched;
- (2) whether any such weapons have ever been used by any persons or State organs; if so, (a) against whom and (b) what are the further relevant details;
- (3) whether he will make a statement on the matter?

N158E

The MINISTER OF DEFENCE:

(1) The former South African Defence Force did fund a secret project in respect of the creation of a defensive capability against the use of chemical and biological weapons. I have been informed that no weapons were ever manufactured.

The Surgeon General, Lt Gen Knoebel, has confirmed in recent press statements that the project commenced in 1981, and was carried out under the supervision and control of a special committee of the Defence Command Council, by the SA Medical Service.

This project was launched on the recommendation of the Defence Command Council with the authorisation of the then

Minister of Defence as as consequence of a threat perception at that time. The explanation given is that the perceived threat related to the possible use of chemical/biological weapons against the former SADF.

I am informed that after the establishment of a sophisticated defensive system in terms of protection, detection, identification, decontamination and treatment, the project was scaled down.

The President, Deputy Presidents and I have been briefed on the subject and according to that brief only a limited technical capability has been maintained.

The RSA is a signatory to the Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction as well as a State Party to the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction and it totally committed to the principle of Non-proliferation of Weapons of Mass destruction.

- (2) I have been informed by the Defence Force that no chemical or biological weapons were ever used by the SADF.
- (3) No. I have nothing further to add to what I have said in reply to the hon member's question.

Military intelligence: memorandum approving expenditure

*21. Mr L T LANDERS asked the Minister of Defence:

- (1) Whether on or about 25 March 1986 a certain memorandum (file reference AMM/KO/328/63 Anchor) approving certain expenditure by Military intelligence was signed by two officers, whose names have been furnished to the South African National Defence Force for the purpose of his reply; if so, (a) what amount was expended and (b)(i) for what purpose and (ii) over what period was such amount expended;

Patients infected: nurses to be charged

■ OWN CORRESPONDENT

Durban — A group of nurses and other hospital workers who deliberately tried to infect mothers and babies with bacteria at Newcastle's Madadeni Hospital are to be charged with attempted murder.

The charges could be altered to murder counts if the victims die from diseases — including tuberculosis and hepatitis B — they might have been infected with because of the incident.

KwaZulu-Natal MEC for Health Dr Zwelli Mkhize said workers at Madadeni had stolen contaminated material from the hospital laboratory and deliberately spread the infected specimens, which reportedly included the HIV virus, in the maternity ward.

95
EPAN 11/4/95
The incident was sparked when hospital staff had money deducted from their salaries because of a slight overpayment.

According to Major Elliot Mthethwa of the KwaZulu police, attempted murder dockets had been opened. Arrests were expected shortly, he said.

Affected

Madadeni Hospital superintendent, Dr Revy Nyombayire said the affected areas in the hospital had been sealed off for decontamination purposes and the patients had been moved to Newcastle Provincial Hospital or to other wards.

Swift action was expected today when Mkhize returns from a meeting with Minister of Health Dr Nkosazana Zuma.

Rampaging Strike nurses start germ war in wards

By CYRIL MADLALA

WHEN health workers at Madadeni hospital went on strike, the last thing the authorities had prepared themselves for was germ warfare. But this was what they were confronted with when striking workers contaminated the maternity wards with infectious material that exposed patients to deadly viruses, including HIV and hepatitis B.

On Friday March 31, workers furious at the way in which the provincial government had recovered money overpaid to them in October broke into the hospital laboratory and removed vials and dishes containing bacteria and viral cultures.

"The beds, walls, linen, ceilings, equipment and floor were contaminated," said a doctor.

More than 60 women and 30 newborn babies were evacuated from the contaminated wards.

Piwe Nkosi, eight months pregnant, and her blood pressure rocketing, was in her bed in the maternity ward that Friday afternoon.

At about 2pm there was a commotion. Nurses and general workers carrying black refuse bags stormed the wards and spilled the contents all over.

"I was very scared because they were angry. They shouted at the other workers, demanding to know why they were working during the strike. They threw pads, needles and blood in small bottles," said Miss Nkosi.

The waste, including syringes, drips and gloves, were dirty but the patient was not aware of the extent of the danger to which she was being exposed.

According to a senior



BATTLING BACTERIA... a comprehensive decontamination exercise was still in progress this week

Picture: RICHARD SHOREY

medical technologist at the hospital, the waste would have included all types of specimens from patients.

"There were urine, stool and blood samples, as well as cultures we were growing for tests. The patients could have been exposed to a variety of bacteria and viruses, including HIV for those who had lacerations," he said.

The patients were evacuated to other wards as nurses moved in quickly to clean up the mess.

"My throat became very dry and sore, and I had a headache. It is much better now," said Miss Nkosi.

"I was scared that my unborn baby would die because the nurses said we had inhaled poison. These people should be arrested for trying to kill our unborn children."

For Miss Nkosi, the most frightening aspect of the ordeal was seeing nurses among the marauding strikers.

"I had looked up to them to heal me. Now I don't know," she said.

The doctor said nursing staff in the theatre and the maternity ward had not wanted to join the strike.

"Strikers came to them and explained why nobody should refuse to join the strike. They said: 'If you want to see your house intact this afternoon, and you do not want any broken limbs, a knife in your back, or a bullet in your head, you should consider joining the fight for democracy and justice.'"

On Thursday, March 30, doctors started to discharge as many patients as they could, and others were transferred to near-by hospitals.

"Whoever could walk was sent home," the doctor said.

Meanwhile, rubbish was thrown on the floor in the administration block and the outpatient department.

"On that dreadful Friday the strikers used a new weapon in the fight against working staff. They used biological weapons — banned by international conventions," said the doctor.

Sister Nesta Ngubeni of the workers' committee which represents clerks, general workers and nurses, had the daunting task of explaining the strike action this week.

"We condemned the action there and then, but the workers did not seem to appreciate the gravity of the problem. It took some time before they realised what could have

resulted from their action," she said.

She pointed out that the strikers had exposed themselves to the same danger.

"They elected us to advise them, but they took action without consulting us," she said.

Major Elliot Mthethwa of the Madadeni police said they were investigating charges of attempted murder but by yesterday no arrests had been made.

The KwaZulu Natal cabinet has asked MEC for Safety and Security the Rev Celani Mbetwa to appoint a special investigating team to ensure the prosecution of the culprits "as a matter of urgency".

"This action must serve as a warning that irresponsible acts which endanger the lives of patients will never be tolerated in the health ser-

vices, and tough disciplinary action will be meted out to those who disregard the sanctity of human life under the guise of protest," said premier Dr Frank Mlatlose.

● Violence spread to another KwaZulu Natal hospital this week.

The Charles Johnston Memorial Hospital in Ngutu, in northern Zululand, was evacuated and closed "until further notice" after workers occupied and trashed administration offices.

Eighty seriously ill patients have been transferred to Dundee, Vryheid and Newcastle hospitals.

The MEC for Health, Dr Zweli Mkhize, said that during the unrest at Charles Johnston, power, steam, water and medical gas supplies were interrupted with or closed down.



SCENE OF SHAME... a doctor took this picture of rubbish scattered in Madadeni hospital by strikers

(95) (452)
**Nurses union: Virus
protests 'unethical'**

CT 20/4/95
DURBAN: The Democratic Nursing Organisation of South Africa said yesterday protests by hospital staff at Madadeni Hospital in kwaZulu/Natal were "unethical and totally unacceptable to the nursing profession".
Some strikers broke into the hospital's laboratory where they removed live bacterial cultures to spread around three wards, including the maternity ward.

Nurses the 'backbone' of health system.

Health Reporter (95)

LEGISLATION must be reviewed to enable nurses to practise independently and to free them from dependence on doctors, said provincial Health Minister Ebrahim Rasool. *ARL 27/4/95*

At the Declaration of Intent Ceremony of the University of Cape Town's department of nursing, Mr Rasool said the greatest need in the health system was for "clinical nurse practitioners".

They would become the backbone of the new health system, he said.

A number of initiatives were underway to bring changes to nursing and nursing education, and a committee had been set up to look at the future of the four nursing colleges in the Western Cape.

Clash over nurses' strike

(95) WM 28/4 - 4/5/95

Shadley Nash

EASTERN Cape's Health and Welfare MEC Dr Trudy Thomas has become the focus of a union campaign to have her ousted from her ministerial portfolio.

The dire warning that Thomas could "kiss her government post goodbye" came from a senior provincial official of the National Education Health and Allied Workers Union (Nehawu).

Bisho spokesman Prins Msutu said the matter is being viewed in a very serious light by Eastern Cape Premier Raymond Mhlaba, who would be holding talks with the union.

Cosatu representative Mbuyiselo Ngwenda warned that the "threat of mass action looms". Nehawu's threat of mass action to ensure Thomas' dismissal followed the impasse in efforts to settle the month-old student nurse class boycott at the Charlotte Searle Nursing College in Port Elizabeth.

Senior Nehawu official Mzwakhe Gqobana reportedly said the union is prepared to call for a regional strike to have Thomas removed from her post.

He said the union has declared war against the "intransigent" Thomas and not the regional government.

College rector Clive Fish slammed what he called the "verbal slander" directed at Thomas and said the action by the students and union was unwarranted.

Several chaotic meetings between the parties have already been held, but failed to break the deadlock.

About 300 student nurses are on strike, demanding that they be allowed to be promoted to the next year of study even if they failed certain essential courses the year before.

Responding to the student action, Thomas suspended 25 "troublesome" students and refused to give in to their demands, arguing that these were tantamount to promotion and would lower standards.

Reacting to reports about the impending mass action, the department's strategic manager, Dr Siphiso Stamper, described the comments by Nehawu as "unfortunate". He said yet another meeting has been planned to iron out differences. — Ecn

Classes off at nursing college

CLASSES at Nico Malan Nursing College in Athlone were cancelled yesterday.

This was decided after protests by over 200 student nurses.

Nursing services manager Ms Estelle Groenewald said students were demanding that examination rules be brought in line with those at other colleges.

Sapa

(95) (S)

CT18/5/95

Aids: Angola's war in peace

Shattered country's greatest fight

MLG 6/7/95

(95)

SAURIMO (Angola). — Dangerous ideas fly around an Angolan army campfire — sex with a virgin is a miracle cure, condoms cause impotence, girls can't get Aids and a smelly root paste will clear it right up, anyway.

Soldiers relaxing with beers shout agreement — unaware that they and their comrades are likely to kill more of their compatriots in the coming years of peace than they did during 20 years of civil war.

Two decades of relentless fighting has turned Angola into "a lethally perfect petri dish for HIV (human immunodeficiency virus, which causes Aids)", says Ebert Moussi of the World Health Organization, who predicts more teenagers will end up in Aids wards than in high school.

"Combat killed 500 000 Angolans, the first years of peace may kill one million," Dr Moussi says. "Psychologically, physically, economically — An-

gold is not prepared for a disease that will hit with epidemic force."

Also at risk are more than 7 000 international troops and tens of thousands of aid workers from around the world who will soon be deployed under a UN reconstruction plan.

Soon-to-be demobilised government and Unita rebel troops pose the greatest threat. According to the Center for International and Strategic Studies (CISS), infection is so high among African soldiers that they run a far greater risk of dying from Aids than from warfare.

Dr Moussi believes at least 100 000 Angolan government and rebel troops — half the fighting force — are HIV positive. Dr Moussi calls them "lambs for the slaughter".

Angolan Public Health Director Antonka Hembe said sexual taboos that would help restrain spread of the disease had broken down.

"And when you warn people about Aids, they shrug. Danger to them are mines, bandits, starvation. Aids is at the end of the list."

Political urgency also is missing. "We show the government a map of Africa with flags marking Aids hot zones — Angola is surrounded, but we can't convince them there's no escape," WHO's Dr Moussi said.

Experts estimate at least 10 percent of Angola's 10 million people already harbours the virus.

But with the country divided by war for 20 years and laboratories in ruins, health workers have been unable to do any Aids testing.

WHO Aids-awareness trainer Ana Filgueiras said the rape and prostitution that trailed combat and helped spread the disease were further aided by sexual myths specific to Angola.

"Legend has it that sexual relations with a virgin girl can cure a man with a sexually transmitted disease."

Young Angolan girls are now five times as likely to be infected as boys of the same age. "And people believe these tribal healers who tout a noxious ointment they say will cure Aids, which they call 'war fatigue'," Dr Filgueiras said.

The disease is not strictly a health issue. Because Aids attacks the country's most productive members — people aged between 16 and 35 — it will cut right to the heart of reconstruction efforts. — Sapa AP.

Maputaland is nursing itself to good health

By DAN DHLAMINI

THERE is light at the end of the tunnel for the forgotten communities of Maputaland who had been marginalised by the previous government when it came to health care.

The more than 500 000 people living in abject poverty in the remote north east corner of KwaZulu/Natal have long been plagued by diseases such as Aids, TB, malaria and childhood ailments such as diarrhoea.

Last week the communities had their prayers answered when The Gold Fields Foundation – the social investment division of the Gold Fields Mining Group – opened a training school for nurses at Bethesda hospital, situated on top of the Ubombo mountains.

Maputaland – which is ironically better known by the rich for its ecological beauty than for the poverty of its people – has been divided into four health regions, each centred around one of four rural hospitals.

The hospitals are; Bethesda, Mseleni (next to Lake Sibaya), Manguzi (near Kosi Bay and the Mozambican border) and Mosvold (on top of the Lebombo mountains).

Two health visiting points – complete structures which will later be furnished and provided with the necessary clinic equipment – were also opened in the remote areas of KwaMshudu and Muzi near the Mozambican border, bringing to 14 the number of points funded by the foundation since 1990.

Despite their geographical and political isolation, the never-say-die inhabitants of Maputaland – who do not want people to feel sorry for



HEALTH CARE BOOST . . . Gold Fields Foundation chairman Michael Tagg, Sister Makhosazana Themba, Matron Pretty Harrison and Dr Olga Venter officially open the Bethesda Nurses Training School.

them – have vowed to work hard for their own social upliftment.

Muzi project coordinator Mavis Tembe, a dynamic young woman, told City Press how some nine months ago she and her team of women had worked around the clock to complete the project – while the menfolk had concentrated on their “Lala-palm wine” (intoxicating sap from a cut palm tree).

Tembe thanked the foundation for the medical help and said their prayers had been answered.

The onus was now on the community to maintain and make good use of the facilities donated by the foundation, she said.

Northern region director Sister Dudu Moale, summed up the determined community spirit by saying: “People say we are disadvantaged, we are in remote areas – but we say this is what make us very special people.

“These are the factors that unite and urge us to plan and work together with the support of the foundation.”

The principal of Bethesda Training School, Makhosazana Themba, said they had a vibrant nurses training programme.

She said young nurses had been motivated by the success of the Primary Health Care programme which was designed by GF group nursing consultant Dr Olga Venter and now serves as a model for the whole country.

“Our former students always come back to work here – not because there were no vacancies at better hospitals in other towns, but because they have the urge to prove that we can be equal to others if given the opportunity,” said Themba.

GFF chairman Michael Tagg said his company had invested over R4 million rand in the past four years to promote primary health care in these villages by building 14 Health Visiting Points and purchasing two mobile clinics.

He said his company would help the commu-

nities step by step until they were self sufficient.

Asked why they had concentrated on Maputaland when only 20 percent of their labour force was drawn from there, Tagg said they had tried it in the former Transkei – where 80 percent of their workers lived – but the project had collapsed due to non co-operation from the then authorities.

However, Tagg said they would return to that part of the country to again try to help with the social upliftment of the communities.

Maputaland residents live in scattered homesteads throughout the region.

Roads are in poor condition and many residents can only be reached by making use of strong 4x4 vehicles.

The mining company invited the media on a three-day tour and most nurses and doctors interviewed said their biggest handicap to providing health services was a lack of transport to the remote areas.

Foreign tourists see SA as an 'unsafe' destination

BD 10/7/95

Theo Rawana

FOREIGN tourists did not see SA as a "safe" destination and the country would do well to improve its image by introducing the safety recommendations of the World Tourism Organisation, an authority on the tourism industry said.

Christelle Kleynhans, of consultants Kessel Feinstein, said at the weekend while Satour figures showed that in 1989, 70% of overseas tourists rated personal safety in SA as good, the figure had plummeted to 30% in 1992 and it dropped even further to 23% in 1993.

"Although the rating improved in 1994 (35 rated safety as good), Satour's 1995 survey of foreign tourists emphasises the lack of personal safety to be the most serious finding of the survey and possibly the most serious threat to the development of tourism in SA," said Kleynhans.

One recommendation by the organisation's safety functions committee cited by Kleynhans was a link-up with a global emergency number for travellers. The proposed number, which had been welcomed by other countries, would be the same throughout the world but would ring

to the local emergency service.

"Although nearly every country has one emergency number that citizens commit to memory, tourists rarely know the emergency number of a foreign country and may also not be able to communicate with the emergency operator and are therefore more vulnerable to danger," she said.

Kleynhans said 2% of foreign tourists surveyed had personally experienced a mugging, theft or crime during their visit. "Gauteng, KwaZulu-Natal and the Western Cape (in that order) rated the lowest in respect of personal safety."

Over the years tourist flows had always been "extremely sensitive" to the level of social stability in the country, she said, and tourist arrival figures had shown a definite drop in times of major social ructions.

"This perception of poor personal safety is persisting even in times of so-called 'peace' and, if such a high percentage of actual tourists to SA still perceive the country to be 'unsafe', then how many potential tourists are we losing because of this. ?

"Word-of-mouth information from existing tourists is one of the strongest and cheapest advertising tools for tourism destinations. Our current

message, 'poor personal safety', will not attract new visitors," she said.

Efforts by tourism ministries the world over had brought about improvement in tourist flows after problems such as the Egyptian terrorist groups targeting tourists in 1993 and the Gulf War, she said.

Other recommendations of the WTO safety functions committee were the creation of clearing houses for tourism safety and security information on the national level, the collection of statistics on crime against tourists and the researching of results and dissemination of information on good safety practices.

The committee also recommended the development of training and education courses on safety and security for tourism personnel and the setting up of tourism facilitation councils at national and local levels. The councils would involve local law enforcement and tourism authorities and the private sector.

Environmental Affairs and Tourism director Hendrik Steyn, who was part of the SA delegation to the World Tourism Organisation's Security and Risk in Travel and Tourism conference in Sweden last month, could not be reached for comment.

Top-level training for nurses

Ingrid Salgado

(95) BD 10/7/95

The mining industry has agreed to fund the full programme.

THE Chamber of Mines launched SA's first nurse clinician training programme at the weekend, designed to give front-line providers of primary health care training to function as fully-fledged clinicians.

The more than R1m programme would train 50 nurses — five from each province and five additional candidates. They represented the top professionals in their field and would have considerable experience before training began, the chamber said.

This level of experience would be necessary because they would be allowed to perform certain functions which could currently be done only by doctors.

It was a "significant step" in bringing preventive, diagnostic, curative and managerial skills into the health care system, especially in rural areas. Participants would be awarded a registered community nursing science diploma at the end of the six-month course.

Health Minister Nkosazana Zuma said at the launch that the project was "not just another nursing course" but represented the start of implementing government's plan for universal access to health care of a high quality. It was significant that the first step had been taken by the private sector, she said.

She said drug regulations would be changed to enable people working in essential health care to prescribe drugs. A process for distributing and acquiring drugs would be set in motion so they would always be available in clinics and primary health care centres. This would occur once the health department had finalised essential health care strategies, she said.

The chamber said 65% of rural nurses were solo practitioners, who were assisted by doctors only once every few months. While there was one nurse to every 1 000 people, there were much fewer doctors. Nurses needed to gain skills needed to treat and diagnose patients effectively.

A perception existed that nurses were not recognised as professionals who could see patients in their own right.

Zuma said the 50 nurses would be the backbone of the primary health care system. Government's finance department had assured her that money would be available for a national health plan, but without trained people for implementation it would be useless.

Participants would be equipped to select and train other nurses to build on their work. The programme would provide three days' practical training a week.

IS

VS

Colleges dupe ^(SA) black ⁽⁹⁵⁾ students *Sowetan* *10/7/95*

By Glenn McKenzie

SCORES of students have enrolled at two alleged bogus nursing colleges in Gauteng province and paid large sums of money for courses that are not legally recognised, *Sowetan* has established.

The two illegal colleges are among a number of fly-by-night institutions which are "mushrooming" to meet the demand for primary health care workers in South Africa.

In Pretoria, the Institute for Unemployed and Disadvantaged People has come under attack for enrolling more than 300 students in nursing, community health and dental assistant courses that have not been approved by the South African Nursing Council or other professional bodies.

Students at the unregistered institute told *Sowetan* they had paid up to R1 500 to take nursing training courses. But SA Nursing Council spokesman Mr David Harnes said private and public hospitals would not hire its nursing graduates.

A South African Dental Association spokesperson said dental assistants at the institute might not get jobs because the school was not recognised.

When *Sowetan* telephoned the institute, director Mr Pitso Mofokeng refused to answer questions.

Classes at the school were disrupted last Wednesday when angry students demanded to know their future.

They wanted assurances that the school was registered and that their certificates would be accepted.

In Johannesburg another school has been accused of offering bogus first-aid courses to East Rand and Soweto students. According to a South African Red Cross coordinator St Vincent's College, the school in Jeppe Street, teaches "ineffectual" home nursing and first-aid classes for a high fee.

R52-m bill for nurses

Freezing of posts in hospitals costs a lot in agency fees for hired nurses

(95) Sowetan 12/7/95
Sowetan Correspondent

GAUTENG'S academic hospitals forked out a staggering R56 million in three years, hiring nurses from private agencies to fill staff shortages. The R21,1 million paid out last year could have covered salary packages of 507 fulltime professional nurses.

The figures were released by Gauteng MEC for health Mr Amos Masondo this week in response to questions by Democratic Party spokesman for health Mr Jack Bloom.

Hospitals were forced to pay premium rates to outside staff because there was a moratorium on filling posts, Bloom said.

Other factors included state hospitals having lost highly trained personnel, particularly theatre and ICU staff, to the private sector, and high absenteeism due to stress-related diseases.

Johannesburg Hospital paid out the most: more than R42 million between March 1992 and February 1995, and R15,8 million in the 1994-95 tax year — enough to fund 380 fulltime nurses.

The hospital's Nursing Crisis Task Force said recently nurses are exhausted and demoralised, with patient care deteriorating because loads have increased, and the moratorium meant staff had not been replaced.

According to Masondo, Pretoria's HF Verwoerd Hospital has totted up over R13 million since 1992, and R5 million last year.

The 500-bed JG Strijdom Hospital, operating on only 60 of its nursing complement, paid out just over R337 000 over the three years.

"We don't have a contract with any agency," says chief superintendent Dr Annemarie Richter. "We assess staff needs every shift and if we can't cope internally we call in an agency."

Agency staff could be cost-effective because they had no benefits, she added. But they were not familiar with the hospital and not as productive.

Susan du Preez, executive director of the SA Nursing Association, said nurses and patients would be better served if hospitals were allowed to run in-house agencies and pay their own staff good overtime rates.

Bloom said hospitals' reliance on agencies showed the perverse effect of the moratorium, and the "stifling" influence of the Public Service Commission.

Nurses are exhausted and demoralised, with patient care deteriorating because loads have increased

Enough for 507 full-time posts

Hospitals fork out R56-m on agency nurses

BY JANINE SIMON
MEDICAL CORRESPONDENT

Gauteng's academic hospitals forked out R56-million — including R7-million in commissions — in three years of hiring nurses from private agencies to fill staff shortages.

The R21,1-million paid out last year could have covered salary packages of 507 full-time nurses, bringing relief to state hospital nurses battling reduced staffing and increased patient loads.

The figures were released by Gauteng MEC for Health Amos Masondo this week, in response to questions by Democratic Party spokesman for health Jack Bloom.

High stress

Hospitals were forced to pay premium rates to outside staff because there was a block on filling posts, Bloom said.

Other factors were that state hospitals had lost personnel, particularly theatre and ICU staff, to the private sector, and that there was high absenteeism due to stress-related diseases.

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95
MAR 12/7/95

Hospitals defend hiring of private nurses

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Nursing agencies are a cost-effective way to keep services at state hospitals running, health administrators say.

But, they add, their use needs to be tapered off and conditions for state nurses improved once legislation to restructure the health system is in place later this year.

The administrators were reacting to a report that Johannesburg, J G Strijdom and H F Verwoerd hospitals had spent almost R56-million since March

1992 on agency nurses to cover staff shortages.

These were caused by, among other things, a freeze on posts and private sector recruitment of skilled staff.

The figures were released by Gauteng's MEC for Health, Amos Masondo, in response to questions by Democratic Party spokesman Jack Bloom, who accused the agency system of being "grievously irrational".

Last year, the 897-bed Johannesburg Hospital paid agencies R15,8-million, enough to employ 380 full-time nurses, or supplement poor salaries and overtime

rates of existing staff, Bloom said.

The hospital, which has up to a 50% shortage of professional nurses, paid agencies more than R42-million between March 1992 and February 1995, compared with J G Strijdom's R338 000, and H F Verwoerd's R13-million.

Chief superintendent Dr Trevor Frankish said it had a "highly cost-effective" fixed contract with an agency to run several wards, a casualty and supplement ICU, theatre and night duty staff, and used agency staff for ad hoc emergencies.

Gauteng's chief superinten-

(95) SIM 13/7/95
dent of health, Dr Ralph Mgi-jima, said that although expensive, agency staff were cheaper and more effective than employing full-time staff, whose housing subsidies and hidden costs of sick leave, pension and medical aid added more than 30% to their basic salary package.

Agencies worked on a one-off hourly rate and could provide staff whenever needed.

Mgijima conceded that, as many state nurses moonlighted for agencies to supplement their income, hospitals were paying twice for the same people.

Students ⁽⁹⁵⁾
~~(152)~~
stage sit-in

at hospital

ARC 19/7/95
Health Reporter

ABOUT 250 student nurses from the Nico Malan Training College in Athlone are staging a sit-in at the Red Cross Children's Hospital to back demands for the dismissal of their principal.

The Students Representative Council of the college wants the principal, Estelle Groenewald, removed for alleged mismanagement and corruption.

They also want a ruling on students who have been denied entry to fourth year courses after failing their third year.

A spokeswoman said a male student had been allowed to do the fourth year module, while 15 others had been turned down.

The students said they had approached the college board, but nothing had been done, said the spokeswoman.

Nursing students hold superintendent hostage

CT 20/7/95

(95)

STAFF REPORTER

ABOUT 60 student nurses held the Red Cross Children's Hospital superintendent and his secretary hostage for more than two hours yesterday afternoon, trashing the superintendent's office.

The Nico Malan Nursing College students were demanding the dismissal of the nursing services manager, Mrs K Groenewald, claiming she was "autocratic".

The students trashed the office of medical superintendent Dr T Marshall, strewing files and pages on the floor and toyi-toying on his glass-topped table.

Two students monitored Dr Marshall's telephone calls and what he said to the press. He said he did not know why he or his secretary, a Mr Du Preez, were being held. At that stage, the angry students would no longer let him speak to the press, shouting that both he and the press were liars.

The students did not disrupt the day-to-day running of the hospital and later released both men, but their occupation of the offices continued until they heard Mrs Groenewald would be removed from her post as nursing services



HOSTAGE: Student nurses from the Nico Malan Nursing College jeer Red Cross Hospital medical superintendent Dr T Marshall, who was held hostage for more than two hours yesterday while students trashed his office.

PICTURE: NIC BOTHMA

manager and an independent consultant would be appointed to investigate the problems at the College.

The leadership of the National Health and Allied Workers Union (Nehawu) fully supported the students, and commended them on their action.

In a statement, Health Department deputy director-general Dr T Sutcliffe said the department was

not prepared to transfer Mrs Groenewald to another institution, but they had temporarily moved her from her normal student duties.

In addition, "an advisory forum will be established at the college whereby the students will participate in management".

A delegation of students spent the afternoon locked in negotiations with Health Minister Mr Ebrahim Rasool and Dr Sutcliffe.

The new road for 'nightingales'

(95) Star 3/8/95

UNHEALTHY STATE

Nurses should be taught not to be subordinate to the medical profession, and the rigid hierarchies within the profession have to go. **PAT SCHWARZ** reports.

In November 1985, 900 students and pupil nurses joined 800 "daily-paid workers" at Baragwanath Hospital in a strike that was to change public perceptions of the nursing profession radically.

The Barsa strike was followed by work stoppages at Groote Schuur, Kimberley Hospital and Somerset Hospital as nurses' strikes became another fact of South African life. In 1990 in the Transvaal 10 000 nurses left the wards to express, often violently, their refusal to put up with poor working conditions, long hours and appalling wages any longer.

What happened to turn South Africa's Florence Nightingales into threatening, toy-tying, angry protesters? And what can be done to improve training conditions of work, morale and attitudes?

Some of the answers can be found in *Divided Sisterhood* (Witwatersrand University Press), Shula Marks's general study of the nursing profession in South Africa. South African-born Marks is a world-renowned historian and Professor of the History of Southern Africa at the School of Oriental and African Studies, London University.

In her book, Marks traces the origins of nursing in South Africa and the way in which it has been professionalised over the years. She examines the problems of race, class and gender, and fits the whole into the context of South Africa during the apartheid era.

The endemic nurses' strikes have brought to the notice of the general public the fact that nursing is in a state of crisis. Contrary to popular belief, though, this is not a new situation, although there are serious aspects of the present crisis which are new. Marks maintains nursing has often been in a state of crisis and she warns, if the central issues are not examined and effectively treated, it will remain that way.

There are about 150 000 nurses in South Africa of all grades and skills, says Marks. They are the key health providers in the country, "yet their training and needs seem to be singularly ignored".

Marks sees the reasons for this as being built into the profession and the fact that the vast majority of those who practise it are women. "The South African profession is more doggedly female than anywhere else in the world," she observes. Because of that, "there is supposed to be an ethos of caring, and there is always the notion that people in caring professions shouldn't

make demands". One of the major issues is selection. The people being pulled into the profession, Marks observes, are not always the most appropriate people, a situation caused at least in part by the poor pay and appalling conditions.

On top of that, "nurses get blamed for everything that goes wrong" in hospitals. Many problems are blamed on them when they are really caused by the poor state of the health services, and wider societal conditions.

Another problem is training. She questions the benefit of the attempt to professionalise nursing by linking nursing schools to universities.

"The way nurses are trained has to be rethought," she believes. Nurses should not be taught to be subordinate to the medical profession, and the rigid hierarchies within the profession have to go, she says.

The "divided" of her title is another stressful feature. "As I went further into it, it seemed that the divisions in nursing were not only the profound racial and class divisions of South Africa, they were also between state registered, assistant and student nurses, older and younger nurses, and university-trained and hospital-trained nurses."

Legacy

The politics of the professional association and the nursing council during the apartheid years were equally divisive and have left a bitter legacy.

Another problem, she observes, is that nursing issues in South Africa "are frequently subsumed under the heading of primary health care." Marks is not convinced "that training really trains nurses as primary health care workers - that's very open to question".

Not every problem is unique to South Africa. Some of those she describes are built into the very nature of the profession and have beset nursing in other parts of the world as well. Among these are the gap between the authoritarian and hierarchical nature of nursing, "the rhetoric of care".

"As long as nurses were chosen from a group of women who saw nursing as a vocation and didn't question the authoritarian structures everything was all right." Once nurses no longer had to live together under strict supervision in nurses' homes, and nurses were affected by the broader demands for women's emancipation, the tight control of the nursing profession in



The way forward ... nurses' needs and aspirations must be met to solve the nursing crisis and allow nurses to do what they do best - care for sick people.

South Africa was established by white, English-speaking women "Very much on the Florence Nightingale model," but it was to be led by two very different streams - Afrikaans women from rural areas, many of them with relatively low educational qualifications, and African women, often well-educated and consigned in their communities to be the "elite of the elite".

Today, it is a profession largely dominated by black women. In 1948 there were about 800 fully-trained registered black state nurses. Now there are tens of thousands. The proliferation of black women was partly the result of an apartheid policy which could not abide the thought of "white female hands on black male bodies or black female hands on white male bodies." It owes much, too, to the fact that very few opportunities for employment were open to black women in the heyday of apartheid.

As the economy opened up to white women, who were able to earn far better salaries in commerce than in health care, the preponderance of black nurses grew. So it was that in the '50s the profession was essentially white, but by the '70s the choice, succinctly summed up by a member of the Progressive Party, was between "dead patients or black nurses".

In 1974, one Natal hospital solved the apartheid problem neatly in what Marks describes as "a real Tom Sharpe manner" - white nurses would wheel the patients into the operating theatre and once they had been anaesthetised, highly skilled black theatre sisters would take over until they were back in the recovery room.

In fact, by the late '70s apartheid in the health sector was beginning to crumble. While she emphasises that she is not a health policy maker but an historian, Marks's research has, inevitably, led her to some conclusions about the mistakes of the past and possible pointers to the way forward.

"Neither the professionalisation nor the politicisation of nursing has been in the best interest of the patient," she observes. But then, nor has "the very poor wages and conditions experienced by so many nurses".

Many things will have to change, not the least of them methods of training and attitudes to the professions. "There must be a careful rethink of how you train nurses to combine a sense of their own dignity and independence with the demands of care," she says.

Vitamins and our hearts

A simple vitamin deficiency could trigger many of the heart attacks and strokes suffered each year, American researchers report.

The revelation, emerging from a few dozen new studies, means that vitamin supplements might prevent many of those heart attacks. The vitamin is folic acid, heralded in recent years for its critical role in preventing birth defects.

"This is so new there aren't recommendations," says Dr Judith Hall, a geneticist at the University of British Columbia who specialises in the study of folic acid and birth defects. Folic acid is found in green leafy vegetables such as Brussels sprouts, and in many fruits. It is also available in most common multiple vitamin supplements, Hall says.

The importance of folic acid is growing even more as studies begin to suggest that the vitamin might likewise produce reductions of up to 40% in heart attacks and strokes.

While the link to heart disease isn't proven, Hall and others are suggesting that boosting folic acid intake should be done now, even before more conclusive studies are done.

Dr Jacob Selhub, the author of a paper published in the New England Journal of Medicine in February, was more conservative than Hall, estimating that folic acid deficiencies might be responsible for 15% to 20% of heart attacks and strokes.

But both agree that the link between folic acid and heart disease is very strong. "These studies have been repeated 30 or 40 times by many other people," says Selhub, the director of the vitamin metabolism laboratory at Tufts University's Jean Mayer USDA Human Nutrition Research Centre on Ageing.

The researchers noted, however, that it is still important to control fat and cholesterol in the diet. About 400 micrograms of folic acid per day seems to be enough, Hall says to protect against heart attacks, strokes and birth defects. Sapa-Ap

Nurses resign at record rate

By JESSICA
BEZUIDENHOUT

NURSING staff at Cape Town hospitals have been resigning at a record rate, with an average of 20 leaving each month, it was claimed this week.

Many of the nurses have left to take up better-paying jobs in the private sector.

Disgruntled nurses complain that the situation has been made worse by vacated jobs being left unfilled — leaving the remaining nurses to carry an ever-increasing workload.

In some cases, say nurses, they have to "cover" up to six wards at a time and are threatened with disciplinary action if they refuse.

Dr Tom Sutcliffe, head of the Department of Health in the Western Cape, said staff levels at Groote Schuur and Tygerberg

hospitals had dropped to a critical low because of continuous budget cuts over the years.

Hospitals were now forced to function with depleted administrative staff and fewer doctors and nurses, resulting in high work loads.

There are almost 2 000 vacant posts at the two academic hospitals which cannot be filled. Although 161 nurses resigned during the past year, only 102 new appointments were made, Dr Sutcliffe said.

One nurse, who asked not to be named, said the increasing work load was forcing ever more nurses to resign. Many of them were senior and specialist nurses who could not easily be replaced.

A Groote Schuur nurse, who asked not to be named, said she was planning to resign at the end of this month as she could no

longer to work under "Florence Nightingale" conditions.

"I have a family to support, I cannot pretend that my patients are the only people that count in my life," she said.

Another nurse, who is also planning to resign, said her frustrations went "beyond the money".

"There are simply no promotion opportunities any more."

Dr Sutcliffe said nurses were moving into the private sector where pay was better. Hospital red-tape also slowed down new appointments, which in some cases had to be approved by the premier of the Western Cape.

"This can take up to several months," Dr Sutcliffe said. "We cannot even consider implementing contractual or punitive measures to keep nurses in our service."

ST(CM) 27/8/95 (95)



Picture: HANNES THIART, The Argus.

ANGRY SISTERS: Nursing staff gather outside the Cape Provincial Administration building to protest about their salaries.

Angry nurses in protest over salaries

Staff Reporter *ARG 31/8/95*

ANGRY nurses gathered outside the Cape Provincial Administration building to protest against the disparity in salaries among health service workers and the recent five percent increment.

The nurses, who work at community health centres, presented a memorandum to provincial Minister of Health Ebrahim Rasool yesterday.

Linda McGregor, spokeswoman for the nurses, said: "We are here to express our disgust at the unfair treatment community nurses get."

Ms McGregor said community nurses worked seven days a week on a shift basis and risked their lives in townships where gang violence was prevalent.

She said nurses working for the city council and Regional Services Council worked office hours and did not attend to emergency cases.

Ms McGregor said: "We do all the hard work and get paid less than our colleagues working for the city council and regional services who do half the work we do."

The nurses demanded salary parity with other health workers in health services. They also demanded a 50 percent increment instead of the five percent offered earlier this year.

She said the increment should be backdated to April 1995 and not July 1995.

Mr Rasool thanked the nurses for bringing the matter to his attention and promised them that he would attend to the matter immediately.

Mr Rasool also thanked the nurses for the dignified manner in which they held their protest.

Long nights of the Nightingales

■ BY JUSTICE MALALA
LABOUR REPORTER

The profession symbolised by Florence Nightingale is still a thankless one, says nurse Justine Foster.

She should know. After eight years of service at the Johannesburg General Hospital, an exhausted Foster (not her real name) says that had it not been for her own initiatives and desperate survival tricks, she would be penniless with nothing to show for her labour.

She is constantly moving from one part-time job to another, always looking out for openings at private clinics to supplement her meagre income.

"I come in here at 7am and leave at 7pm for a regular shift of two days, and get two days off which I then use to work part-time. I work 40 hours a week for a salary of R2 026 per

month," she says.

Other nurses at the hospital earn even less. A nursing assistant — the lowest nursing rung — gets R1 300 per month, less than some cleaners at the hospital who received a 25% increase this year.

A staff nurse, with two years training plus experience, earns slightly more.

Always tired

"Without taking on irregular jobs outside we would not be able to live. The top hospitals pay R300 a day, which means in a good month I can earn quite a bit of money," says Foster.

But the downside of moonlighting is that she never gets to see her family and is always tired at work.

"You work this exhausting shift here, then you go on to another shift at a private hospital,

then end up back here. You get sucked into a vicious cycle from which you cannot escape," she says.

She stays in the job because she likes it, and still believes she continues to grow as a professional. The fringe benefits of the profession seem to be few, though.

"It provides security, and a fair housing subsidy (for unmarried women only)," she says.

"And they give us a R4,50 per month shoe allowance. Can you beat that," she asks.

Foster and more than 100 colleagues downed tools for more than three hours last Thursday to highlight their pay grievances and other issues.

If the Government did not move on their demands, they would embark on further protest action on Thursday with nurses at other hospitals following suit, the group warned.

(95) star 4/9/95

Nurses 'very (95) unhappy'

By Glenn McKenzie

Sowetan
4/9/95

THE Department of Health acknowledged on Friday that nurses were extremely unhappy with their wages and working conditions.

In a joint statement with the Democratic Nursing Organisation of South Africa (Denosa) the Health Department said it recognised that nurses worked under "great and sustained pressure".

"Nurses are working under great and sustained pressure yet despite this ongoing commitment by the majority of nurses, they believe that they are not being valued by the health services. There are extraordinary duties that nurses are performing on a routine basis... (that is treating) patients with communicable diseases, and there are many instances where lower categories of trained nursing staff are earning less than the general assistants."

Last week nurses and other health workers at several Gauteng hospitals demonstrated for better wages and working conditions. At least one union and several employee groups warned of the possibility of crippling strikes in the future.

MASSIVE STRIKE

cripples Bara

(95) Sowetan 5/9/95

By Glenn McKenzie
and Nôxolo Kweza

A MASSIVE strike at Soweto's Baragwanath Hospital forced the closure of several wards and resulted in scores of critically ill patients being sent home yesterday.

About 1.700 nurses left work yesterday morning in what some doctors were calling "the largest work stoppage" in the institution's 53-year history.

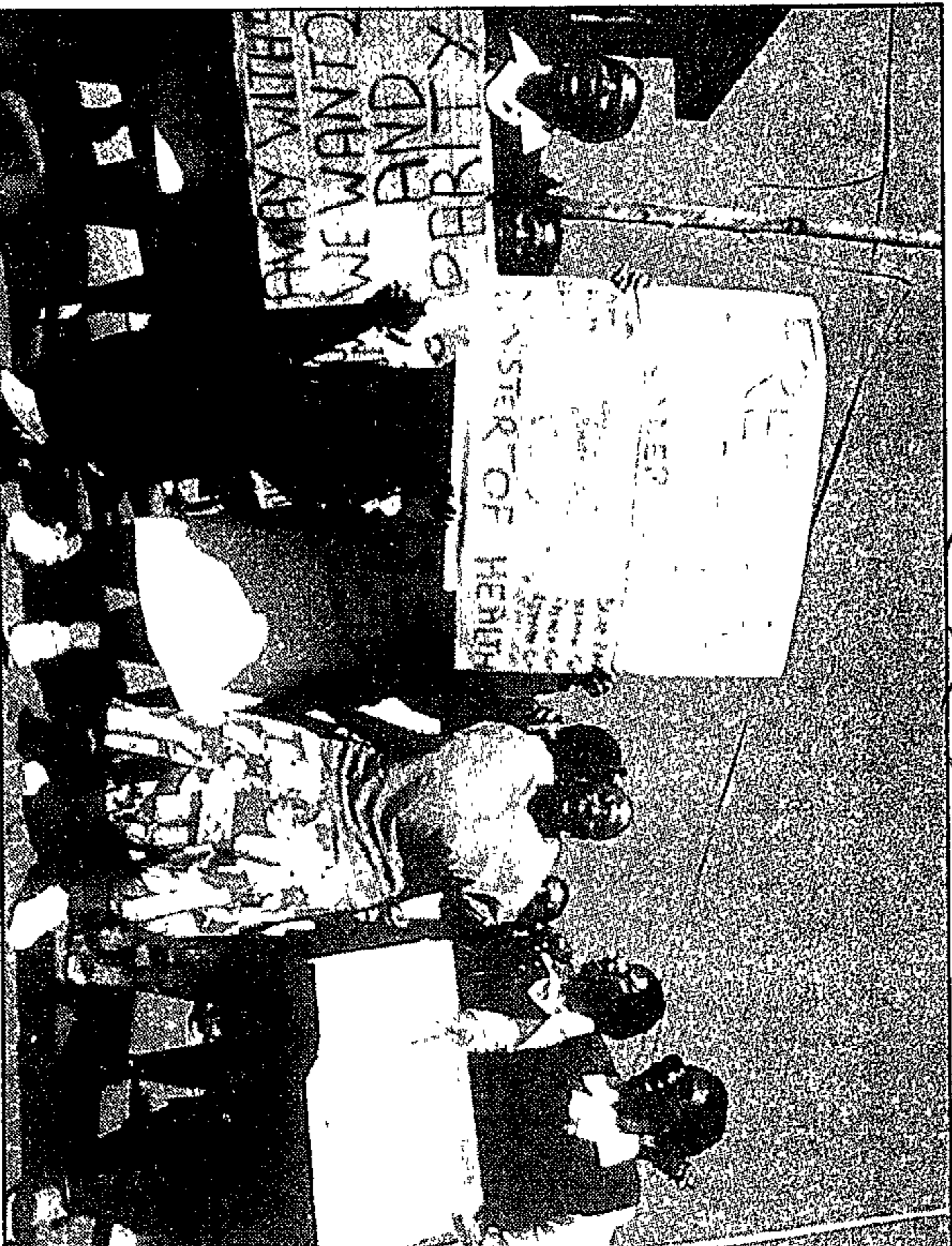
Nurses and administrators yesterday worried openly that the lives of many patients were in danger. A skeleton staff of 107 matrons, student nurses and ward assistants were left to care for more than 2 000 bedridden patients.

Baragwanath superintendent Dr Chris van den Heever said the hospital's intensive care units, paediatric (children's) wards, maternity and casualty wards were areas where patients were in "critical danger".

Between 80 to 100 army operation medics were expected to arrive at the hospital from other institutions in Johannesburg, Tembisa and Edenburg, he added.

When Sowetan visited the hospital's children's wards at noon yesterday, many children had not been fed or given their medication. In one paediatric ward Joseph Dhamini, a 17-year-old patient with rickets, was charged with giving other children their medication.

Intensive care patients on artificial respirators had been left without adequate supervision and were in serious danger, according to staff members. One senior paediatrician said that



Hospital protest ... Nurses and other health workers at Baragwanath Hospital in Soweto toy-toy outside the institution. Nurses went on strike yesterday, forcing hospital administrators to discharge many bedridden patients. The workers are demanding an across-the-board salary increase of 25 percent and better tax benefits.

PICTURE BY WILLIAM MALOPE

health conditions at the hospital had deteriorated to the point that yesterday was the "most tragic day" in the hospital's history.

"I support the nurses' demands," he

said. "The government and community have to begin supporting Baragwanath. Nurses and doctors are overworked and underfunded. At the end of the day, we are left carrying the can."

According to a statement issued by hospital administrators, striking nurses were demanding an across-the-board salary increase of 25 percent as well as a revised tax system.

Nurses picketed outside the hospital for several hours yesterday, demanding to see Gauteng MEC for health Mr Amos Masondo.

Like a recent work stoppage in Soweto's 13 community health centres, yesterday's strike was not organised by known labour unions.

Representatives from both the National Education, Health and Allied Workers Union and the Hospital Personnel Trade Union (Hospersa) had apparently been turned away by angry nurses.

Yesterday Gauteng Democratic Party MPL Mr Jack Bloom expressed alarm at the strike and called it "highly irresponsible". He urged the Gauteng health department to take firm steps against the work stoppages and address what he said were "in many cases, valid grievances".

"The Gauteng health department has been negligent in this matter as the warning signs have been looming for some time," he said.

Dr Kgosi Letlapa, head of the South African Medical and Dental Practitioners Association, called on the provincial government to listen to the legitimate grievances of the nurses and respond "quickly and effectively".

Meanwhile, Gauteng health spokesman Mr Popo Maja said the government was prepared to listen to workers' demands. But nurses must be made aware that the health department had "rights too".

"People must realise that (Gauteng health MEC) Mr Masondo is working within constraints. He is doing everything he can to provide for the nurses' demands," said Maja.

Army medics called in to help treat intensive-care

Bara in strike

(95) stars/9/95

WORKERS are demanding a 25% pay increase and a revision of their tax system.

■ BY LEE-ANN ALFREDS AND SHIRLEY WOODGATE

Nursing staff at 11 clinics in Soweto were this morning threatening to strike in sympathy with the stoppage by about 1 700 nurses which started yesterday and has plunged Baragwanath Hospital into crisis.

Thousands of patients were left unattended and the strike forcing the postponement of examinations and even vital examinations.

Last night the Gauteng health authorities negotiated with the SA Medical Services to send in 35 medics to work in the highest risk areas, including the intensive care and neuro-surgery units, said hospital spokesman Hester Vorster.

"Yesterday we were forced to close down the out-patients' department and 700 of the 2 000 patients were discharged, leaving 1 333 patients who were in dire need of nursing by a skeleton staff consisting of matrons and ward attendants," she said.

The strike will continue today, after discussions with Health MEC Amos Masondo failed yesterday.

The work stoppage followed repeated warnings by nurses last week that they would go on strike unless demands for better wages were met.

The nurses, under the auspices of the Nurses Crisis Committee, are demanding a pay increase of 25%, and a revision of their tax system.



Sing and strike ... nurses at the country's largest hospital have started a work stoppage to bac

As hundreds staged a sit-in outside the administration building yesterday, administration staff, matrons, student nurses and ward attendants worked furiously. Only 107 health workers were on hand to deal with the 2 039 patients booked into the hospital. This had forced the hospital to cancel all routine outpatient consultations and to discharge all but the most critical patients.

Vorster said the situation was critical in the intensive care unit where the 14 patients were being cared for by four or five student nurses.

"We cannot cope at the moment, especially in ICU where we really need one nurse for every patient. We are hoping for some agreement that will allow us a skeleton staff. Otherwise we'll have to get in substitutes."

She said only emergency cases would be handled until the situation was resolved.

Meanwhile, a spokesman for the nurses, Colin Rivombo, said that while they felt bad about the patients, they would not end the strike until their demands had been met. He said the nurses had been forced to accept a 5% increase this year.

He said the nurses would be holding talks with the student nurses to join them. This would effectively bring Baragwanath and other hospitals and clinics in the province to a standstill.

Masondo was however confident the situation would be resolved. He expected Baragwanath to institute emergency proceedings today.

In spite of the chaos, patients told The Star they fully supported the nurses' cause.

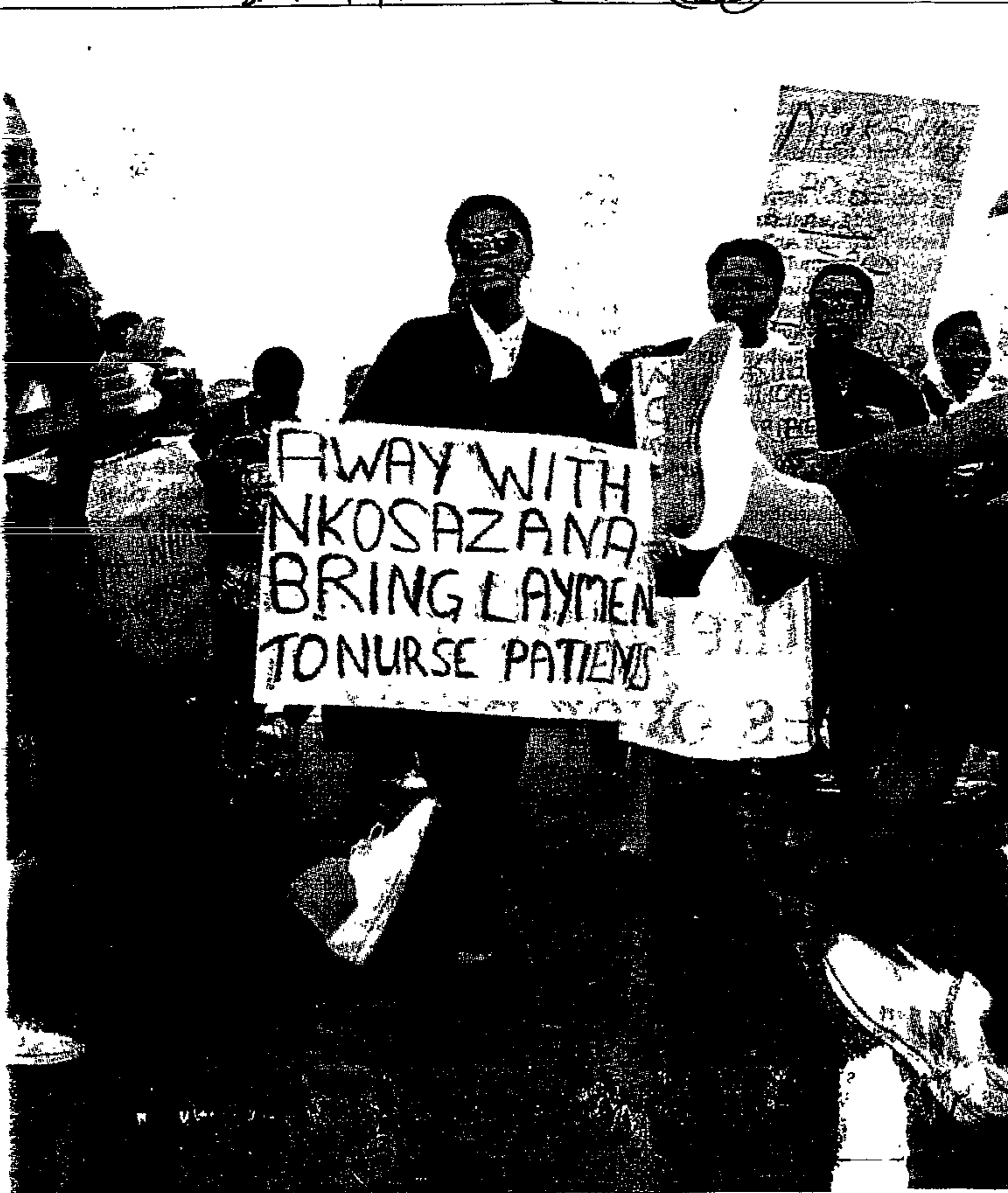
reat intensive-care patients

strike crisis

stars 19/95

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hospital have started a work stoppage to back their demand for better

PICTURE:

VLACHAKI

Mother's vigil at bedside

BY LEE-ANN ALFREDS

Victoria Khoza sits unmoving in a hard chair, eyes fixed on her ill three-month-old son Enoch in the hospital bed against the wall. She stirs only when he does.

The rest of the time, she prays and wonders how it came about that she has to take it upon herself to watch her child in hospital, hoping he will survive the strike which nurses at Baragwanath Hospital have embarked upon.

"I don't really know what's going on. I had heard rumours that they were going on strike, but I did not expect to come to hospital this morning and be told that I had to look after my baby myself because the nurses are on strike," she said.

Enoch had been admitted to Baragwanath in August with chest problems. "Unlike the other children, he is not well enough to be discharged, so we have to remain here. But I'm really scared that his condition will deteriorate and that there will be no qualified nurse on hand to help like today. No nurses have attended to him at all, so I've just have to do as I was told and look after him myself," Khoza said.

But she understood why the nurses were on strike, she said.

"They work hard and should be compensated for it. The Government should just give them the money so that they can return to work."

Baragwanath at a standstill

Patients left stranded as strike spreads

Kathryn Strachan

THOUSANDS of patients were left without health care yesterday as a strike by nurses at Baragwanath Hospital spread to Soweto community clinics and Hillbrow Hospital.

Nurses at GaRankuwa Hospital indicated they would go on strike today.

"Baragwanath has come to a standstill," said a doctor in intensive care. The unit was trying to transfer patients in a critical condition to other hospitals, but there were problems finding places for them. Transporting them was a risk as most were on ventilators and there were not enough ambulances. An SA Air Force spokesman said some patients had been airlifted from Baragwanath to other hospitals.

About 1 700 Baragwanath nurses went on strike on Monday to demand a 25% pay increase, leaving 2 000 patients without care. About 700 patients were discharged yesterday, and there were still 1 300 seriously ill patients left. About 35 defence force medics are helping in intensive neurosurgery and paediatric wards.

Nurses at Johannesburg Hospital also threatened to go on strike yesterday, but their action was averted in the afternoon. At the Bóksburg-Benoni Hospital, the clash between rival unions that crippled services for a week was resolved, with both sides agreeing to work together to improve health services in the area.

Baragwanath PRO Hester Vorster said seven patients had died on Monday night, but the hospital was investigating whether this was a result of the strike.

A doctor in maternity said matrons had worked all day on Monday, through the night, and all day yesterday to try and keep things going in the section.

The National Education, Health and Allied Workers' Union (Nehawu) yesterday dissociated itself from the strike.

Nehawu's Gauteng regional secretary Oupa Makhura said Nehawu members were not taking part in the strike but were staying away from work because of intimidation. Nurses had adopted the wrong approach as grievances should be addressed through the central bargaining chamber.

Nehawu regional chairman Sipiwe Mazibuko said: "We call on all our members not to engage in such reactionary actions that are aimed at destabilising the transformation process."

Meanwhile the Gauteng health department said yesterday it was prepared to loan Baragwanath Hospital money to save the lives of patients affected by the strike. At meetings between Gauteng health MEC Amos Masondo and hospital administrators, it was decided the first step was to appeal to the nurses' consciences. "The workers' demands cannot be met immedi-

Continued on Page 2

Strike

Continued from Page 1

ately but lives must be saved," department spokesman Popo Maja said. "Patients could begin dying by the hour."

Gauteng premier Tokyo Sexwale blamed the strike on severe cuts in the provincial health budget. The budget had suffered a "very heavy shortfall of R600m" and this had affected salaries.

Gauteng hospitals were treating patients from other provinces which lacked

advanced medical facilities, and this had added to the financial burden. He said the nurses' demands were reasonable and understandable. Gauteng would have to find the money from central government.

GaRankuwa superintendent Imelde Apikashe said nurses at her hospital would go on strike today in support of Baragwanath strikers. It was decided that GaRankuwa patients would be discharged.

● Comment: Page 12

Patients died because nurses would not administer drains - doctor

Death-strike anguishes

(AF) 

Saw 6/9/95

SHOCKED doctor tells of hopelessness and trauma after running from bed to bed for 60 hours

■ BY ADAM COOKE

Three people with curable ailments died in the surgical ward of Baragwanath Hospital this week - probably because of the strike there, a doctor claims.

Her revelations follow the spreading of the strike to several other Gauteng hospitals where rebellious nurses are refusing to attend to patients until their demands are met.

A Baragwanath Hospital spokesman said although there were seven deaths on Monday night, it was impossible to confirm whether they were all strike-related.

A picture of hopelessness and heroism unfolded last night as the doctor at Baragwanath told *The Star* that a 17-year-old boy had died after choking.

"It was month-end over the weekend. (The hospital experiences its busiest times when salaried people are paid at the same time as weekly wage-earners.)

"We are being swamped with serious trauma cases - people with stabbed necks and chests - dying of asphyxiation. It is a hopeless situation."

Shattered and close to tears, the doctor said a teenager needed ventilation after respiratory failure on Monday night.

"It would have been a routine procedure if nurses had been on site to monitor serious patients."

Two other patients died al-

legedly after being unable to swallow.

They choked because striking nurses were unwilling to supply the necessary drains.

Interviewed at her Johannesburg home, the shocked and exhausted doctor spoke after she had worked 60 hours running from bed to bed.

She was the only doctor on call for 15 wards, each with 68 patients.

More despondent than irate, the doctor (advised by *The Star* not to name herself) stayed up through the night "begging patients not to stop breathing until the morning when back-up would hopefully arrive."

All were trauma cases. Those recovering from major surgery needed to be monitored closely.

In the labour ward, women were delivering their own babies, sometimes with the aid of patients themselves in labour.

Locked away

Those post-operative patients lucky enough to get any treatment were being given over-the-counter painkillers instead of morphine.

"Analgesics were locked in cupboards and the nurses have the keys.

"There was no pain relief for those in serious condition - they just had to hold on through the night."

"Walking wounded", themselves critical, stayed up all night displaying a "spirit and camaraderie", the doctor had never seen before.

"The patients are being held hostage until nurses demit their keys", she said.

"They are compromising with human lives. I feel nothing but despair and guilt."



Exhausted ... a Baragwanath Hospital doctor sits alone and dejected, recovering from the trauma of witnessing three of her patients with reversible conditions die without medical support.

PICTURE: IODI BIBBER

Bara's ICU unit is forced to close

■ BY TARYN LAMBERTI

Baragwanath Hospital's intensive care unit has been temporarily closed down and all 43 critically ill patients have been transferred to private and government hospitals.

Baragwanath spokesman Hester Vorster said that when nurses had abandoned their posts in the ICU, the unit's head, Professor Jeff Lipman, had been left with a staff of untrained nurses to man sophisticated equipment and to care for very ill patients.

Two babies were taken free of charge by Criticare to the Parklane Clinic last night. They are in a stable condition. A 5-month-old girl suffering from ACPH-deficiency and pneumonia was put into an oxygen hood and a 9-month-old boy with intractable pneumonia was put on to a ventilator.

Three other children were airlifted by Euroop Assist to Unitas Hospital in Pretoria. Unitas Matron Reha Cronje said all three were being cared for in the paediatric ICU ward.

The airforce was also called in last night and several patients were admitted to Military Hospital in Pretoria. Several at Gaur Gauteng hospitals have been asked to take in critical patients.

Health services threaten to collapse as action spreads

STAFF REPORTERS

A wildcat strike by thousands of nurses at several hospitals and clinics around Gauteng is expected to spread today.

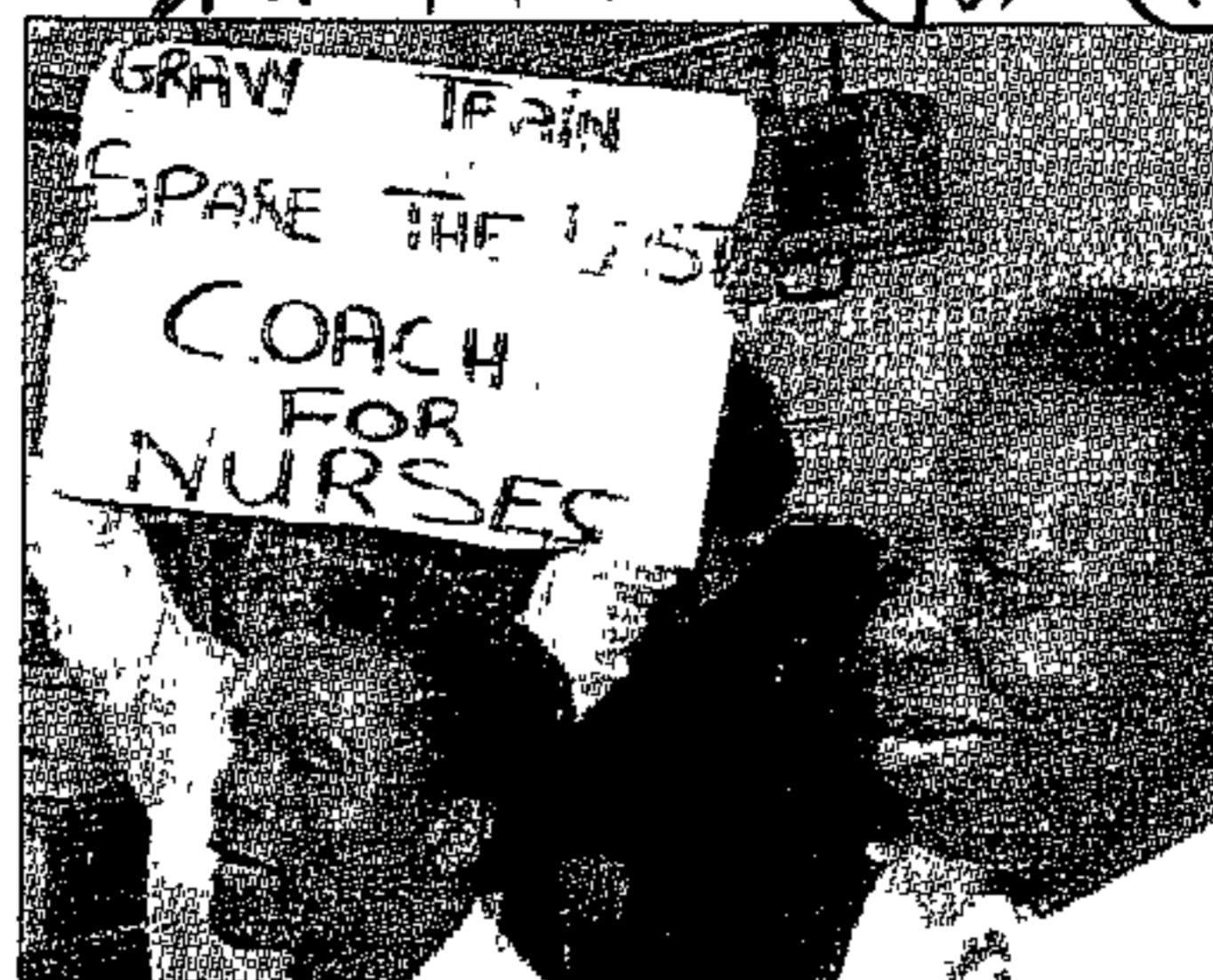
The strike has already affected a number of provincial hospitals, including Coronationville and Hillbrow – and 13 provincial clinics in Soweto. While Baragwanath has been virtually brought to a standstill, action at other hospitals has so far been sporadic.

Health care is in crisis in the province, and the Democratic Party has called for the resignation of Health MEC Amos Masondo.

While several parties moved to condemn the strike action yesterday, hundreds of nurses at other medical institutions, including Leratong Hospital on the West Rand and Garankuwa outside Pretoria, were expected to join the strike today in solidarity with the nurses at Baragwanath.

There was a brief stoppage at Boksburg-Benoni yesterday after rival unions clashed over what action to take to highlight their grievances.

The work stoppage, under the auspices of an organisation called the Nurses' Crisis Committee, has forced the affected



Out on strike ... nurses protest at Coronationville Hospital hours after embarking on a strike in solidarity with staff at Baragwanath.

PICTURE
THEMBA HADEBE

do. Meanwhile, the National Department of Health issued a statement late yesterday that said a task team was busy investigating the improvement of conditions for nurses.

This would form the basis of negotiations for salary improvements in the next financial year.

The department urged the nurses to return to work, saying they should "rethink their professional calling to put human lives above all else".

Most of the nursing staff at Coronationville Hospital, south of Johannesburg, went on strike in support of the nurses at Baragwanath.

Chaos continued to reign at Baragwanath as around 100 staff and 30 army medics battled to look after the 1 333 "desperately ill" patients at the hospital.

Nurses at Hillbrow Hospital, Johannesburg, also downed tools despite being addressed by Masondo.

A spokesman said the nurses had drafted a list of proposals listing their grievances, chief among them being a 30% pay increment.

"We can sort out the rest of their problems, but a pay rise is completely out of our hands," the spokesman said.

medical institutions to discharge all but the most critical of patients and cancel all routine outpatient consultations with only emergency cases being admitted.

Last night, critically ill patients from Baragwanath were transferred to several Gauteng hospitals and clinics.

Local health authorities at other hospitals hit by industrial action were also considering transferring seriously ill patients to functioning hospitals at the expense of the Gauteng health department if no agreement could be reached with the nurses.

Garankuwa superintendent Imelda Mpikashe said nurses had demanded a 25% pay

increase, parity and a revision of the tax system yesterday morning.

Johannesburg Hospital nurses also staged demonstrations yesterday and there were work stoppages.

A Johannesburg Hospital strike had only been averted yesterday after the workers were addressed by Professional Services director Mary-Grace Msimango.

"Management is in full sympathy with nurses' concerns on working conditions and salary structures," he said.

While the CP and NP merely condemned the strike, DP Gauteng health spokesman Jack Bloom called for the dismissal of Health MEC Mason-

Patients help each other

By Glenn McKenzie and Abdul Milazi

ABRAHAM Rapulama is a 13-year-old boy disabled by rickets, a disease caused by a lack of nutritious food.

For a month he has been a patient at Baragwanath Hospital, where he says things have been "good".

But lately he has been hungry again. On Monday 1,700 nurses at Baragwanath Hospital, near Soweto, embarked on a stoppage and for long periods there has been no one to deliver food and medicines to patients.

"We don't have food today," Rapulama told *Sowetan*.

Since the strike began Rapulama and other children have begun taking care of each other. They call doctors. They help feed infants. And in some cases, they help deliver medication.

"I am a small doctor," Rapulama joked.

Joseph Dhlamini, another teenaged patient with rickets, has been "a big help to doctors", according to one paediatrician. But allowing him to deliver medication to children is a very "unsafe" situation, the doctor admits.

By yesterday afternoon Baragwanath staff had discharged 700 bed-ridden patients. But approximately 1,300 "very ill" patients remained. Some were in very serious condition.

Yesterday a *Sowetan* reporter witnessed adult patients sleeping in their own faeces in ward 4 of the hospital. In ward 3, sick children screamed and complained that they had not been fed.

Doctors say the situation has been compounded by the fact that some patients come from farflung areas like the Eastern Cape and Northern Transvaal. They cannot be easily discharged.

"I recently had a woman all the way from Umtata with her sick child. I cannot turn them away," said one senior paediatrician.

Another senior doctor expressed sympathy for the nurses' demands, and suggested the government should offer more funding to underprivileged hospitals like Bara.

"In my opinion, it is no longer safe to admit children here," she said.

Nurses at end of tether

By Glenn McKenzie

MS Rose Jacobs is angry. And embarrassed.

A professional nurse for the past 15 years, she is angry because the meagre salary she earns, after taxes, is R1 168 every month.

This is despite the fact that she holds three degrees from the University of South Africa as well as nursing diplomas in mammography, psychiatry and general nursing.

She is also embarrassed because nurses have stayed silent about their plight for so long.

"We should have protested years ago. We have been manipulated for too long," she says.

Jacobs is one of several thousand nurses from Gauteng hospitals and

clinics who embarked on a strike this week to demand 25 percent salary increases and better working conditions.

Yesterday at Baragwanath, Coronation, Hillbrow and Lenasia hospitals angry nurses toyi-toyed and carried placards denouncing Minister of Health Dr Nkosasana Zuma.

Anyone off the street

According to Jacobs, who supervises student nurses around Gauteng, members of the profession are angry at Zuma because of comments she reportedly made about them on a television programme several weeks ago.

"Zuma thinks she can get anyone off the street to be a nurse. She does not see us as professionals. That's why nurses are striking. It's about respect

and earning a living wage.

"I cannot even afford to have a family. But many of our nurses are supporting entire families on the pennies that they earn," she says.

Most weeks Jacobs works at least 50 hours. In addition, she attends regular meetings (for which she is not reimbursed) and she is sometimes called upon to attend to a hospital emergency in the middle of the night.

"I wonder how many people could do what we are doing. And I wonder who appreciates us?"

Jacobs believes nurses have a duty to their patients and should not allow lives to be jeopardised by a labour dispute. "But we must strike," she adds. "This is not about politics. Whether it is apartheid or democracy, the government must listen to us."



Hundreds of patients were left stranded at Baragwanath Hospital yesterday as workers continued their strike. This patient had only empty wheelchairs to keep him company. Sick babies were transferred to Park Lane Clinic in Johannesburg last night as the situation at Baragwanath worsened.

PIC: JOE MOLEFE

Mbweni gives strikers extended deadline over pay demands

Nurses to defy back to work Order

Star 7/9/95

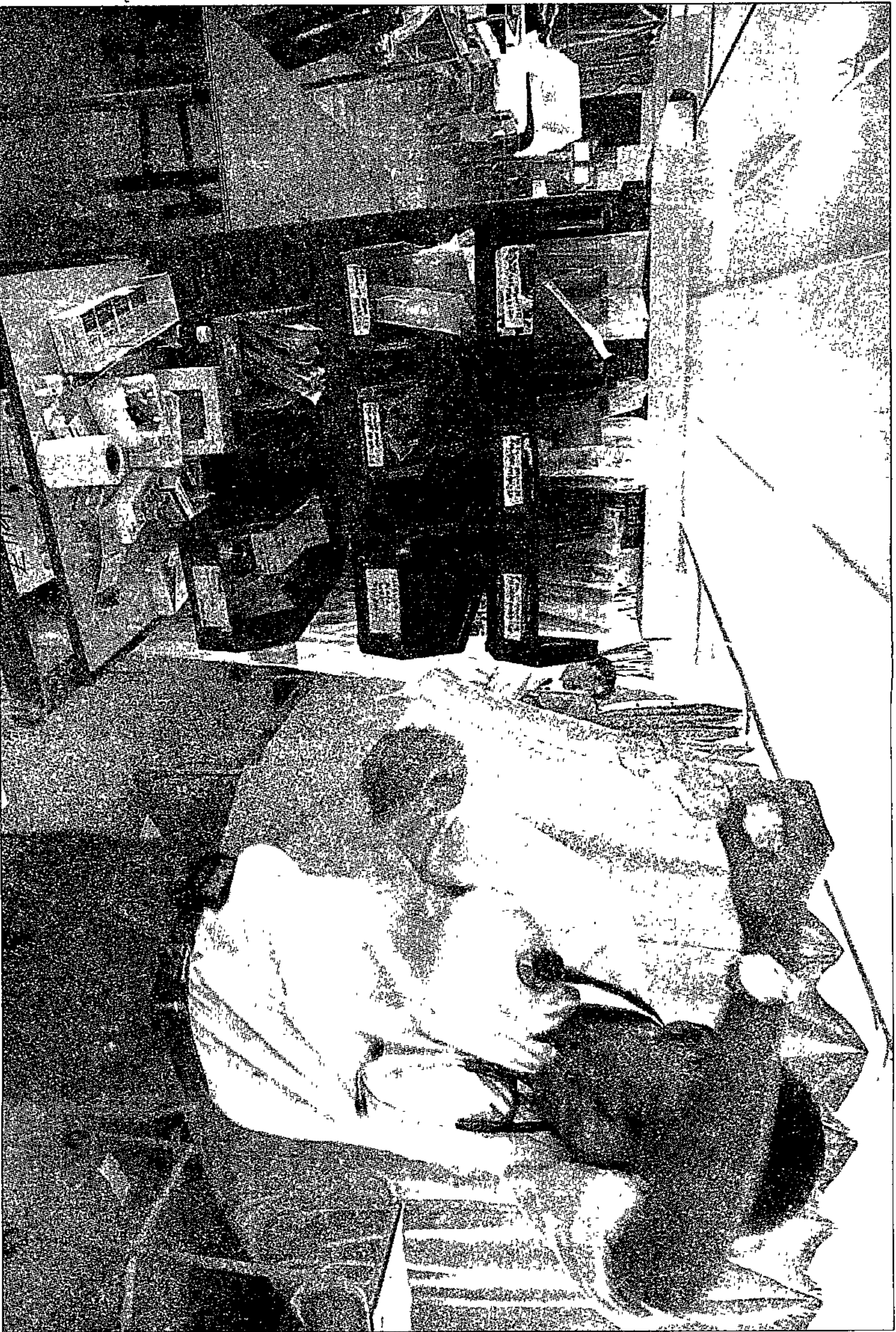
(95) 

BY JUSTICE MALALA, JANINE SIMON, LEE-ANN ALFREDS, TAMSEN DE BEER and PATRICK PHOSA

Nearly eight hours of talks which ended at dawn today between acting Health Minister Tito Mbweni and representatives from nine hospitals - four of them already on full-scale strike - have failed to resolve the crisis gripping Gauteng hospitals.

Nurses vowed after the meeting that they would not return to work at noon today as demanded by Government officials. They would continue with the illegal strikes which they warned would spread to other hospitals in the country.

Mbweni, who is also Minister of Labour, told reporters that nurses had to return to work by noon, failing which, legal steps would be taken. Dismissals are likely to follow, but so far Government representatives have not spelt out when nurses would be fired. Earlier,



Showing strain ... at Hillbrow Hospital, a weary doctor wipes his brow. The hospital has been brought to a virtual standstill by the nurses' strike.

NO PROGRESS in critical talks between Labour Minister and health workers

Gauteng's MEC for Health Amos Masondo, said "at a no work, no pay policy would be enforced if the nurses did not return to their posts. Hospital Personnel Trade Unions of South Africa secretary Mike Ryan said members of HOSPERSA, the National Education, Health and Allied Workers' Union; the South African Nursing Association; the Soweto Civic Association; and management of Baragwanath Hospital were involved in discussions at the hospital.

Farther Gauteng superintendent-general Raph Mgijima told reporters neither side had budged from their positions. Mbweni said: "Normally, we must return to the hospitals. We have a responsibility to give people the health care they need and the situation cannot be allowed to continue as it is."

But the more than 200 nurses who had assembled outside the hall where the meeting was held at Baragwanath Hospital until 2.30am - singing and dancing - rejected the Government delegation's attempts at explaining the situation, saying they were vague and were not prepared to move on the main issue of salary increases.

► To Page 3

Twins dead at birth

A young mother's twin babies died on the second day of the strike at the Johannesburg Hospital, to which she had been transferred, after she pleaded with Baragwanath Hospital sisters to call a doctor to perform a caesarean section that afternoon.

According to nurses who worked at the Johannesburg Hospital on Tuesday night, the young Soweto woman arrived in extreme pain, unable to deliver her twins without surgery. The strike meant there was no staff to handle the case.

"She begged Baragwanath Hospital to give her a caesarean but they couldn't. When she arrived here on Tuesday afternoon both the babies were dead," said a midwife.

"They were the most beautiful baby girls - just perfect," - Staff Reporters.

Picture: MYKEL NICOLAOU

Nurses' strike: showdown at noon

▶ From Page 1

STW 7/9/95
(152) (95)
"From here on it's a full-scale strike and mass action throughout the country.

"We are sure of the support of nurses and that our campaign will succeed," said Baragwanath strike leader Belinda Kgogo.

Health Minister Dr Nkosazana Zuma would not be in Beijing if the nurses' strike in Gauteng was really critical, Sister Belinda Segopolo of the Soweto Health Forum told Sapa.

She said it was very unfair to criticise the nurses for leaving patients to die.

"We had people dying all the time. Bodies were being taken to government mortuaries because Baragwanath mortuaries could not cope.

"Now people are saying that because of this strike the patients are dying."

"If the situation really was as critical as some claimed, Zuma would be here to solve it and not staying in comfortable hotels in Beijing".

Zuma is attending the UN women's conference in China.

The South African Health and Public Service Workers' Union said it supported the strike and would demonstrate its support by turning away patients from One Military Hospital in Pretoria.

The nurses are demanding salary increases ranging between 25% and 33%, parity in salaries between those employed by local government structures and a reduction in working hours.

Mboweni said Government had undertaken to facilitate a process to have the nurses take their pay grievances to the National Bargaining Chamber where civil servants' salaries were negotiated.

Negotiations for this year have already been concluded, with unions taking a 5% increase.

He said Government had also promised that there would be no victimisation of those who had taken part in the strikes.

Selfless few try to stem tide of agony

(95)
Star 7/9/95

■ BY LEE-ANN ALFREDS

For once, the hustle-and-bustle, and pain and suffering that is Hillbrow Hospital, was missing.

In its place yesterday was silence and emptiness, and fear and selflessness as a total nurses' strike entered its second day, retaining its vice-like grip.

Only 15-plus matrons and doctors were on duty to care for the 400 patients who lay seriously ill, and possibly dying, in the unusually empty wards, Superintendent Dr Emma Bondarenko said.

The situation could not continue and would not be alleviated even by the assigning of army medics to the hospital.

"Although we have not had a death yet, the situation is very critical and, if it continues, patients will die," Bondarenko said.

These dire predictions were borne out by the situation in the hospital where the work done by doctors and nurses appeared to be a drop in the ocean in the face of the sheer scale of need.

There, despite the devotion of the matrons and doctors on duty, regular outpatients were being turned away, left to fend for themselves as best they could.

Patients in the wards had to change their own bandages and others were given medicine only once a day because of the lack of staff.

A patient suffering from hyperglycaemia, high blood sugar levels, lay dying because she had been unattended for 24 hours.

People in need of treatment for kidney and liver failure were turned away and told to drink only minute quantities of water because it was uncertain of when their next treatment would be.

Dirty needles, discarded IV tubes and other litter lay around despite efforts by cleaning staff, matrons and doctors to keep the hospital clean.

It was just one horror story after another, with no end in sight.



Helping hand ... a baby at the virtually deserted Baragwanath Hospital cries out in vain for the human touch.

PICTURE THYS DULLAART

We warned of walkout before, say staff

Star 7/9/95

(95) (15)

■ BY JANINE SIMON

Nurses at Baragwanath Hospital say they were forced into strike action because weeks of negotiating with Gauteng Health MEC Amos Masondo had proved fruitless.

Negotiations headed by the Bara Nurses Crisis Committee started at the beginning of August, with nurses demanding a 25% pay increase; parity with salaries of nurses who worked for local authorities; and re-

structuring of their tax obligations.

Negotiations continued during the strike at Soweto's 13 community health clinics, and last week, nurses twice faxed a memorandum to the offices of Health Minister Dr Nkosazana Zuma, Gauteng Premier Tokyo Sexwale, and Masondo.

The decision to leave the wards came on Monday, after Masondo met nurses and again said he had no power to reopen the negotiating chamber

of the Public Service Commission.

The crisis committee members defended the decision to leave the hospital without a skeleton staff, saying that Bara's existing nurses were skeleton staff.

"We are aware of our responsibility to patients, and we apologise to those who feel we have failed the nation," said Sister Belinda Kgogo.

We'll take the blame if any deaths occurred because of this,

but we have been pushed beyond the limit."

"Where is the Government's conscience?"

Crisis committee members had successfully negotiated for Bara nurses over various issues since 1991, and were not an "unrecognised group".

The nurses main demands are that salaries should be market-related; and that there be compensation for working on Sundays, public-holidays and on night-shift.

Striking nurses 'will be fired' ⁹³

JOHANNESBURG: Labour Minister Mr Tito Mboweni last night threatened to dismiss striking nurses at Soweto's Baragwanath Hospital. ^{ET 7/9/95}

Mr Mboweni is acting Minister of Health in place of Dr Nkosazana Zuma who is attending the UN Women's Conference in China.

He told a news briefing during a visit to the hospital that if the nurses did not return to work by 7.30am today, the legal process would begin.

This was a reiteration of an earlier warning by Gauteng Health Minister Mr Amos Masondo.

About 1 700 nurses at Baragwanath are striking.

Mr Mboweni was confident the strikers would heed a call to return to their posts.

"The time has come for them to go back to work. The country as a whole expects the nurses to go back to work," Mr Mboweni said.

He held discussions with nurses' representatives. — Sapa

● See Page 4

Crack of Dawn



Mandela tells striking nurses to work or leave

(95) (152) ARCT 7/9/95

GABORONE. — President Mandela today advised striking nurses to either return to their jobs or leave the nursing profession.

The government did not have the resources to meet their demands, he told journalists at a briefing before returning to South Africa from a state visit to Botswana.

He said the government had an obligation to improve the lives of South Africa's five-million unemployed people and the seven-million squatters.

Although he understood the nurses' grievances, they were at least employed and able to take something home to their families, he said.

His remarks came after nearly eight hours of talks in Johannesburg between acting Health Minister Tito Mboweni and nurses' representatives from nine hospitals — four of them already on full-scale strike — have failed to resolve the crisis gripping Gauteng hospitals.

Nurses vowed after the meeting, which ended early today, that they would not return to work today as demanded by government officials and would continue with the illegal strikes, which they said would spread.

Mr Mboweni, who is also Minister of Labour, told reporters that nurses had to return to work by noon, failing which legal steps would be taken.

Dismissals are likely to follow. Earlier, Gauteng's MEC for health, Amos Masondo, said a no work, no pay policy would be enforced if nurses did not return.

Hospital Personnel Trade Unions of South Africa (Hospersa) secretary Mike Ryan said members of the organisation and the National Educa-

tion, Health and Allied Workers' Union, the South African Nursing Association, the Soweto Civic Association and management of Baragwanath Hospital were involved in discussions.

Earlier Gauteng superintendent-general Ralph Mgiijima said that neither side had budged from its position.

Mr Mboweni said: "Normalcy must return to the hospitals. We have a responsibility to give people the health care they need and the situation cannot be allowed to continue as it is."

But more than 200 nurses who had assembled outside the hall where the meeting was held at Baragwanath Hospital until 2.30am rejected the government delegation's explanations.

"From here on its a full-scale strike and mass action throughout the country. We are sure that our campaign will succeed," said Baragwanath strike leader Belinda Kgogo.

Critically ill patients continued to be transferred to private hospitals from the affected hospitals yesterday.

Sources said strikes could begin in the Western Cape townships of Guguletu and Khayelitsha today.

The nurses are demanding pay increases of between 25 percent and 33 percent, parity in salaries between those employed by local government structures and reduced working hours.

Mr Mboweni said the government had undertaken to facilitate a process to have the nurses take their pay grievances to the National Bargaining Chamber where civil servants' salaries were negotiated. Negotiations for this year have already been concluded, with unions taking a five percent increase.

'Stop hospitals'



Children from the surgical wards at Baragwanath Hospital in Soweto sit unsupervised in a passage of the paediatric section yesterday. Many of the surgical wards have been closed and the most seriously ill patients moved to central wards.

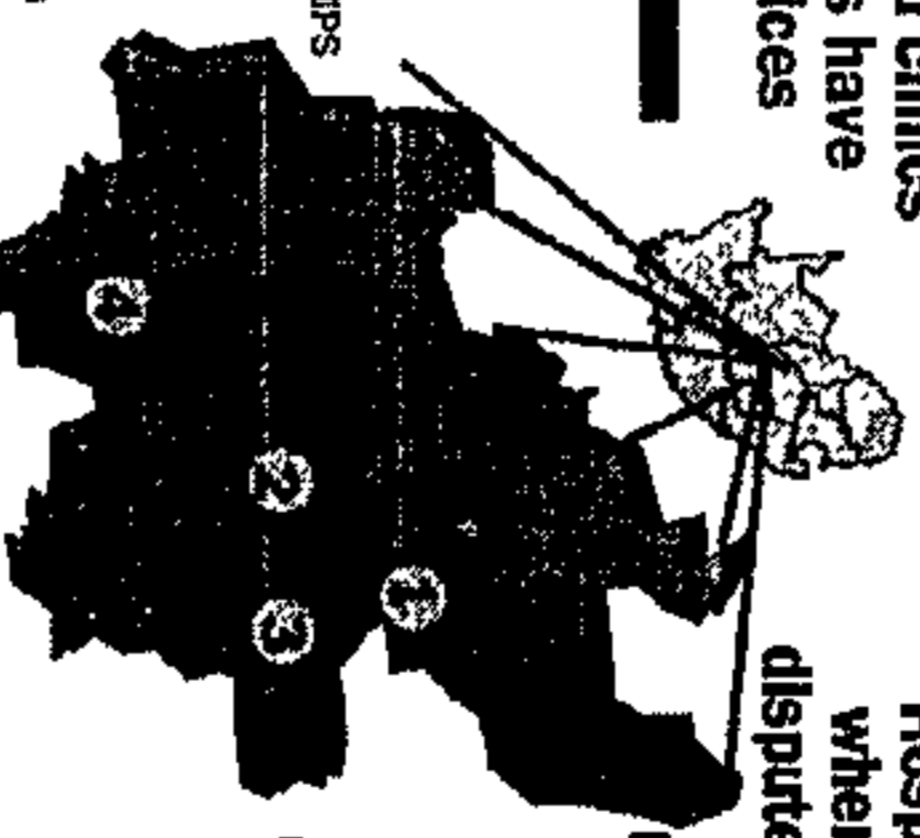
anarchy?

Sowetan 7/9/95
(95)

Gauteng Hospital crisis

Hospitals and clinics where strikes have crippled services

1. PRETORIA REGION
GABRIELA Hospital
2. JOHANNESBURG
Hillbrow Hospital
3. WESTERN TOWNSHIPS
Coronation Hospital
4. SOWETO
Baragwanath Hospital
5. LENSVIA
Two community clinics



Hospitals and clinics where labour related disputes could flare up in near future

1. KEMPTON PARK
Torbida Hospital
2. JOHANNESBURG
Johannesburg Hospital
3. EAST RAND
Boksburg - Benoni Hospital
4. SOWETO
13 community clinics

Sowetan Reporters

WIDESPREAD condemnation of the work stoppage by thousands of Gauteng nurses poured in yesterday as the action snowballed to include at least four hospitals and 15 clinics.

Gauteng MEC for Health Mr Amos Masondo warned that nurses must return to work by 8am today or an ultimatum would be issued. He would not give further details.

And Labour Minister Tito Mboweni last night threatened legal action against striking nurses at Baragwanath Hospital.

Mboweni, acting Minister of Health in place of Dr Nkosazana Zuma who is attending the United Nation's Women's Conference in China, told a news briefing during a visit to the hospital that if the nurses

did not return to work by today, an ultimatum would be issued and the legal process would begin.

About 1 700 nurses at Baragwanath are striking.

Mboweni said he was confident the strikers would heed the call to return to work. "The time has come for them to go back to work. The country as a whole expects the nurses to go back to work."

Political parties blamed the Government and nurses for a breakdown in the health system in the province.

Community clinics

Both Baragwanath and Hillbrow hospitals had been forced to a standstill by yesterday. The strike had also affected services at Coronation and GaRankwa hospitals as well as Soweto's 13 community clinics. Nurses at Johannesburg Hospital have also threatened to join the strike.

Soweto ANC Alliance spokesman Mr Oupa Mpehla labelled the strike a "programme of destabilisation and anarchy aimed at undermining the community".

The Alliance was disturbed by the fact that "thousands of patients were left unattended in a state of pain and trauma", Mpehla said.

The National Progressive Primary Health Care Network appealed to nurses to put their patients first and return to work.

"For nurses to strike without making prior alternative arrangements for (their treatment) ... is unethical," the NPPHC said.

Both the Democratic Party and National Party demanded the immediate return of Health Minister Nkosazana Zuma from China.

The Pan Africanist Congress threw its support behind the strikers. PAC general-secretary Mr

Maxwell Nematshvhanani blamed the deaths of patients on the "sloppy and inept manner in which the union (National Education, Health and Allied Workers' Union) and the Government have treated the grievances of the health workers".

Yesterday, the strike spread to GaRankwa Hospital, north of Pretoria. Nurses there are demanding 33 percent "non-taxable" salary increases. In other hospitals and clinics, nurses are demanding between 10 and 30 percent increases.

Downed tools

At Hillbrow Hospital, the entire nursing staff had downed tools yesterday. Many patients had not been fed, bathed or had their bandages changed.

Hillbrow Hospital superintendent Dr Emma Bondarenko said the situation was "chaotic". She hoped to

transfer about 10 critically ill patients to private hospitals.

Baragwanath Hospital in Soweto has been brought to a standstill.

Thirty-three wards have closed and about half of the hospital's 2 000 odd patients were discharged by yesterday.

Despite massive problems at the hospital, emergency services were continuing, a spokeswoman said.

Forty-three critically ill adults and five children were transferred to private clinics in Sandringham and Parktown on Tuesday night.

Only 85 matrons, ward assistants and students were still on duty yesterday. Soweto's 13 community clinics as well as two clinics in Lenasia have also been shut down following the strike. At Coronation Hospital, a small complement of nurses remained on duty yesterday while others picketed outside.

Florence Nightingale turns in her grave

(96) WMM 8-14/9/95

An inability to communicate their grievances lies behind the nurses' strike, reports Pat Sidley

FLORENCE NIGHTINGALE died at Barragwanath Hospital this week after a long struggle against apartheid medicine and wages, and a terminal dose of broken promises.

A striking nurse shovelled soil onto the coffin when she told a radio interviewer that Nightingale "had long since been buried".

She had been asked if she still believed in her oath binding her to the ethical principles enshrined in the memory of the pioneer caring nurse. Her answer was to describe the hardship she and her family were facing on her low salary.

A sole nurse was working arming the critically ill babies in the neo-natal intensive care unit this week because, she explained, although she supported the strike, she couldn't live with herself if a baby died.

Meanwhile, striking nurses faulted and toy-toyed, and senior govern-

Brewer of the Medical Association of South Africa (Masa), believes that forum is part of the problem. The strikers have been exhorted by all and sundry, including Masa, to show more respect for the dispute resolution mechanisms available to them, but Brewer says these have fatal flaws.

If a category of workers negotiating at the council is defined as an "essential service", those workers cannot strike — but must go for compulsory arbitration. Brewer says 9/95

The deadlock comes against a background of intractable problems in the health sector, too little money to restructure it at present, and a bargaining structure designed in such a way that the disaffected can only be heard if they're yelling through a loud-speaker on the picket lines.

Nurses are, of course, not alone in this. Doctors in the public sector have been trying with less success to register their extreme discontent at their table. They have not yet resorted to industrial action. Their representative in the Public Service Bargaining Council, Peter

the remarks South African Nursing Association (Sana) representative Eileen Branigan, the government is not bound by the findings of such compulsory arbitration. Brewer says the government is maintaining its commitment to strict fiscal discipline.

This means that although Minister of Public Administration Zola Skweyiya may want to put more money into restructuring the public service, there is none for him to do so — and no more will be forthcoming.

Most of the nurses belong to unions whose representatives range of public servants from nurses to information technologists — have to agree to the arbitration, which they seldom do. It's not in their interests. The employer (the government) arrives at the table with a fixed amount allotted in the Budget, which has to be divided up and fought for among the several unions ranged around the table. For one party to gain, though arbitration or any other means, other parties must suffer.

And besides that major disconcert, the remarks South African Nursing Association (Sana) representative Eileen Branigan, the government is not bound by the findings of such compulsory arbitration. Brewer says the government is maintaining its commitment to strict fiscal discipline.

increase to the lowest paid workers, most of them Nehawu members, and five percent to those who were better off (earning around R2 000 a month or more). Doctors and other civil servants regarded as earning a good salary were given a deersy four percent.

The striking professional nurses not only got very little in the deal, but faced the added indignity of seeing their colleagues, often across a corridor, employed by local authorities instead of the state and thus not part of the bargaining council earning a higher basic salary — and awarded a larger percentage increase.

This is what caused problems at Someb's clinics last month and, while nurses and other health workers eventually returned to work after a few days of striking, nobody but their employers believed the problem would go away.

There wasn't any more money in the public service's kitty to paper over the cracks and the nurses' patience just wore out. Issues that affect nurses in particular could not be properly addressed in

grave

the bargaining forum this year. Branigan said that around R1.1 billion is needed to give female state employees the same housing rights as men. Only R400-million was allocated for this, and the amount was finite. Around 94 percent of nurses are women — and this added another ingredient to the already boiling pot.

While many sympathise with the plight of the striking nurses, few admire the methods. If anything, it appears their store of goodwill in the community is on the wane.

The African National Congress, the nurses unions Nehawu and Sana, and others have visibly distanced themselves from the strike. The placatory tone usually present when ANC Cabinet ministers face similar issues has been noticeably absent. Instead, the nurses have been ordered back to work, with threats of legal action if they stay out.

Newly appointed Health Department Director General Dr Olive Shisana told the *Mail & Guardian* that

the issues over which the nurses were striking required discussion, and that this could take place outside the public service council. She believes the long-term solutions to the problem are to be found in proposals made by her committee, which looked into the funding of a national health system.

This system would rely heavily on nurses, and the proposed rates of pay used in calculations in the committee's report should adequately address the present problems.

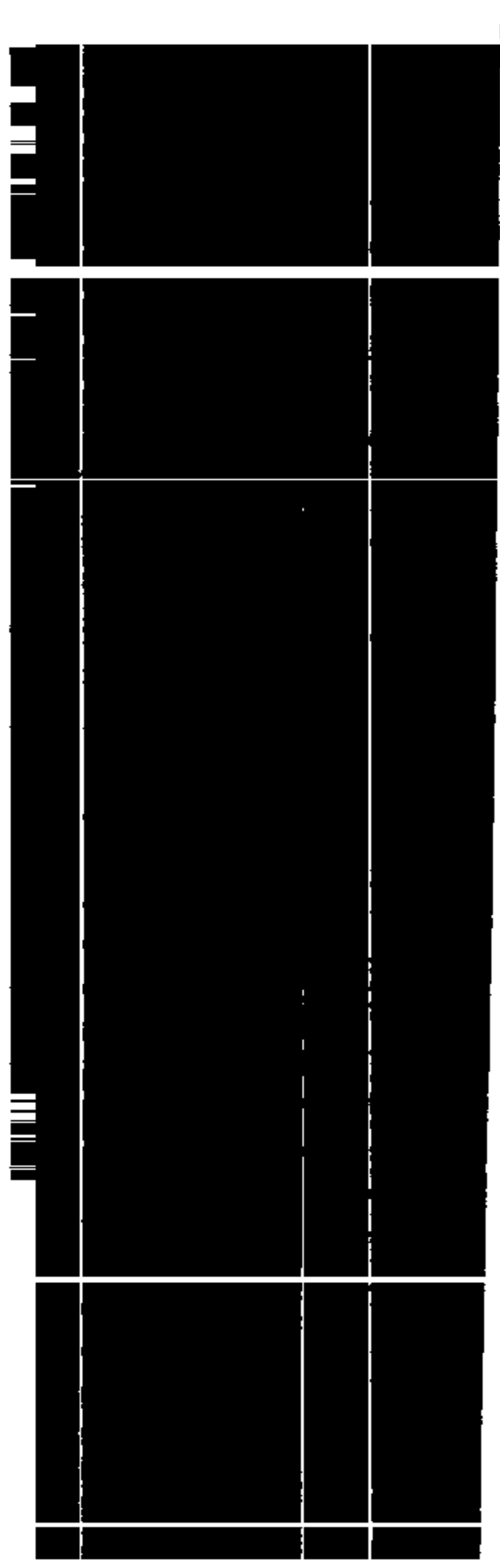
She noted that the current impasse in the health sector was mirrored in every other sector in the country and, if this one can't be solved, "then we are all in trouble. It's the problem of the whole country".

The normally politically correct National Progressive Primary Health Care Network has appealed to nurses to return to work in a statement headed: "Nurses' strike: Patients also have rights".

The mothers gathered outside the ICU waiting to feed, clean and help care for their tiny, frail infants in incubators have seen underpaid and overworked doctors rallying round to save the tiny lives, while hundreds of nurses toy-toyed on the grave of Florence Nightingale noisily chant, with posters reading: "Keep the last carriage on the gray train for us."



Waiting for the gray train and missing the boat. The nurses' strike has very little community support. PHOTOGRAPH: HENNER FRANKENFELD



Work or quit, Mandela tells striking nurses as protest action

Kathryn Strachan

NURSES at Johannesburg General Hospital yesterday joined a nurses strike crippling Gauteng hospitals, while President Nelson Mandela issued a tough ultimatum. Kevin O'Grady reports from Gaborone, Botswana, that Mandela said: "Go back to work or leave the nursing profession. . . we are not in a position to increase salaries." If nurses left the profession, "we will decide what emergency measures to take". Gauteng health MEC Amos Masondo said striking nurses who ignored an ultimatum to return to work yesterday had until 3pm today to explain why they were not at their posts. If they did not respond to this ultimatum legal action, which could include dismissal, would be taken.

Protest action has left Baragwanath, GaRankuwa and Hillbrow hospitals at a standstill. It spread to Johannesburg General Hospital yesterday, where nurses took turns to rotate between picketing and going back to their posts. Only emergency cases were being admitted. There were reports of striking nurses at GaRankuwa chasing away the few nurses trying to keep

the intensive-care unit running. Gauteng health deputy director-general Eric Buch said provincial and national health authorities in principle backed the nurses' basic demands that their conditions and salaries be improved, and they had set in place a range of mechanisms to achieve this. One was the establishment of a national health consultative forum, announced by the national health department yesterday, which would discuss salaries and conditions of service for health workers. The forum was planned for later in the year but had been brought forward to deal

with the crisis. The forum would also investigate mechanisms for integrating local authority and provincial authority nurses, including the question of parity in conditions of service — an issue which has largely fuelled the strike. "Now nurses need to actively participate and drive the process forward," said Buch. "If they go back to work now they will get long-term gains." Masondo also took the unprecedented step of asking the Public Service Commission to reopen negotiations for this year, and officials at national level promised to

Hospital strike

Continued from Page 1

do so because there were no nurses to care for them. The hospital intended to bring the babies back in once the strike was over. Without nurses to back them up, doctors could do no more than give basic care. A spokesman for Park Lane Clinic, where a lot of cases were transferred earlier in the week, said it was clear from the appalling conditions of these patients that they had been neglected for a long time — from before the strike started — which was an indication of how the tension at Baragwanath had been growing. Two critically ill babies who had been transferred had not been bathed "for weeks", and an 11-year-old who was trans-

ferred for a throat operation arrived at the clinic covered in faeces and bed sores. "She had clearly not been moved for a long time." The clinic was still trying to trace the parents of one five-month old baby. Nomavenda Mathiane reports that members of the Gauteng legislature asked Masondo not to issue ultimatums, but to rather open negotiating forums. Ben van der Walt (FF) said dismissing the nurses was not a solution. Instead, Masondo should persuade the nurses to affiliate to existing forums so the issues could be addressed there. Meanwhile, Health Minister Nkosazana Zuma said Mandela had asked her to stay in Beijing despite the strike. She is leading SA's delegation to the UN women's conference.

facilitate that the nurses' demands be heard by the commission. But the commission said all funds which had been made available for the improvement of conditions for the next financial year had been used, and it was therefore not possible to reopen salary negotiations in the public service bargaining council at central level for 1995/96. A doctor in the Baragwanath paediatric intensive-care unit said premature babies were being sent home before it was safe to

Continued on Page 2

spreads

152) (95) star 8/9/95

No money available to increase nurses' salaries, says Mandela

■ STAFF REPORTERS
and SAPA

A crucial test of continuing Government pressure on striking nurses in at least four Gauteng hospitals comes this afternoon when the 3pm deadline for them to return to work or be dismissed with loss of benefits expires.

The Gauteng Premier, Tokyo Sexwale, is due to visit Baragwanath for a personal assessment after his cabinet meets to chart a way ahead for the embattled hospitals. At least two are at a complete standstill while nurses in Soshanguve clinics, north of

Pretoria, are reported to be preparing to strike today.

Deputy President Thabo Mbeki last night reiterated President Mandela's ultimatum that the nurses must return to work or face dismissal.

"We are extremely concerned about the suffering caused to patients as a result of the strike. It must be stressed to nurses that their actions are unprocedural and endanger the lives of patients in their care," Mbeki said.

Another patient died at Baragwanath yesterday, the eighth since the strike started on Monday and spread to several hospitals and clinics

throughout Gauteng.

The tough stance by the Government coincided with the joining of the strike action by thousands of nurses at Johannesburg Hospital in Parktown.

Gauteng health spokesman Popo Maja said the disciplinary measures would begin on Monday if nurses were not back at their posts.

"We hope that things will not reach that stage," he said.

Speaking at a media briefing yesterday Mandela warned: "We are not in a position to increase their salaries at all."

Government's resources were primarily devoted towards creating jobs and

building houses.

"Those already employed, however low their salaries – and we recognise that – can at least take something to their homes to feed their families. The nurses have to take a decision sooner or later: either to go back to work or to leave nursing altogether. The choice is theirs," Mandela said.

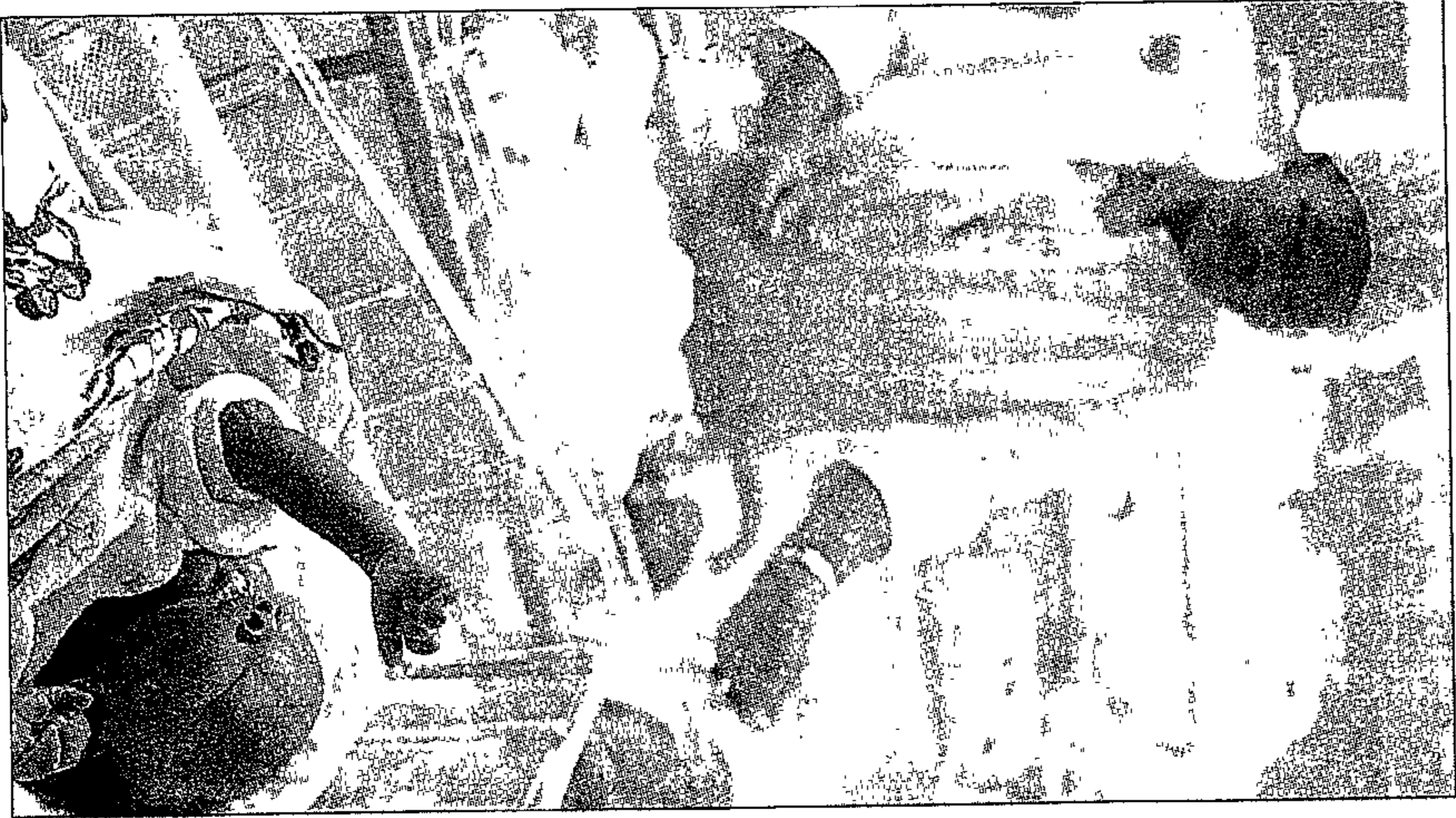
Baragwanath's spokeswoman Hester Vorster said there were more than 900 seriously ill patients in the hospital. Of the 80 units, 32 had been closed.

► More reports
– Pages 8 and 13

There is a history to the nurses' strike and, shocking as it may seem, it could not have been entirely unexpected, reports Medical Correspondent Janine Simon.

'Slaves' at end of their tether

(96) Star 8/9/95



Caring for her own ... a concerned mother has to nurse her own baby in a ward with other sick infants at Baragwanath Hospital during the nurses' strike.

There was little public sympathy for Bara nurses as they toy-toyed in their sensible shoes and smart navy-blue and white uniforms in the main road into the world-famous 3 200-bed hospital this week.

Hardly surprising, given that the sight was juxtaposed with reports of deaths in the wards, aching ill-people, exhausted doctors and military helpers, and the private sector swooping in to help mop up the damage.

But, much as the action took other hospital staff by surprise, and left them shocked and battling to cope with more than 1 000 patients, it could not have been totally unexpected.

Nurses have, in fact, forced the showdown that has been looming over the crisis in State health for years. A crisis exacerbated by the admirably-motivated, but logistical nightmare of free health care for pregnant

women and children, which was announced last year without any planning, or additional support for the people who have to provide it.

Whether it entitles them to leave their patients to be debatable, but nurses, like doctors, slave in public hospitals.

At Bara, there are four sisters (with other lower ranked assistants) for wards of up to 70 patients, a senior doctor said this week. "They perform all kinds of non-nursing duties, like making beds, cleaning and serving food," he added.

The workload has ballooned, over the last five years as staff was whittled away through retirement, resignation and death, while the hospital expanded with a new burns unit, and eight new wards, nurses' delegates said this week.

There has been no pay rise in real terms for at least two years. And the R500-million deficit on

the Gauteng health budget this year has speeded the steady deterioration of conditions.

A patient coming to Bara casually, where foreign doctors still clamour to train, lies on a rickety trolley with no mattress or blankets, says the formidably articulate delegate Sister Belinda Kgofo. "It's the biggest hospital in the Southern Hemisphere. Must nurses bring blankets, sheets and medication from home?"

Neither doctors nor nurses believe they were adequately represented in the process that began before the election, and saw the Public Service Central Bargaining Chamber settle on a five percent across-the-board increase during negotiations in June.

Doctors, through the efforts of the Medical Association of South Africa (Masa), have won the ear of Health Minister Dr Nkosozama Zuma, and Deputy President

Thabo Mbeki. But, Masa says, nothing has been resolved and morale is at an all-time low.

Spurred by overcrowding, the hospital's inability to provide quality care for its patients, and lack of reward for years of service, additional qualifications, Sunday public holiday and night-shift work, nurses have now abandoned their traditional representatives, the South African Nursing Association (Sana).

So, too, have they moved away from the National Education, Health and Allied Workers' Union (Nehawu) and the Hospital Personnel Trade Union (Hospersa), which have represented them in negotiations with Government.

The reason: unions represent cleaners, general assistants and other workers, whose needs are valid, but are not the same as those of nurses.

The to-ing and fro-ing over the last month is relevant, the nurses say, because it shows how they have been pushed into the strike.

It took place between Gauteng's MEC for health, Amos Masondo, and the Soweto Community Health Forum, the newly-named group of nurses who have been recognised, Kgofo says, for negotiating in-house problems with the hospital since 1991.

He began in early August, with nurses at the Soweto Community Health Centres, the 13 primary health care clinics Bara runs in Soweto and Vaal Triangle townships, presenting their case for higher salaries to Masondo. His steady reply was that salaries could only be negotiated through the Public Service Commission, and that he would take the unprecedented step of requesting it to re-open negotiations.

The mid-August strike at the clinics, as they are known, came because the Bargaining Chamber's answer was a frustrating

"in due course", it ended because province committed itself to fruitful and tangible negotiations.

But matters heated up again within two weeks. Feeling that the province was withdrawing from its commitment to weekly meetings, the forum asked Bara superintendent Chris van den Heever if they could use his ninth floor fax to send an urgent memorandum to Gauteng premier Tlokoeto Sexwale, Minister Zuma, and Masondo.

(The superintendent, incidentally, says that made him aware of a problem, but not of the possibility of mass action.)

By Friday, there was no reply, and a second fax was sent. Masondo arrived at Baragwanath at lunchtime on Monday, only to reiterate that he did not have the power to open the bargaining chamber, and that the kltly was dry.

The nurses left the wards, and made Masondo and Zuma the butt of their placards and songs. Within days, colleagues at four other hospitals and 14 clinics had thrown their weight behind what Gauteng's Head of Health, Dr Ralph Mqijima, reminded them was an illegal strike.

It is difficult to know how many deaths, if any, were caused by the walkout. It has to be proved that those in the hospital would not have died anyway, before blame can be attributed, even more worrying, as two young Bara doctors spelled out yesterday is the deaths that will never be known because people stayed away.

"We're very sorry if we caused any deaths, and we'll take the blame," replied Kgofo. But she points out, people die in Bara every day, so many that the hospital uses both its own and the Government mortuaries.

Nurses didn't act because they liked toy-toying, Kgofo said. They had been pushed beyond the limits by a Government which had publicly set its priorities as health and education.

"They ask us about our course, what about the competence of people in Government, who allow these conditions?"

The decision not to leave a skeleton staff in the wards, probably the most controversial edge of the strike, was taken by the masses, she said, not delegates.

Nursing college tutors, who met the delegates frequently on Wednesday, proposed that skeleton staff be deployed, and at least one striking nurse said she was sad and disappointed that it had been decided not to.

But others were roundly opposed to the idea, because, they said, the Government had successfully ignored the fact that Bara runs on "continuous skeleton staffing".

Ironically, conditions at State hospitals and better pay for nurses and doctors are on the list to "fast track" the implementation of the proposed National Health Insurance Proposals. These were drawn up over a period of long consultation earlier this year, and a final report presented in June.

Director-General of Health, Dr Olive Shisana, who co-chaired the commission, said she and Zuma were committed to getting more money for state doctors and nurses.

Public comment on the National Health Insurance proposals will be consolidated by mid-October. Only then will a full report be submitted to Parliament, and only then is there a possibility that the R1,36-billion of new funds requested for 1997 will be considered.

Whether nurses accept that, remains to be seen.

NURSES' MONTHLY PAY/INTERESTING % INCREASE	
GRADE	TOP OF SCALE
Professional nurse 4 year diploma/degree Stays at this level for at least 3 years	R3 143
Senior professional nurse Many stay at this level because of limited posts	R4 073
Chief professional nurse 4 Specialist (eg intensive care)	R4 565
Nursing service manager	R5 000

SOURCE: PUBLIC SERVICE STAFF GUIDE

Striking nurses start returning to work, say officials

The Argus Correspondent
and Sapa

JOHANNESBURG. — Nurses at Garankuwa hospital, north of Pretoria, and at Baragwanath hospital, Soweto, have begun returning to work after being on strike since Monday, officials said.

Anthony Adendorff of the defence force's Witwatersrand Medical Command said the South African Medical Services had moved out of Garankuwa hospital and were on standby.

"Not all the nurses have returned to

work but there are sufficient at the wards to allow them to function," said Captain Adendorff.

Gauteng Health Department spokesman Popo Maja said some nurses were returning to work at Baragwanath.

He said he had received reports of nurses belonging to the National Education, Health and Allied Workers' Union reporting for duty.

● Nurses at Mowbray Maternity Home and Khayelitsha Day Hospital today held placard demonstrations and toyi-toyed in support of their colleagues in Gauteng.

But no strike action was planned at the hospitals, a spokeswoman for the nurses said.

About 150 nurses at Khayelitsha Day Hospital staged a three-hour work stoppage and toyi-toyed in protest against President Mandela's warning that nurses should return to work or leave the profession.

At noon they planned to attend a meeting of nurses, from all the day hospitals, at Lentegeur Hospital.

● See Page 21

Showdown day

Defiant nurses say they will not heed Mandela's 'back to work' ultimatum

WORK ULTIMATUM

(95) (188) ARK

Sapa reports
from Johannesburg.



THE country's leaders say funds are not available to meet striking Gauteng nurses' pay demands; and the nurses indicate they will not heed a third ultimatum to return to work today.

"Return to your jobs or leave nursing altogether," was President Mandela's message to nurses striking for a 25 percent pay increase.

He told reporters in Gaborone yesterday the government could not afford to increase nurses' salaries as resources were primarily devoted towards creating jobs for the country's five million unemployed people and building houses.

"The nurses have to take a decision sooner or later: either to go back to work or to leave nursing altogether. The choice is theirs," Mr Mandela said at the end of a three-day visit to Botswana.

Deputy President Thabo Mbeki urged nurses to return to work today and to prepare their representatives to take part in the consultative forum set up by the Ministry of Health. The forum is due to meet on September 18.

He expressed his full support for the ultimatum issued by Gauteng superintendent general Dr Ralph Mgiijima yesterday afternoon demanding that striking day shift workers return to work by 3pm and night shift workers by 7pm today. If they failed to heed the ultimatum, they would be disciplined or fired, Dr Mgiijima said. It was the third deadline set by authorities in two days. The previous two — 8am and midday yesterday — were ignored by the nurses.

Deputy President FW de Klerk said while nurses had a responsibility to return to their patients, the government had to "walk the extra mile" to address their justifiable grievances within the framework of certain realities, like the shortage of funds.

Dr Mgiijima's memorandum warned striking nurses that their action "constitutes an illegal strike which is also a material breach of your contract of service".

He also warned that their participation in the strike amounted to a criminal offence which could result in a fine or imprisonment.

However, nurses at Baragwanath rejected the document and said they would continue striking. They said Dr Mgiijima was threatening them instead of addressing their grievances.

Baragwanath Health Forum spokeswoman Sister Belinda Kgogo said she believed nurses would continue the strike until their demands were met, in spite of the ultimatum.

They want a salary bargaining chamber to be established immediately.

Sister Kgogo said the nurses only wanted a positive answer and they would be back at work.

Meanwhile, the situation at Baragwanath was quiet last night with national health director-general Olive Shisana visiting wards and the emergency unit to show support for the few staff members on duty.

Baragwanath spokeswoman Hester Voster said there were more than 900 seriously ill patients in the hospital.

Of the 80 units, 32 had been closed because of lack of staff. There were a number of children who had not been transferred to other hospitals in the province. "We would like to keep them together," Mrs Voster said.

Emergency operations were being performed at the Lesedi clinic, she added.

The South African Medical Service has sent 29 medical workers to Baragwanath, 24 to Hillbrow Hospital and 29 to the Garankuwa Hospital near Pretoria — all brought to a near standstill by the strike.

Nurses and SAMS workers were supplying essential services, Garankuwa's chief superintendent Dr Reg Broekman said last night. However, not all the nurses on duty were working, he said.

Of the hospital's 1 600 nurses, all except the nursing managers were on strike. He said none of the 600 patients in the hospital was in danger.

Sixteen Garankuwa patients were to be airlifted to Pietersburg in an army Dakota.

Dr Broekman denied allegations of intimidation at the hospital, saying there had been "no ugly incidents". He said hospital management would meet nurses today.

"We have heard that Baragwanath will lead the way to return to work," he added.

Nurses from Shoshanguve clinics attached to Garankuwa had decided to join the strike from today.

By last night, almost all services at Hillbrow Hospital had collapsed, superintendent Dr Emma Bondarenko said.

A few matrons, nurses and doctors, assisted by SAMS workers, were taking care of 235 patients.

All patients had been moved into 13 wards to simplify matters, she added.

About 95 percent of the hospital's 800 nurses were on strike.



They need not have died — a doctor in despair

THE HIGH COST: A Baragwanath Hospital doctor sits alone and dejected, recovering from the trauma of seeing three of her patients with reversible conditions die without medical support.

'We are not coping very well'

CHARLES PHAHLANE
of Reuter
reports from Johannesburg.

A MAN sits in the road leading from deserted Baragwanath Hospital, a picture of dejection.

Mnyamane Mofokeng cannot walk. He presses his hands against the rough tarmac, lifts his weight, laboriously drags his legs forward, then repeats the process.

His left ankle has an open sore, about eight centimetres by five, and the foot is bandaged.

In his mid-40s, Mr Mofokeng says he is on his way home — about four kilometres away — after being discharged from the strike-hit hospital.

"Doctors discharged me yesterday and I am on my way to Pimville." He says he will use public transport but has no money for a taxi.

How long has he been in hospital? "A very long time," he says, as he fumbles in his groin and urinates on the ground.

Another patient who identified himself as Victor said he had seen other patients discharged on Wednesday who could hardly walk.

Hospital spokeswoman Hester Vorster said: "We are not coping very well. The hospital is in a critical condition."

She said that since the nursing strike began on Sunday, about 1 100 of the original 2 039 patients had been transferred or discharged.

"We transferred as many patients as possible to other hospitals," she said. "If patients are discharged then the doctor is fully responsible. We discharge patients who can still come back."

Although they have been accused of leaving their patients in the lurch, the nurses say their strike is partly aimed at improving conditions for the sick.

A spokeswoman for the striking nurses, Belinda Kgogo, said: "We miss our patients. We love our patients . . . It is the government who do not have the interests of the community at heart."

She said that after 10 years of service she had a gross monthly income of R3 200. After deductions and bond payment she ended up with R1 700, she said.

Nurse Keitumetse Mbengo said the strikers had been negotiating with the government for a long time. "They have treated us unfairly."

Sowetan 8/19/95

Nurses defy Government

By Glenn McKenzie and Sapa

THOUSANDS OF STRIKING nurses dug in their heels yesterday despite Government warnings that they will lose their jobs if they do not return to work today.

Gauteng health spokesman Mr Popo Maia said the Government will be forced to dismiss the nurses if they do not return to work by 8am today.

The Government was prepared to go into debt to save the lives of patients but not to give the nurses more money, he added.

"We are still optimistic that the community will convince our nurses to do the right thing," he said.

Meanwhile at a Press briefing in Gaborone, Botswana, President Nelson Mandela advised the striking nurses that they should end their strike or

President Nelson Mandela says nurses should be grateful for the job

resign.

"We are not in a position to increase their salaries at all," he said. "That they must understand."

He said the Government had an obligation to improve the lives of South Africa's 5 million unemployed people and 7 million squatters.

Although he understood the nurses' grievances, at least they were employed and had something to take home to their families, Mandela said.

Threats and intimidation

Meanwhile, yesterday saw the first signs that the four-day-old strike could get ugly. Gauteng officials reported cases of threats and intimidation

against nurses at Garankuwa Hospital.

At Baragwanath Hospital, a doctor told *Sowetan* that nursing students had been "subtly intimidated to refrain from working".

Another Baragwanath official suggested that the striking nurses had begun polarising into two camps - those who wanted to go back to work, and those who wanted to stand firm.

Despite this, hundreds of Bara nurses toyi-toyed yesterday afternoon in defiance of the Government's first deadline to return to work.

The nurses waved placards condemning Government officials such as Health Minister Nkosazana Zuma, Labour Minister Tito Mboweni and

Gauteng health MEC Mr Amos Masondo.

Outside the hospital's main gates, a small group of Soweto Civic Association members and National Education, Health and Allied Workers Union workers demonstrated against the strikers.

A placard on a police Casspir summed up the feelings of many Soweto residents who wanted health services to resume. It read: "How many people must die before nurses go back to work?"

The Pan Africanist Congress was one of very few organisations to support the strikers yesterday. In a Press release, the PAC attacked the Government for issuing an ultimatum to the nurses. The ultimatum "symbolised a reincarnation of the old apartheid political order," said PAC general-secretary Mr Maxwell Nemadzivhanani.

Nurses' anger fully justified

(18)(95)
sowetan 8/9/95

By Abdul Milazi
Labour Reporter

NOTHING HAS highlighted the urgent need to overhaul industrial relations in the public sector as much as the current nurses' strike in Gauteng hospitals.

The anger that exploded at Soweto's Baragwanath Hospital on Monday into a snowballing strike is the result of years of discontent among public sector workers.

Many claim that for years they have had to contend with meagre wages, poor working conditions and a temporary working status.

The National Education, Health and Allied Workers Union has distanced itself from the strike and called on its members not to take part.

However, the South African Health and Public Sector Workers Union blames Nehawu and the Hospital Personnel Trade Union of South Africa for selling out health workers when they signed the May 23 wage agreement at the Central Chamber of the Public Service Bargaining Council.

After 10 months of negotiations the Government offered a 22 percent general wage increase for the lowest-paid workers, who include labourers and assistant nurses.

Professional workers, who include nurses, received a five percent wage increase.

The general increase applied to

people earning from R13 200 a year. This was scaled down to a five percent for workers earning R24 630 to R107 019 a year and to four percent for those earning R126 411 a year.

At the time Nehawu president Mr Vusi Nhlapho said the union was not happy with the increases. But it wanted to get the wage issue out of the way so that the fundamental issue of restructuring the public sector could be addressed.

Nhlapho argued that workers at the middle levels of the sector, who were awarded a five percent increase, fared worst under the new agreement.

Low salaries

Fifty percent of all public sector workers, including nurses, are in this band. Many qualified nurses still earn only R2 000 to R2 500 a month.

The health unions claim that general nurses earned as little as R900 a month before the May agreement, which pushed up their wages to only R1 100 a month.

In 1993 the Government offered workers a tiny 1.5 percent increase, and last year they were offered 4.77 percent.

For years industrial relations was kept out of the public sector because it was regarded as "an essential service".

Public service workers were regarded as servants of the community. They were not allowed to form unions, to strike or to take part in collective bargaining.

Nursing grievances can only further cripple

Star 9/9/95
(95 Qwelane)

Instead of distancing themselves, unions should appeal to the strikers to come to their better senses

Had it not been for the painful strikes by nurses all over Gauteng, I would have preferred to write today's column on the huge women's conference which is being held in Beijing.

I am not a fly on the wall, and neither am I privy to the deliberations in China, but my instincts tell me that the women are talking mostly about one subject: Men?

Which, in a mischievous way, recalls the last such conference which was held in Nairobi where

one delegate from Botswana - a man, *nogal* - told me authoritatively that some women delegates from his country had told him most unambiguously: "We women are not prepared to take it lying down anymore. We must now stand up."

The serious matter at hand, of course, is the wave of nurses' strikes which this week crippled some of the biggest hospitals in this country.

Even more serious, I think, was the government's silly response to issue ultimatums and threats when the pot was truly on the boil. The situation called for more carrots and less sticks, and not the provocative response in an already inflamed climate.

The strike has revealed several shortcomings which the gov-

ernment must address speedily if it hopes to retain the confidence of the broad public.

First, the government has been shown to be ill-prepared, and certainly unable to manage the crisis.

Having first made unconvincing (to the strikers) noises about having no money to meet the pay demands, it followed with a blanket dismissal of all the strikers.

The strategy of mass summary dismissals may have worked once - when President Mandela fired more than 2 000 MK members who went AWOL from army bases and refused to heed calls to return.

But, with respect to regional health MEC Amos Masondo, he is no Mandela and the crisis in the sick wards can by no means be comparable to army bases

UNDERCURRENT AFFAIRS



JON QWELANE

where there was no emergency at all.

The second point highlighted

by the strike is a practical demonstration of Abraham Lincoln's observation that "you can fool all the people some of the time, and some of the people all the time, but you cannot fool all the people all the time."

It seems that everyone, with perhaps the possible exception of the government, has got over the honeymoon of the elections and the inauguration. The government must come down to earth from Cloud Nine and begin to lead, for what we are experiencing right now is a certain dearth in leadership.

The third point is practically what some of us have persistently said and been thoroughly rubbished for it: the government is spending far too much time - at the expense of its own immediate constituency - convincing

whites that we are not about to throw them into the cooking pot. And the fourth is that the majority party in the new government has not yet fully realised that the elections and presidential inauguration did not sweep away sinister forces hellbent on derailing the new order.

Unions are showing their ineptitude by distancing themselves from the strike, condemning it, and letting the rot continue. In my opinion the recognised unions, having shown they are not behind the wildest actions, should now seize the initiative by appealing to the strikers' better senses. In other words, the unions must lead from the front, and wipe away whatever initial gains the faceless organisers of the strike may have made.

I have total sympathy for the underpaid nurses, just as I feel very sorry for the suffering patients. I feel almost certain there is a hidden hand manipulating the genuine economic grievances of the nurses for sinister political ends.

Why have nurses suddenly turned so militant when, during the apartheid years, they always cited their oath of duty and devotion to their patients?

The oath is still as sacred and as binding as it always has been and, to my knowledge, the standards of patient-care have not been officially lowered.

White South Africa is also playing the sort of part even the devil would never have attempted even if he were offered an advocate's fee.

In the past, the whites of this

country always condemned protests by blacks, dismissing them as the work of "communist agitators."

Curiously, nowadays the same white people endorse fully the strikes but conveniently omit to say who is fanning the flames.

Evidently the strikers are helping to rubbish the black-led government and endorse the stereotypical attitude that whatever blacks are in charge the country rapidly goes down the tubes "as happens everywhere north of the Limpopo."

There are those whites who wish for a return to the "traditional South African way of life" - read apartheid - and the government had better heed the warning bells. And act.

Jon Qwelane is editorial director of Penta Publications

the new order

At Bara, there's no one there to hold your hand when you die

Star 9/9/95

(95) (95)

Gauteng hospitals plunged into crisis this week as more than 4 000 nurses went on strike. After spending a night at Baragwanath Hospital, JUSTICE MALALA looks at the issues

It is 10.55pm on Tuesday night and there is no one to hold your hand when you die.

Bleeding profusely from the mouth and with gaping bullet wounds on his back and arms, the man on the stretcher babbles incoherently, trying to articulate his pain.

He is wheeled into an unusually quiet casualty department, pushed by two harassed young doctors who try to stem the flow of blood as best they can with mounds of cloth. Ultimately the blood is stopped and his wounds are tended to.

Unconscious, he joins two other critically injured patients and is transported by an army helicopter to a private Johannesburg clinic, closing yet another chapter in the life of a Gauteng hospital this week.

It is 1am on Wednesday morning and matron Mary Hongwane is dying on her feet. The minutes-old baby she clutches in her arms cries and cries as she expertly wraps it in a towel and then hands it to the mother.

After a few minutes she takes the baby and hands it to the paediatrics section, where it is checked by a young Wits medical student. It is Hongwane's 20th hour on the job and young Mpho is the 17th baby she has delivered tonight.

"It was a night for those kinds of names which Africans love so much, like Hope, Perseverance and Mpho (gift), and Orentse (Victory)," she says.

On Monday night Hongwane and three of her colleagues delivered 33 babies in 12 hours. "I arrived at the hospital at 7 in the morning, only to find that the nurses had decided to go on strike. From then on I was on my feet, just going and going," she says. She left for home at 7 the next morning, after 24 hours on duty.

On Tuesday night she returned for yet another 24-hour shift. "What can you do? Many of the mothers are just kids, they don't know a thing about giving birth. I cannot leave them to such a terrible fate. I have to be here as much as I can," she says.

Hongwane is one of the senior nurses at Baragwanath Hospital who are not participating in the strike which crippled at least four Gauteng hospitals this week. Her story, and that of the injured man, mirror the pain, suffering, anguish and heroism which has arisen from the strike by more than 4 000 nurses.

On a normal day, the biggest hospital in the southern hemisphere is a horror story. Understaffed, underfunded and notoriously uncared for, the hospital that serves the populous network of dwellings called Soweto, with a population of more than 3-million, sags under the weight of human suffering and disease. The statistics that come out of its corridors every day and night tell a dark, stark tale that could in itself be a catalogue of the occupational hazards of life in Soweto and South Africa.

Built as a military hospital in 1941, the hospital reverted to government control in 1948, with a complement of 480 beds, and was designated as the black section of Johannesburg General Hospital, which was then being made exclusively white. Bara, as it is called, has come a long way since then. It now has 3 200 beds



LIFE OR DEATH: A patient is rushed from Hillbrow Hospital's intensive care unit to an ambulance before being transferred to Milpark Hospital

PICTURE: MYKEL NICOLAOU

and serves as a referral hospital for a large part of the country and surrounding African states.

"Baragwanath is a microcosm of what is happening in South Africa. Soweto is a community in flux, neither First nor Third World. The stresses of the broad social, economic and political changes in South Africa are reflected here, just like the phoenix on the hospital's coat of arms, the hospital also rises out of its own ashes every time," says Bara chief superintendent Christo van den Heever.

It may well have to do so after this week's chaos. By yesterday, Bara had only about 900 patients left and the doctors were continuing to discharge as many of

them as possible.

"The possibility that the hospital may have to close down is a real one as the strike continues. We are not coping very well and are not taking any more patients, except the really critically ill," Baragwanath spokesman Hester Vorster said yesterday.

This week, its week of shame, Bara was a nightmare. In the corridors of the dark, claustrophobic and smelly military-style wards, harassed young doctors watched helplessly as waves upon waves of sick people walked in vain for someone to give them a helping hand, to listen to their pleas for help.

In the casualty wards, usually full of patients offered up by

"Go and show them how you are suffering! Show Mboweni what he has done to you!" the nurses egged Zuma on.

As the strike continued to bite, doctors overwhelmed by the huge number of suffering people could be seen desperately wheeling patients through corridors, moving them from one deserted ward to another. By yesterday, eight people had died and speculation over who was responsible for their deaths was being bandied about. Two young doctors alleged that if nurses had been on duty, the lives of at least three could have been saved. But only an investigation will be able to tell, say the authorities.

By Thursday night, Belinda Koggo had not slept for two days. The leader of the Baragwanath Nurses' Forum, which seems to hold the sway in the national strike and to direct other strikers by example, the Protea nurse takes a comb and runs it through her hair before giving a press conference.

"I have been a nurse for 10 years and, believe me, going on strike is not my choice. It pains me when people say we are uncaring and do not have our patients' well-being at heart." The decision to strike was necessitated by the Government's lack of caring and disregard for the nurses' demands, she says.

Their plight was communicated to the authorities on several occasions and time after time they were met with silence or a promise to "come back to you as soon as we can".

"We are prepared to compromise. But what we want is a firm date for the implementation of attempts to redress the appalling salary structures for nurses. People cannot live with what they are getting now, and the Government must realise now," she says.



SUFFERING: The children in Baragwanath are hardest hit

Koggo is no stranger to a fight with the Government. In 1992 she was one of the nurses who demanded, and received, a R500 bonus from the Government for work done while general workers were on strike. Several people died during that strike.

"The people who are in power today, including Tito Mboweni, lobbied for the past government to listen to us. But today why are they not doing the same?" she asks.

on a knife edge. Its contradictions are manifest.

The remuneration of medical workers is one of the present system's most serious problems. At the moment doctors who work for up to 20 hours a day are paid as little as R4 500 a month. Nurses on the lowest scale, that of nursing assistants, earn R1 300 a month. After four years' training, a professional nurse receives a gross income of R3 143 and a senior professional nurse gets R4 073.

And these nurses, tired of the money they earn, have proved to be one of our health system's weakest links. Their plight, they say, is compounded by long working hours.

As the strike threatened to spread this week, the reality of this fact faced the Government starkly. In the chaotic office of Gauteng Health MEC Amos Masondo, the helplessness which gripped the Government was evident everywhere.

"I cannot do anything about their plight because the issue of salaries can only be handled in the Central Bargaining Chamber, where their union representatives sit. It has already been agreed upon that they should get a 5% increase and there is no money now that can be made available to them," Masondo said on Thursday.

He, like other provincial MECs, is a man caught between a rock and a hard place. His portfolio does not allow him to deal with matters including this one, and the central Government has no money to meet the nurses' demands.

Calls for Masondo's resignation have been made and public pressure to resolve the issue is mounting. But he, and his cabinet, have decided to stick it out.

"The nurses must go back to work," cabinet members said.

Nurses' strike: now province draws the line

By TEFU MOTHBELLI
and CHRISTINA STUCKY

The Gauteng government started issuing dismissal notices to striking nurses yesterday after the nurses failed to meet a 3pm deadline to return to work.

However, uncertainty over the outcome of a five-day strike prevailed last night as strikers and local government officials battled to resolve the impasse that has crippled three main hospitals and 24 clinics.

Representatives from Baragwanath, Coronation and Johannesburg hospitals met Gauteng government officials for seven hours yesterday. Initial signs that the deadlock may have been broken were in doubt when the parties could not agree on a joint statement.

Notices of dismissal were distributed to the 3000 striking nurses yesterday afternoon, before the conclusion of the meeting, because they had failed to return to work by the 3pm deadline set in the final ultimatum issued on Thursday.

At the time of going to press, it seemed uncertain whether the meeting would overtake the terms of the ultimatum.

Popo Maja, public relations officer for the MEC for health, told the *Saturday Star* of divisions among workers as some of the nurses had indicated a willingness to go back to work.

"In fact some of them have told us they were tired of the strike and were willing to start working again," he said.

At a news conference yesterday morning, Gauteng Premier Tokyo Sexwale and MEC for Health Amos Masondo said the government was aware of the low salaries and poor working conditions of the nurses, but

stuck to its guns as far as the illegal strike is concerned.

Sexwale, who described the strike as "insensitive", said: "Let me ask you: What do you think we as government should do now? We would rather be taken to task for taking action than to be sitting back."

Although the government was still willing to sit down and talk to the striking nurses, it was not willing to give in to the nurses' demands, particularly since, during previous wage negotiations, the main nurses' unions had signed an agreement for a 5% wage increase.

The striking nurses, who are not supported by the main nursing unions and have formed ad hoc strike committees, demand between increases of between 25 and 33% (depending on the hospital), tax exemption or restructuring, as well as parity with local authority workers.

"If the government backs down after an agreement has been reached in the bargaining chamber, then that sends a message," MEC for Finance and Economic Affairs Jabu Moleketi said at the conference.

"We want to send a message that wildcat strikes are not allowed. If we give in here, then KwaZulu-Natal or the Western Cape are next - we are stopping the domino here."

A hospital in Khayelitsha, near Cape Town, and three clinics outside Pretoria joined the strike yesterday, Sapa reported. Maja said: "The country can't be held to ransom. There is no way government can meet their demands. We don't want to lie to them. That is why we say, go back to work and we will look at ways to satisfy some demands."

TO PAGE 2



MERCY DASH: Baby Monnana undergoes emergency surgery at Park Lane Clinic yesterday after being rushed from strike-hit Johannesburg Hospital

PHOTOGRAPH: ANTON HAMMER

FROM PAGE 1

Province gets tough

Nurses spent the day yesterday sitting in the shade in front of the administration block of Baragwanath, or singing and marching up and down a short stretch of road.

Meanwhile, emergency cases were accepted at the casualty unit. Some doctors, underworked since the transfer of patients, spoke out in support of the nurses.

"Most doctors support the nurses' cause because they know what it is like to get screwed by the authorities," said one doctor.

"We don't think they should back down," Roslin Jacobs, a representative of Coronation Hospital's 550 nurses who are on a go-slow, told the *Saturday Star* before going into the meeting that they had been forced into the role of "deviant nurse" by a government that was not taking their demands at all seriously.

"We hate doing this, absolutely hate it. But what must we do? They are not listening to us. They are forcing us to beg for the bread on our table."

See Page 6

Star 9/9/95

Striking nurses fired

(95) (S) ARG 9/9/95
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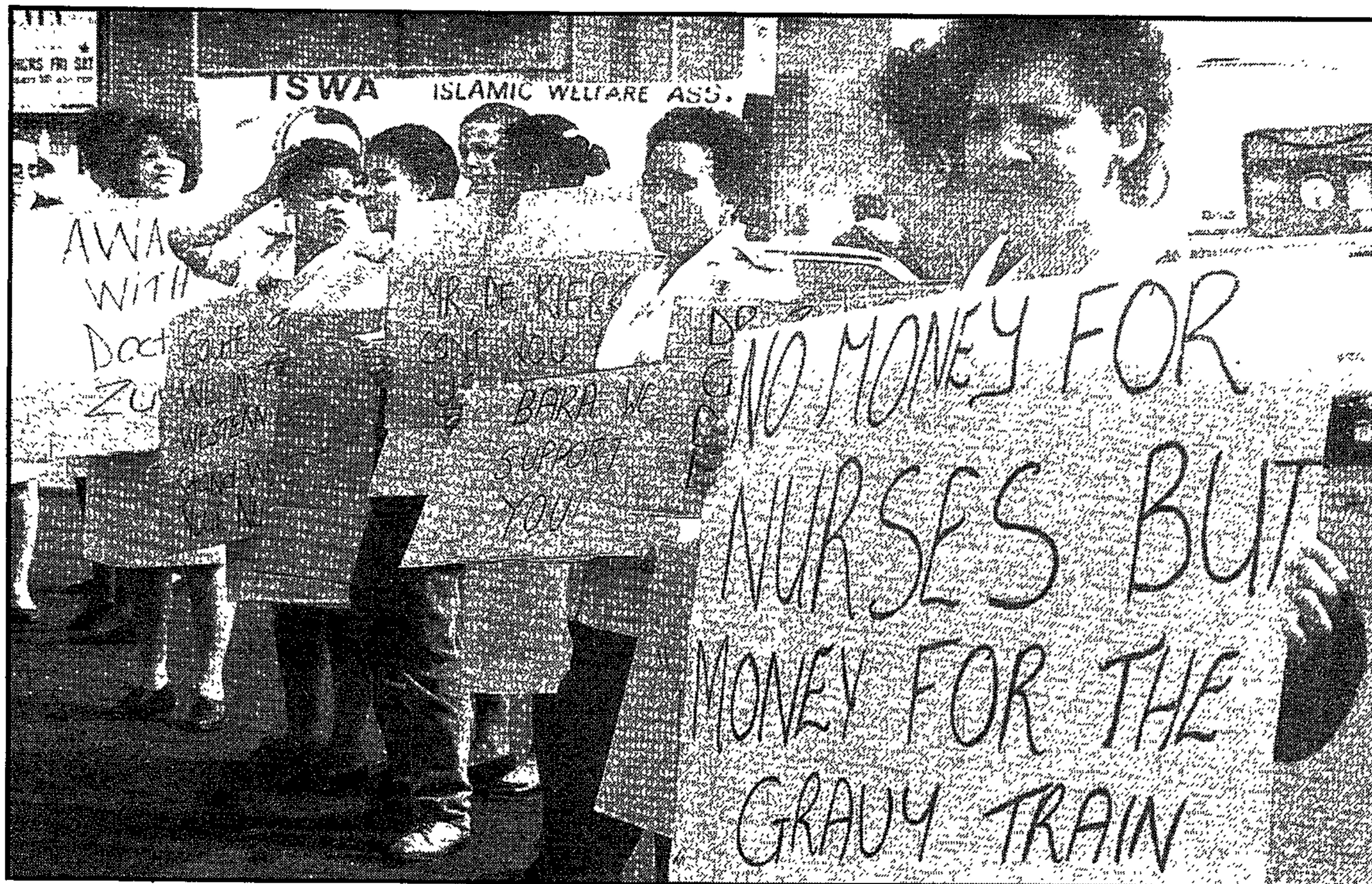
However, uncertainty over the outcome of a five-day strike prevailed last night as strikers and local government officials continued to battle to resolve the impasse.

Representatives from Baragwanath, Coronation and Johannesburg General hospitals met Gauteng government officials for seven hours yesterday.

Initial signs after the meeting that the deadlock may have been broken were placed in doubt when the parties could not agree on a joint statement.

Notices of dismissal were distributed to the 3 000 striking nurses yesterday afternoon, before the conclusion of the meeting.

■ See page 3



□ **STRIKE SUPPORT:** Nursing staff at Mowbray Maternity Hospital show their support for the nurses on strike in Gauteng during their lunch hour yesterday.

Picture: ANDREW INGRAM, Staff Photographer.

Striking nurses fired

Own Correspondent

JOHANNESBURG. — The Gauteng government started issuing dismissal notices to striking nurses after they failed to meet a 3pm deadline to return to work.

However, uncertainty over the outcome of a five-day strike prevailed last night as strikers and local government officials continued to battle to resolve the impasse that has crippled the province's three main hospitals and 14 clinics.

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ARLT 9/9/95

(95) (15E)

95 By CAROL PATON

THE woman who led this week's wildcat nurses' strike is an unlikely revolutionary.

Sister Belinda Kgoro is a devout Christian and respected figure in the Soweto communities of Mofolo and Protea.

She has never been a politician and has no interest in politics.

Sister Kgoro appears to be an ordinary figure among the singing nurses. But, megaphone in hand, she was a popular leader of 1 700 Baragwanath nurses on strike.

Through the long nights and early mornings, Sister Kgoro, who was chosen by nurses to represent them, has carefully explained developments, roused them with slogans and appealed to them to remain united.

"Promise me that when this is over you will get out of all these unions," she said to nurses on Wednesday night. "We must represent ourselves when negotiating in the future."

Nurses are angry that their unions — among them the South African Nurses' Association — accepted a five percent wage increase on their behalf.

Sister Kgoro, a qualified

The theatre sister who turned into a nursing activist

ST 10/9/95

Because of your ethics, you feel, at the end of the day, that your dedication is not appreciated and it can push you to become an activist.

"We feel very bad about leaving patients but we have been pleading with the authorities for ages to hear the nurses' plight. But they have used patients' lives to gamble with us."

Sister Kgoro said the leadership role she was thrust into this week was difficult. "You have to be cautious, you have to exercise control," she said.

But lacking legal expertise and trade union experience, the strike

leaders have not exercised the caution or control common to most trade unionists. They have been naively unaware of the legal implications of their actions and statements and have not taken any legal advice. "We don't want to get involved in all these fancy things — we're not anticipating bad things, only good things," she said on Wednesday.

Yet Sister Kgoro is keenly aware of the political dimension of the strike. She is contemptuous of the claim — made by placard-bearing demonstrators at the hospital gates — that the nurses are the spoilers in the democratic South Africa.

"I endured to get where I am. In 1976, I was in Sid 7 at Orlando West — we dodged the bullets and we were there when the hostel dwellers attacked the community. I sat in a broken classroom at a burnt desk while the ANC was in exile. They got bursaries and they studied to get degrees with long names."

"But we are the people who put them in power, we are the people who brought them back home. They have forgotten that it is strikes like these which put them where they are."



Picture: JON HRUSA

SINGING SISTERS... Belinda Kgoro (left) tells striking nurses to represent themselves when negotiating

Nurses' strike spreads

ST 10/9/95 (95)
By CAS St LEGER

STRIKE action by nurses spread to Bloemfontein yesterday, with a wildcat strike at the Pelonomi Hospital.

Services have been "severely affected" by the action which began on Friday, according to the Office of the Free State Premier.

Pay demands made by nurses are identical to those made in Gauteng.

The Bloemfontein

nurses have also demanded an apology from President Nelson Mandela for his statement on nursing staff.

They have also called for the abolition of the SA Nursing Council, the SA Medical and Dental Council and the abolition of registration fees for nurses.

The provincial health department issued an ultimatum to strikers to return to work by 10pm yesterday for those on night duty and 7am today for the day shift.

● See page 6

Health truce on knife edge

EP 10/9/95

(95)

By PEARL RANTSEKENG

AN UNEASY truce has been struck between striking nurses and the government with thousands of striking nurses promising to return to work tomorrow - but the dispute is far from over.

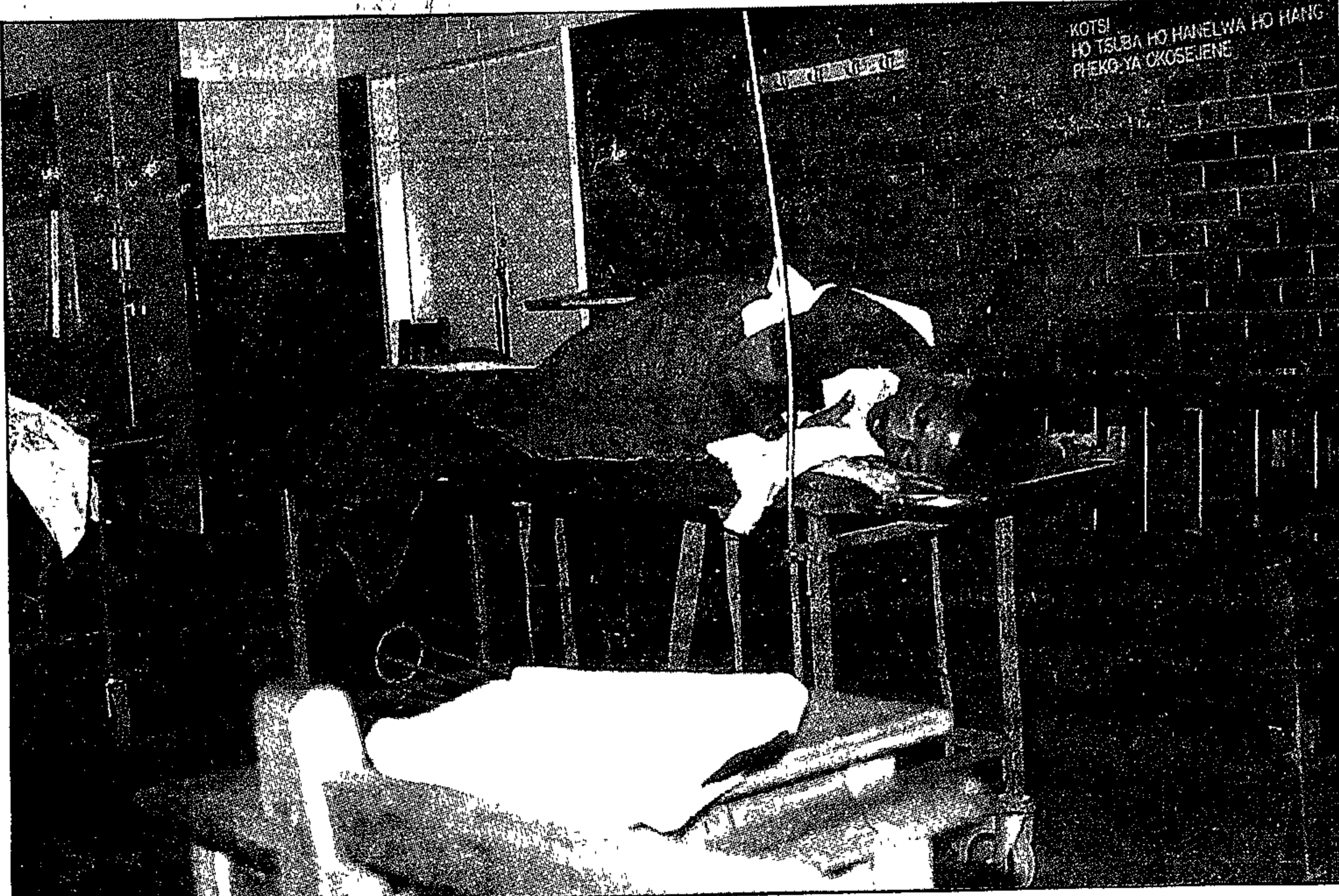
The Health Workers Forum - which spearheaded the wildcat strike that threatened to plunge the country into chaos - yesterday made it clear that the strike would be resumed if talks with the government later this month did not satisfy it.

The strike, which started at Johannesburg's Baragwanath Hospital on Monday, spread to other hospitals such as Ga-Rankuwa and Coronation and sympathy protests in Zwelitsha, Cape Town and Pelonomi in Bloemfontein.

■ The strikers are demanding a 25 percent pay hike - a demand thrown out by the government, which said it did not have the money needed.

Army personnel and paramedics were called in to help at hospitals, and several casualty departments had to shut down as the strike turned ugly.

In some instances, not-



WAITING FOR HELP... A seriously injured patient with gun shot wounds awaits help from staff. ■ Pic: MIKE MZILENI

so-sick patients had to look after severely ill patients in the wards.

■ The suspension of the strike follows talks between the Gauteng Health Department and the Health Workers Forum on Friday evening at which the government

recognised the Forum and agreed to re-open wage negotiations.

The strike drew angry reaction from government, the general public and even Cosatu, the giant trade union federation. Forum chairman Jacob Lethlake said that

if the negotiations were not fruitful they would have no choice but to embark on a national strike.

"The government is aware that if the negotiations fail, they would be drawing the whole process back to square one," Lethlake said.

■ The strike was sparked off by demands for parity in salaries for local and provincial employees.

By Wednesday afternoon other hospitals and clinics in the region had joined in the strike. Government pleas that there was no money to pay the

25 percent salary increases demanded were pooh-poohed by the strikers.

They also ignored President Nelson Mandela's threat to return to work - or be fired.

Lethlake said the government had reiterated its

view that nurses' salaries and conditions of services were not satisfactory and needed to be urgently addressed.

He said the Gauteng Health Department had indicated that nurses who returned to work tomorrow need not give individual written explanations of the reason for their absence as required by law.

"There will be no victimisation of staff involved in the strike," Lethlake said.

A national consultative forum for health workers with a special consultative sub-committee on nursing would be established by the end of the month, he said.

Lethlake said the question of nurses' salaries would be referred to the consultative forum to consider and make recommendations.

A provincial forum would be established to deal with specific provincial matters.

■ In a statement yesterday President Mandela welcomed the agreement reached between striking nurses in Gauteng and the provincial health department.

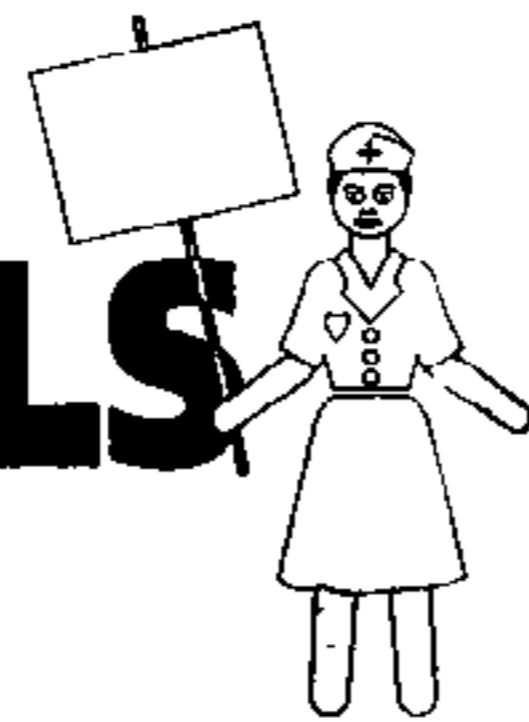
Mandela said he hoped this agreement would see the nurses returning to their places of work tomorrow, so that they could fulfil their obligations to patients and to society as a whole.

□ See Page 14.

'To hell with Florence Nightingale

(95) ST 10/9/95

THE HOSPITALS CRISIS



Are nurses paid too little?

NURSES employed in provincial hospitals and clinics earn gross salaries of between R3 000 and R4 000 a month. Salaries increase with experience and any additional qualifications after four years of training. However, take-home pay is often low. For instance, a specialised theatre nurse with 10 years of experience told the Sunday Times she received a gross salary of R3 600, but took home only R1 800. Her deductions, however, included a housing subsidy and her own bond repayments which were made directly to the bank. Nurses working for the province do not earn much less than nurses at private clinics, where nurses without experience start on a salary of R2 500 and quickly

reach a ceiling of R5 000. The salaries of nurses at provincial hospitals compare poorly with those of teachers, who, after four years of tertiary training, start on a salary of R3 250. Teachers with 10 years of experience earn at least R5 000. Department heads earn about R6 000 a month. Nurses are better off than the bottom ranks of policemen, who start at R900, but their educational qualifications are much higher. However, a policeman such as a warrant officer has a higher top salary than a nurse, with a scale from R2 800 to R3 200. A police sergeant earns between R2 366 and R3 253.

By CAS St LEGER and CAROL PATON
WHEN nurses at Baragwanath Hospital opened their pay packets last month they did so with a little more enthusiasm than usual — their annual increase, backdated from July, had come into effect.
 But the pay rise for most, with tax and other deductions, came to little more than R80 a month. Over tea and in the corridors, they spoke of little else. Their trade unions, the South African Nursing Association, the National Health and Allied Workers Union and the Hospital Personnel Trade Union — which had agreed to the five percent increase — had let them down. On Tuesday August 29 — two days after payday — the Baragwanath nurses, led by Sister Belinda Kgogo, called a meeting where they drew up demands including a 25 percent wage increase. A letter was faxed to the Gauteng government asking for a response by the end of the week. A letter on Friday from the Gauteng Premier, Tokyo Sexwale, promised to look into their problems "in due course". The nurses, who had expected a more serious consideration, demanded a proper response by Monday, threatening to go on strike. When no response was received, 1 700 Baragwanath nurses stopped working. The strike spread immediately to the Soweto clinics, whose nurses had been at Baragwanath that day to find out what the government's response would be. "To hell with Nightingale," said one striker, referring to Florence Nightingale, as her sisters chanted in Zulu: "Zuma is a devil." Residents of Soweto had their own placards: "Go back to work. You're killing our babies." By the end of the week the strike had spread to the Hillbrow and Garankuwa hospitals and 15 Gauteng clinics. Doctors supported the nurses' pay demands, but many were angry about the way they had walked out. An East European doctor at Baragwanath was so exhausted after 22 hours on duty that he stuck a needle into his finger. Lancing the prick with a blade to make it bleed and reduce the risk of AIDS, the doctor, who asked not to be named, said angrily: "Conditions here are a hundred times better than they are in Russia, where the pay would be \$3 (about R11) a month." "Here I am paid R3 200 — less than many of the nurses get and less than half a matron's pay. We are the ones who should be striking." Paediatrician Dr Hans Vanunen said the strike had come as a surprise. "To just leave like that is wrong," he said. Despite reports of up to 10 deaths at Baragwanath, hospital authorities denied any deaths were attributable to the strike. The hospital, located at the entrance to sprawling Soweto, handles more than 44 000 operations a year. It serves 15 000 meals and washes 50 tons of laundry a day and has a staff of 10 000. The casualty and out-



PITCHING IN. Dr Hans Vanunen feeds a premature baby, one of the jobs normal

THE SICK HEALTH RAND

COMPARISON BETWEEN HEALTH EXPENDITURE AND HEALTH STATUS OF COUNTRIES AT A SIMILAR LEVEL OF ECONOMIC DEVELOPMENT

COUNTRY	Health expenditure as a percentage of GDP	Infant mortality rate (per 1000)	Life expectancy at birth (years)	Incidence of tuberculosis (per 100 000)
South Africa	8.5	49	63	250
Botswana	3.3	36	68	-
Hungary	6.0	16	70	38
Malaysia	3.0	15	71	67
Venezuela	3.6	34	70	44
Chile	4.7	17	72	67

Note: South Africa: 1992 infant mortality rates and 1992/3 estimate of health expenditure as % of GDP. All other countries: 1991 infant mortality rates and 1990 estimates of health expenditure as % of GDP. 1991 Life expectancy figures; 1990 Statistics for tuberculosis.

Source: World Bank Development Report 1993

A mother's dedicated vigil

A YOUNG shack-dweller is among the unpaid heroines of the Baragwanath hospital strike. Julia Mphuthi has spent the week helping to bath, feed and care for dozens of babies and toddlers in the children's wards. She is one of a number of mothers who, under the direction of doctors, matrons and army medics, took over from the striking nursing staff and watched over babies in oxygen tents, called for help if drips stopped working and cuddled the tearful. Miss Mphuthi lives in the Protea South squatter settlement at Kliptown, Soweto, with her month-old son, James.

nurse him herself and to help with those children whose mothers were not with them. Miss Mphuthi has spent her nights snatching sleep sitting upright in a wooden chair. "Food? We eat if we have money," she said. As she has not been able to contact her employer, she has no idea whether she has lost her job, collecting plastic for a recycling business. "My heart is so sore. How can the nurses leave these babies?" she asked. "They must come to work. They deserve more money because they work so hard. Dr Zuma (the Health

Minister) must listen. I would pay them myself if I had the money." By midweek, the children's wards had been emptied of all but 31 more seriously ill patients, aged from three months to 13 years. Army nursing sister Captain Corrie Auret said that most of the remaining patients were suffering from lung diseases. She said no children in her ward had died because of the strike. The medics had been ordered not to comment on the strike. But as one went to comfort a crying child, she said angrily: "Nurses should have ethics."

Military to the rescue

MORE THAN 400 military medics will stay on duty this weekend at strike-hit Gauteng hospitals until nurses return to their posts. Captain Anthony Adendorff, a spokesman for Wits Medical Command, said 414 medics from his unit and Northern Command had been on duty since Monday. The medics had treated 4 750 patients at Baragwanath, 1 012 patients at Garankuwa and 678 patients at Hillbrow. Captain Adendorff said medics were working 12-hour shifts and would stay on as long as they were needed. He said there had been an "excellent" reaction to the military presence from both patients and matrons.

Last Sunday, James started to cough and gasp for breath. "I brought him to Bara because treatment is free. He has a lung disease," said Miss Mphuthi. She stayed with her son the first night — and then, to her hurt and bewilderment, saw the nurses walk away from caring for her baby on Monday. She was forced to stay to

patients section handled more than four million people last year. But the hospital is also hugely inefficient. Recorded thefts over the past three years total R1,4-million and, according to information obtained by the Democratic Party's health spokesman, Jack Bloom, drugs and linen worth R500 000 are stolen every month. Like other Gauteng teaching hospitals, Baragwanath's budget this year was cut by 20 percent, or R600-million, as central government redirected the health budget towards primary care in an attempt to get a better return from spending. Figures in the World Bank and Health Systems Trust Health Expenditure Review, released earlier this year, graphically illustrate the poor return the country is getting for its health rand. While 85 percent of its gross domestic product goes on health, compared with only 33 percent in Botswana, South Africa's infant mortality rate is 49 babies per 1 000 people compared with Botswana's 36 infant deaths. South Africans have a life expectancy of only 63 years, compared with 72 for Chileans, who spend 4,7 percent of their GDP on health, can expect to live to 72. "There is little doubt

that South Africa spends a very high percentage of its gross domestic product on health care — and that the returns are not as good as they could be," the report said. It said the problem could be solved by improving access to basic health care, but warned that resources should not be shifted too quickly at the expense of major hospitals. Health Minister Dr Nkosasana Zuma's inquiry into a national health insurance system recommended increases in spending on primary care of R300-million a year over five years, to reach R1,5-billion a year by the year 2 000. Under the national

Florence Nightingale'

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PITCHING IN . . . Dr Hans Vanunen feeds a premature baby, one of the jobs normally done by the nurses Picture: JON HRUSA

minimum public-sector wage of R1 500 a month.

"By giving us five per cent they were saying we are worthless," said one nurse. "It was a slap in the face."

When Gauteng's health minister, Ambrose Masondo, arrived at Baragwanath on Monday, it seems that he had underestimated the nurses' anger and resolve.

"As a former unionist, I've always seen the strike as a last resort - something you do only after you've used all the available channels," he said.

He told the nurses that wage negotiations had been signed and sealed and that he therefore could not discuss their demands.

When the nurses did not return to work the next day he issued an ultimatum: return to work by Thursday or face legal action.

He admitted he had been surprised when nurses decided to continue their strike.

For two days after their meeting with Mr Masondo, the nurses continued to toy-toy in the hospital grounds, most of them optimistic that something was being done to solve their problems.

They did not believe for a moment that the threat of dismissal was serious.

On Wednesday night, Tito Mboweni, the Labour Minister and acting Minister of Health, visited the hospital with a large delegation including Mr Masondo.

He, too, appeared overconfident that the problem could be easily solved. "We think they will see our point of view," he said before the meeting.

But, by 3 30am on Thursday morning, the nurses had still not seen his point of view.

While expressing his sympathy, Mr Mboweni reiterated Mr Masondo's position: wage bargaining has taken place, so return to work or be fired.

Drawn together by the conviction that their unions had failed them, it was not surprising the nurses disagreed with his point that "the collective bargaining process is sacrosanct".

It was collective bargaining that the nurses believed had failed them, and they stuck to their strike unfazed by ultimatums stuck up on hospital doors and noticeboards.

Underlying the hard line taken by the government was a fear that conceding to the nurses' demands would spark unrest in the rest of the public sector.

"We make a concession to the nurses in Gauteng and from there the police and the teachers will follow," said Gauteng's finance minister, Jabu Moleketi. Agreeing to the nurses' demands alone would cost the country R2-billion, he said.

Despite their determined stand, it took the national and Gauteng governments five days to set in motion legal steps to take action against the nurses.

After shifting their deadline twice, the government issued a notice on Friday dismissing workers who could not provide written explanations within the next 72 hours for their absence from work.

Another meeting was called the same day, and a deal of sorts was finally struck.

The government offered to set up a forum to discuss salaries and agreed that nurses would not be victimised or lose their pay, and the nurses pledged to return to work tomorrow.

patients section handled more than four million people last year

But the hospital is also hugely inefficient. Recorded thefts over the past three years total R14-million and, according to information obtained by the Democratic Party's health spokesman, Jack Bloom, drugs and linen worth R500 000 are stolen every month

Like other Gauteng teaching hospitals, Baragwanath's budget this year was cut by 20 percent, or R600-million, as central government redirected the health budget towards primary care in an attempt to get a better return from spending

Figures in the World Bank and Health Systems Trust Health Expenditure Review, released earlier this year, graphically illustrate the poor return the country is getting for its health rand

While 8,5 percent of its gross domestic product goes on health, compared with only 3,3 percent in Botswana, South Africa's infant mortality rate is 49 babies per 1 000 people - compared with Botswana's 36 infant deaths

South Africans have a life expectancy of only 63 years. Chileans, who spend 4,7 percent of their GDP on health, can expect to live to 72.

"There is little doubt

that South Africa spends a very high percentage of its gross domestic product on health care - and that the returns are not as good as they could be," the report said

It said the problem could be solved by improving access to basic health care, but warned that resources should not be shifted too quickly at the expense of major hospitals.

Health Minister Dr Nkosasana Zuma's inquiry into a national health insurance system recommended increases in spending on primary care of R300-million a year over five years, to reach R1,5-billion a year by the year 2 000.

Under the national

health insurance plan, primary health care nurses are seen as "front-line providers". Increased responsibilities for nurses are still to be worked out at district and hospital level

Payments to nurses and other health workers will at first be based on "salary systems and frameworks currently in practice", the report says.

"However, it is intended that conditions of service should be substantially improved. Part of these improvements might involve a shift towards some combination of salary and capped fee-for-service-type payment or other reimbursement arrangements designed to

maximise incentives for efficiency," it says.

But this week the nurses were not concerned with the government's long-term plan

For too long, they said, they had had to make do with low wages and long hours "Since 1972, I have held some bitterness in my heart against the government," said one greying sister

And this year their expectations had been raised "We expected something better," said Sister Kgogo

Nurses were aware that unskilled staff, who clean the wards, had received a 22 percent pay hike. This is in line with government policy of moving towards a

Gauteng nurses agree to return to work today

Deborah Fine

WHILE nurses at Baragwanath Hospital and other Gauteng hospitals seem set to return to work today, nursing staff at Bloemfontein's Pelonomi Hospital have threatened an indefinite strike unless President Nelson Mandela apologises for his "work or quit" ultimatum.

Baragwanath nurses' spokesman Cindy Simka said nurses intended honouring the agreement reached late on Friday night by a health workers' forum, covering hospitals and clinics throughout the province,

and Gauteng's provincial legislature.

In terms of the agreement, all Gauteng nurses will return to work today. In exchange, the Gauteng government will waive its threat to dismiss the nurses.

The government also agreed to meet nurses on September 18 to discuss wages and working conditions.

Simka said Baragwanath nurses had decided to return to work because government had finally realised nursing was an essential service and had granted the profession "a listening ear". The dispute could have been resolved sooner if govern-

(95) (152) BD 11/9/95
ment had agreed earlier to set a date for talks. She warned of a national strike should the talks prove unsatisfactory.

Meanwhile, Free State government spokesman Elke Grobler said Pelonomi nurses had defied an ultimatum to return to work at the weekend. They had demanded 25% increases, an apology from the President and abolition of the SA Nursing Council, the SA Medical and Dental Council, and nurses' registration fees.

Pelonomi, severely affected by the

Continued on Page 2

Nurses (95) (152) BD 11/9/95

Continued from Page 1

strike, had had to discharge patients or transfer them to other hospitals. Talks between nursing staff, Free State MECs and health, welfare and population development deputy director Craig Househam were continuing.

Simka said she believed Mandela's "derogatory" comments had sparked the Free State strike. Nurses' League members were planning to form a human chain outside the Johannesburg City Hall today in protest against his criticism, she said.

While Baragwanath Hospital spokesman Hester Vorster said management had not yet been informed officially of the nurses' return today, health ministry spokesman Vincent Hlongwane said he was confident

the Gauteng strike was over. Although government had agreed not to dock nurses' salaries, they would have to work extra hours to make up for time lost during the strike. Hospitals were trying to determine the number of deaths caused by the strike. Legal action could be taken where it was established that patients had died because of neglect. Government would institute disciplinary measures, including dismissal, if nurses did not return to work today.

Mandela welcomed the agreement, saying he hoped nurses would return today to fulfill their obligation to society. While he appreciated the "terrible conditions" they endured, attempts to undermine government's attempts to transform the health sector were not acceptable.

Picture: Page 5

Pay nurses, not apartheid debts - Azapo

BY JOVIAL RANTAO
POLITICAL REPORTER

The Azanian People's Organisation (Azapo) has called on the Government not to service apartheid debts - which account for 20% of South Africa's annual budget - and use the money to pay nurses and doctors.

(96) Stav 11/9/95
Azapo's vice-president, Lybon Mabasa, told a press conference in Johannesburg that the amount used to pay the debt amounted to "R20-billion".

"The Government is insincere when it says it does not have the resources to pay health workers," he said.

Mabasa said there was a need

for workers to extricate themselves from the forum of bosses and the Government.

"It's our view that the present set-up (leads to a situation) where the labour movement is closer to the Government and finds itself unable to sufficiently articulate the aspirations of the workers," he said.

Kidney patients are hard hit by the strike

BY PRISCILLA SINGH

The crippling Bargavannah Hospital nurses' strike has hit kidney patients very hard, with the renal unit regulars having to go without having their required three times weekly dialysis treatment.

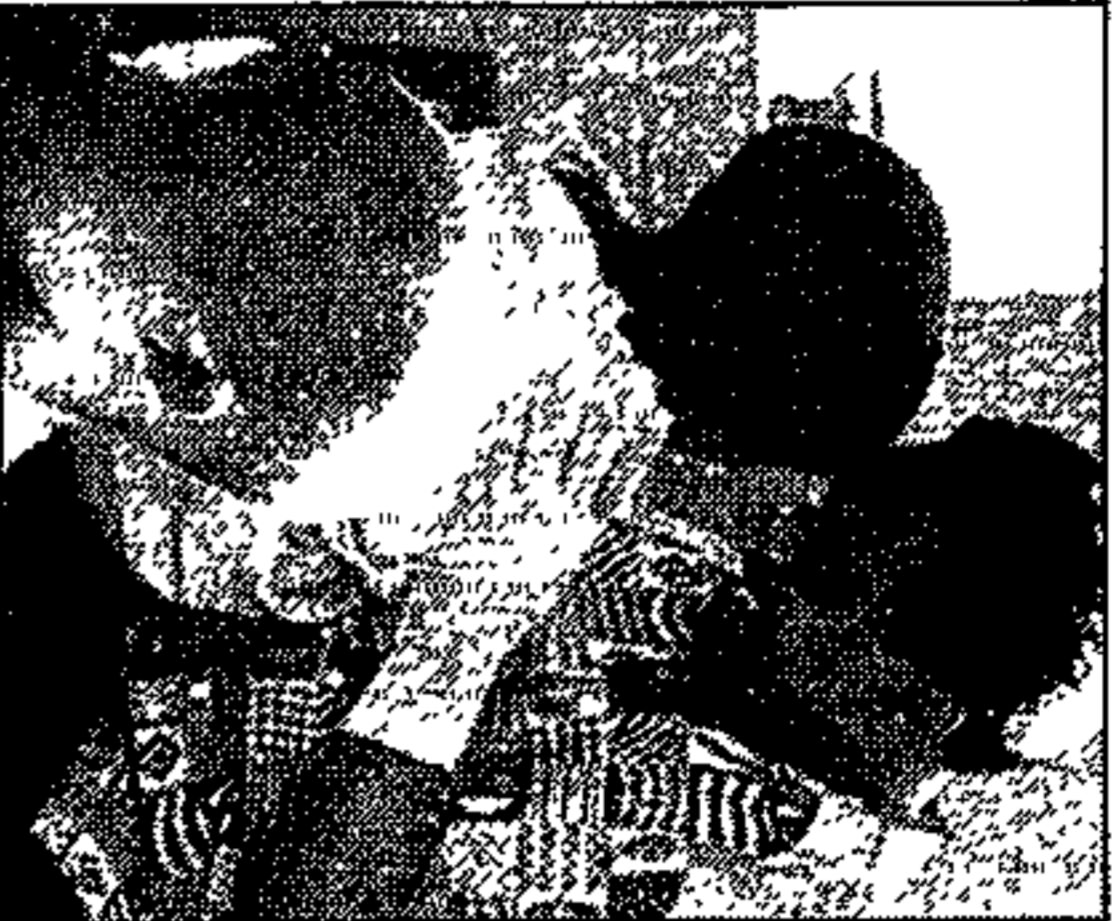
Chinic Holdings, a private company, stepped in last week and arranged for the haemodialysis patients to receive treatment at its renal units in various areas free of charge.

Patients from as far as Brakpan, Benoni, Germiston and Tembisa were transported from Bara on Friday to receive dialysis.

Lesley Nosworthy, who is coordinating the patients' schedules, said she was extremely worried about the renal patients, all of whom have no kidney function.

She said on Friday that the patients from Bara had not been on the kidney machines for one week and were showing visible signs of their bodies swelling.

"If the patients are not put on the kidney machines three times a week, they are like fish out of



Concerned ... Gauteng premier Tokyo Sexwale with a child at Bara yesterday.

water. The dialysis is a life-long treatment unless the patient receives a transplant," she said.

Because their kidneys don't work at all, no fluid leaves their bodies. During dialysis a patient's blood is taken out and purified of toxins, then returned into the system via a coil of tubes.

Chinic Holdings also gave renal treatment to the ailing

patients at the Hillbrow Hospital where striking nurses neglected their duties to join the strike.

"When we went to the Hillbrow Hospital at about 10am on Thursday, we found about 19 patients who had been sitting in the renal unit awaiting treatment since 7am. We took them to the Rand Clinic and they were very grateful for the dialysis," Nosworthy said.

She said some renal patients from Bara were also sent to the Mmabatho Hospital and those who had travelled to the Garden City Clinic on Friday went back for dialysis yesterday because of the gap in treatment at Bara.

Patient Petros Mashengu said the nurses must stop toy-toying and take care of the dying patients. He said of the dialysis treatment at Garden City Clinic that he was so happy that he was not going to die. "If the strike does not end soon we're all going to die," he said.

Peter Moleleki of Sharpeville near Vereeniging echoed Mashengu's feelings.



Happy to be alive ... renal patients Peter Marugraaff, a regular patient at Garden City Clinic, and Bara patient Herbert Ngcaku receive dialysis treatment.

PICTURE ANDREA VLACHAKIS

(K's) Star 11/9/95

(95) (K's)

Situation unclear in other hospitals and clinics

Bara back in business

(95) ~~Bara~~ Stan 11/9/95

BY JANINE SIMON
MEDICAL REPORTER

Baragwanath Hospital nurses were back at work this morning, and all Coronationville Hospital nurses were expected to be on duty by noon.

But by 8am other strike hit hospitals and Bara's 13 community clinics still did not know if their nurses would heed Friday's agreement with Gauteng health officials and return to work today.

PROVINCES agree to waive the legal requirements that the nurses explain their absence in writing

it was difficult to know if all would comply. Health Department spokesman Popo Maya said yesterday it was reluctant to fire nurses as this would further disrupt the health services, but the community had grown impatient with strikers.

At Hillbrow Hospital, nurses were locked in an early morning meeting, said superintendent Dr Jack Norman-Smith.

The situation was similar at GaBankuwa Hospital near Pretoria. The hospital had a skeleton staff of nurses over the weekend, and between 300 and 400 patients, added medical superintendent Dr Fetunia Schembe.

Pelonomi Bloemfontein's Hospital had a skeleton staff of 58 nurses last night, and expected more to be on duty today.

About 300 nurses had gathered outside the hospital administration block this morning. Chief Medical Superintendent Dr Neels Conradie said he was optimistic that the strike would be resolved.

Hester Vorster said this morning that the hospital was not yet fully operational, as many wards had been closed and hospital management was still working on a plan of action.

Yesterday, the situation at strike-hit Gauteng hospitals remained largely unchanged, with skeleton staffs taking care of the few patients who could not be transferred or needed emergency treatment.

The cost of the Gauteng strike could not yet be calculated, but some costs, like what happened to critically ill babies who never came to the hospital for care would never be known.

Mgijima said Premier Tokyo Gauteng Sexwale and MEC for Health Amos Masondo toured Baragwanath Hospital wards early yesterday, offering support to patients, staff and community helpers who had assisted patients there.

Military
Doctors and a staff of only 40 helpers, including military medics, were tending to the 400 patients left in Baragwanath hospital yesterday.

There were no protesting nurses on the premises.

Chief superintendent Dr Chris van den Heever said hospital staff had used the lull in activities caused by the strike to do maintenance and cleaning in areas like the intensive care unit.

Nurses are expected to send representatives to a Consultative Forum meeting on September 18. The forum is a national initiative to discuss problems like overcrowding and low pay in the health services.

Kidney patients hard hit by strike - Page 2

Strike closes Free State clinic

CT 11/9/95

BLOEMFONTEIN: All out-patient clinics at Pelonomi Hospital are to close until further notice due to the nurses strike in the Free State, Premier Mr Patrick Lekota's office said yesterday.

The out-patient departments of Universitas and National hospitals would, however, continue to function normally.

The Free State health department said nurses at the hospital had until Wednesday to return to work or face disciplinary action.

It said the more than 100 nurses who went on strike on Friday, demanding a 25% wage increase, had been issued with an ultimatum in terms of the Public Service Labour Relations Act to return to work by 10am on Wednesday.

"All striking nursing staff at Pelonomi received notices of the ultimatum to resume their duties or face disciplinary action," the department's spokeswoman Ms

Elke Grobler said.

She said no patients were being admitted to the hospital. This included the casualty and maternity sections.

Meanwhile, more than 2 000 striking Gauteng nurses are expected to return to work today, ending a week-long strike at 14 clinics, and the Baragwanath, GaRankuwa, Hillbrow and Coronationville hospitals.

Gauteng's head of health Dr Ralph Mgijima said yesterday the agreement to return to work was struck late on Friday.

Nurses' delegates had reported back to their followers over the weekend, he said.

But, as nurses at each hospital had their own committee of representatives, it was difficult to know whether all would comply. If they do, the province would waive the condition that nurses explain their absence or be dismissed, he said.

Baragwanath nurses return, others may follow

ARG 11/9/95 (95) (22)

The Argus Correspondent

JOHANNESBURG. — Baragwanath Hospital nurses in Soweto were back at work today and nurses at Coronationville Hospital in Johannesburg's western suburbs were expected to be on duty later.

But other strike-hit hospitals and Baragwanath's 13 community clinics did not know if their nurses would heed Friday's agreement with Gauteng health officials and return to work today.

Gauteng Health Minister

Ralph Mgiijima said if nurses returned today, the province would waive the requirement that they explain their absence in writing or be fired.

At Hillbrow Hospital, nurses were at a meeting, superintendent Jack Norman-Smith said.

The situation was similar at GaRankuwa Hospital near Pretoria. The hospital had a skeleton staff of nurses at the weekend, and between 300 and 400 patients, said medical superintendent Petunia Shembe.

Bloemfontein's Pelonomi Hospital had a skeleton staff of

58 nurses last night, and expected more to be on duty today.

Chief medical superintendent Neels Conradie said he was optimistic that the strike would be resolved.

The cost of the Gauteng strike could not yet be calculated, but some costs, like what happened to critically ill babies who did not get to the hospital for care, would never be known, Dr Mgiijima said.

Gauteng Premier Tokyo Sexwale and MEC for Health Amos Masondo toured Barag-

wanath Hospital wards yesterday, offering support to patients, staff and community helpers who had assisted patients there.

Doctors and a staff of only 40 helpers, including military medics, were tending to the 400 patients left in Baragwanath Hospital yesterday.

Nurses are expected to send representatives to a Consultative Forum on September 18. The forum is a national initiative to discuss problems like overcrowding and low pay in the health services.

Tokyo gives talk to the sick at Bara

Sowetan 11/9/15

By Glenn McKenzie and Russel Molefe

NURSES at Baragwanath Hospital in Soweto who have been holding out when their strike ended at the weekend are expected to return to work today. But doubts still surround strikes at Garankuwa and Hillbrow hospitals.

Health Workers Forum spokeswoman Ms Purnla Sosibo told *Sowetan* yesterday that Baragwanath nurses would return to duty today after having "positive discussions" with government representatives on Friday.

Meanwhile, a Gauteng government spokesman expressed concern yesterday that nurses at Hillbrow had not indicated whether they would return to work. It was also reported that nurses at Garankuwa have denied claims that they have abandoned the strike.

Nurses at the hospital will meet today to decide "the way forward", a spokesperson said. Nurses at Coronation Hospital in Johannesburg returned to work on Friday.

A product of last week's strike will be a major new labour union which could be named the "National Consultative Health Forum", according to the Health Workers Forum, Sosibo said.

"Nurses are all very unhappy about the way in which the unions have represented us. There will be a new union to unite nurses," she said.

Last week, both the National Education, Health and Allied Workers' Union and the Hospital Personnel Trade Union (Hospersa) distanced themselves from the hospital strike.

The unions had negotiated a five percent pay increase for nurses earlier this year although many nurses had been unhappy with the deal.

"Even Labour Minister Mr Tiro Mboweni and (Gauteng Health MEC Mr Amos) Masondo have agreed that we should form a new organisation to represent nurses," said Sosibo.

Yesterday, Gauteng premier Tokyo Sexwale gave seriously ill patients at Baragwanath Hospital in Soweto a morale boosting visit where he expressed confidence that striking nurses would return to work today.

Sexwale agreed that nurses' salaries were very low and they "deserve the more than 25 percent salary increase which they are demanding".

He also thanked student nurses, matrons and members of the SA Medical Service for working around the clock during the nurses strike.



Gauteng premier Mr Tokyo Sexwale comforts patients and mothers of terminally ill babies during his visit to the strike-hit Baragwanath Hospital in Soweto yesterday. Most of the striking nurses are expected to resume work today.
PIC: VELL NHLAPO

Biko family's visit to death cell

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Baragwanath patients outnumbered by nurses

Ingrid Salgado

BARAGWANATH Hospital workers outnumbered patients yesterday when nurses returned to work following last week's wildcat strike.

The Gauteng health department said nurses at all Gauteng hospitals reported for morning duty.

But strike action at Bloemfontein's Pelonomi Hospital continued.

Baragwanath spokesman Hester Vorster said more than 1 700 nurses

BD 12/9/95
were caring for 512 patients. The hospital discharged thousands of patients and transferred nearly 50 intensive care patients in the midst of the crisis.

It could take up to two weeks for the hospital to return to capacity, said Vorster. The strike began last Monday with nurses at Baragwanath demanding a 25% pay increase, and spread to other hospitals and clinics.

Sapa reports that Pelonomi Hospital superintendent Dr Neels Conradie said no disciplinary action would be

(95) (12)
taken against striking nurses until tomorrow morning.

Meanwhile, the Gauteng health department called a threat to resume the strike if talks with government failed "irresponsible". Nurse representatives and government begin talks on Monday at a national health consultative forum agreed to by all parties. There would be no salary deductions, but nurses would make up for time lost.

Picture: Page 4

New forum for nurses' grievances

(95) (95) Star 12/9/95

A FORMAT to address demands has been welcomed, but nurses warn they will not be appeased

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Most striking nurses in Gauteng went back to work yesterday, but warned they had only suspended, not abandoned, their strike.

Nurses expect their complaints to be addressed in the newly formed National Consultative Health Forum, which meets for the first time on September 18.

But Coronationville Nursing College delegate Rosaline Jacobs warned yesterday that if the forum was created just to passify the demands of nurses, they would reconsider mass action, probably in the form of a "go-slow".

GaRankuwa nurses have told hospital management not to normalise admissions until after the forum meeting, to avoid the hospital being filled with patients with no nurses to take care of them, chief superintendent Dr Reg Broekman said yesterday.

The lengthy agenda for the September 18 meeting includes issues such as appropriate salary scales and an appropriate reward system for commitment and work under difficult circumstances.



Back on the beat ... nurses attend to a patient at Baragwanath Hospital yesterday after ending their week-long strike over salaries and service conditions.

However, the Gauteng health department, which is facing a R600-million shortfall in its budget this year, is unlikely to be able to pull a salary increase out of the hat.

Putting nurses on a salary par with local authority employees in Gauteng would cost R1,5-billion, National Health Department Director-General Dr Olive Shisana said.

Shisana co-chaired a commission of enquiry into a national health insurance system, and will present a feedback report of public comment on proposed system next month.

Improving working conditions had been on the list to "fast-track" the implementation of the new system, but the nurses were not aware of this because they were not organised, she

said.

Services had returned to normal at Baragwanath, Coronationville, Hillbrow, Johannesburg, and GaRankuwa hospitals, after the week-long illegal strike crippled hospitals and clinics.

But nurses in Bloemfontein's Pelonomi Hospital had not returned to work by late yesterday and indications are the nurses in KwaZulu-Natal may do the same tomorrow in support of the Gauteng strike.

Health Minister Dr Nkosazana Zuma welcomed the return to work.

In a statement relayed from Beijing, China, where she is leading the Government delegation to the UN Women's Conference, Zuma reiterated her concern that whatever the demands of nurses and health workers, it was unacceptable to compromise patient care.

Such actions brought disrepute to the health profession, she said.

She urged nurses to strive for meaningful representation in the National Health Consultative forum.

■ An ANC/Cosatu/SACP Alliance is to meet Zuma and Public Service and Administration Minister Zola Skweyiya to discuss the grievances which led to the strike.

ANC deputy secretary-general Cheryl Carolus added her voice yesterday to welcoming the new health consultative forum. - Political Reporter.

Strike hits kwaZulu hospital

CT 12/9/95

DURBAN: About 400 nurses at a hospital in northern kwaZulu/Natal went on strike yesterday to press demands for a 30% pay increase and the removal of Health Minister Dr Nkosazana Zuma.

The 600-bed Benedictine Hospital serves Nongoma and the neighbouring vast rural areas, but is handling only emergency cases.

"We have only a skeleton staff and we are looking into discharging those who are not seriously ill," hospital administrator Mr

George Nxele said,

As he spoke, the strikers were singing and dancing outside the hospital's main building.

Nurses also remained on strike at Bloemfontein's Pelonomi Hospital, superintendent Dr Neels Conradie, said. They have been given until 10am tomorrow to give written reasons for their absence. No disciplinary action would be taken against them until then, Dr Conradie said.

All scheduled medical proce-

CT 12/9/95

ures have been cancelled and emergency operations are being referred to Bloemfontein's Universitas Hospital.

Striking nurses in Gauteng returned to work yesterday morning and the four major hospitals affected — Baragwanath, Johannesburg, Hillbrow and Gankuwa — were running normally by the afternoon.

Dr Zuma, speaking from Beijing, welcomed the return to work. — Reuter, Sapa

Transformation alternatives sought

WESTERN Cape colleges of education agreed at a meeting that any decision now about their future would be premature and that they should not be closed next year.

The meeting brought together college staff and student representatives, the teaching profession and officials from the Western Cape Education Department.

They said current discussions on the transformation of the colleges should continue, while alternatives to transformation should be sought next year. — Sapa

Good Hope College opens

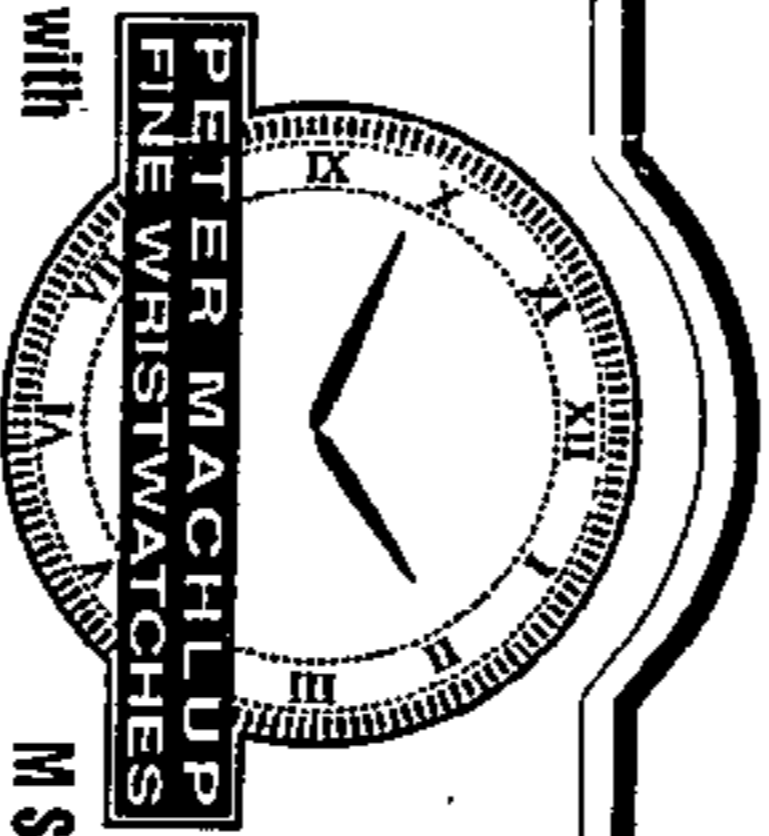
CT 12/9/95

THE Good Hope College of Education in Khayelitsha will be officially opened by Education Minister Dr Sibusiso Bengu today, despite recent threats that teacher training facilities in the Western Cape would be closed because of financial constraints.

The college has been running since 1987 when students were housed in the Eluxolweni Primary School, but in 1992 they were forced out by pupils who re-occupied the school.

At least 700 trainee teachers moved to the Cape Corps base at Faure to write their final exams after their several weeks being taught in the streets of Khayelitsha.

The government was lobbied to provide a new building, which was completed last year. — Staff Reporter



PETER MACHILLUP
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Deadly

Strike

is over

By Glenn McKenzie

(95) Sowetan 12/9/95

Q UILITY AND WITHOUT fanfare, several thousand nurses at Gauteng's hospitals and clinics put aside their deadly week-long strike and went back to work yesterday.

The nurses, who embarked on a wildcat work stoppage last week to demand 25 percent wage increases, returned to Baragwanath, Hillbrow and Garankuwa Hospitals as well as Soweto's community clinics after agreeing to meet with government officials on September 18.

Gauteng ministry of health spokesman Mr Popo Maja said that conditions at all hospitals and clinics were back to normal.

He didn't expect the strike to resume but could not "predict the future".

Minister of Health Dr Nkosazana Zuma welcomed the news that nurses had ended their protest in a Press release from Beijing, China, where she is attending the United Nations Women's Conference. Zuma said it had been "unacceptable (for nurses) to compromise patient care".

Zuma has been criticised by nurses, as well as the Pan Africanist Congress, the Democratic Party and the National Party for not returning to South Africa to deal with the nurses' crisis.

The minister has reportedly been instructed by President Nelson Mandela to stay in Beijing until the end of the conference later this week.

Yesterday Baragwanath Hospital began admitting patients again. The hospital's renal (kidney) unit

would be opened as soon as possible, a spokesperson said.

Still, Bara administrators were not planning to open its intensive care unit and other wards "until further notice", the spokeswoman added.

Bara's cleaning staff were reportedly making use of the lag in services to spring clean as many of the closed units as they could before patients started pouring in again.

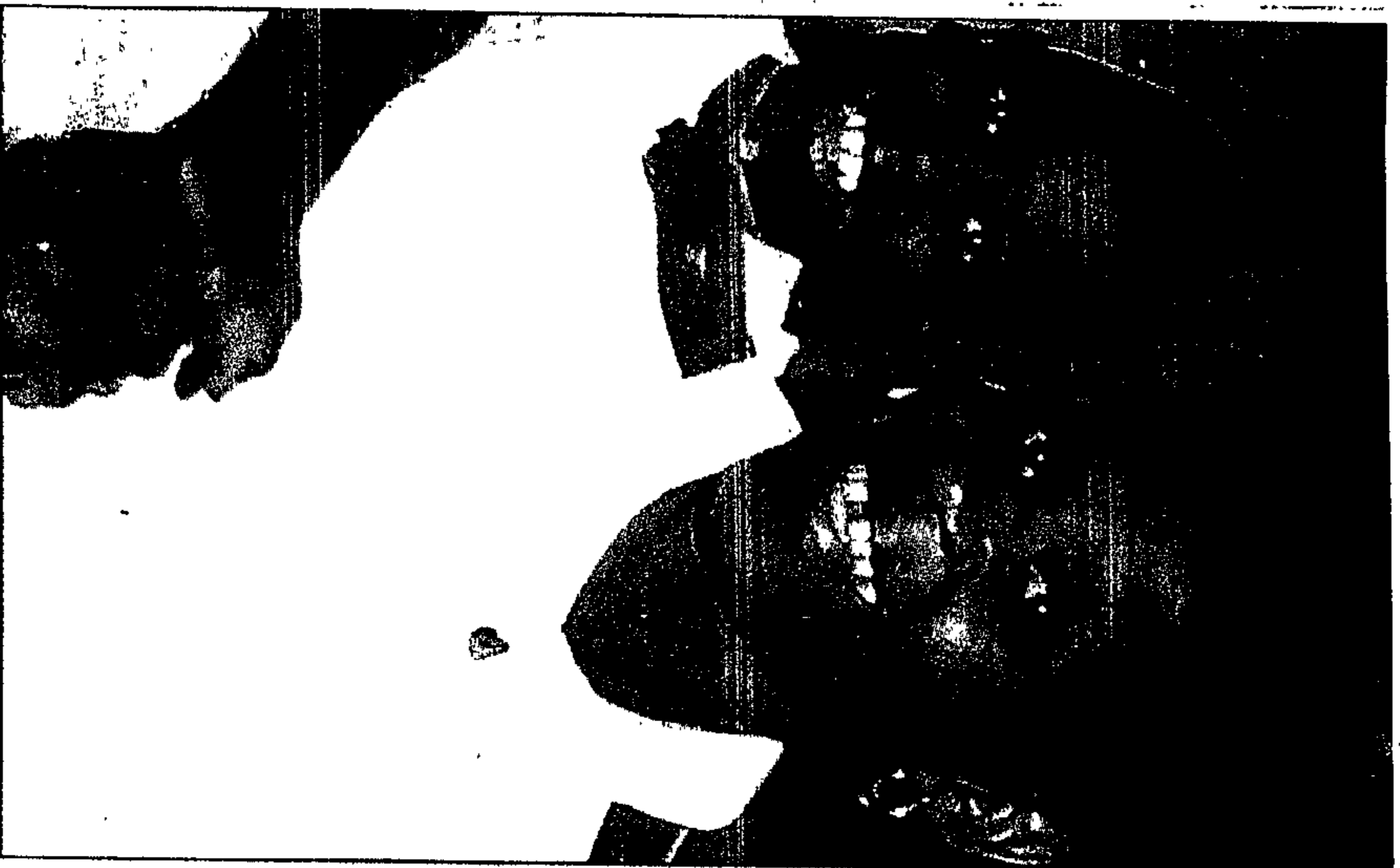
A spokesman for Hillbrow Hospital said all nurses had reported for duty and all wards were operating normally.

Garankuwa Hospital also opened its doors to the public again but a spokesperson said the hospital would probably admit only a few "emergency" patients until it became clear that the strike would not resurface again.

Said Garankuwa superintendent Dr Pelumisa Shembe: "We will probably wait to see what will happen on September 18. We have to exercise caution so that we do not admit too many patients and then be forced to discharge them if the strike starts again."

All 13 of Soweto's provincially run clinics were open yesterday. A spokeswoman said the clinics were offering services "that were not completely normal" but a patient who telephoned Sowetan from Zola Clinic complained that clerks were not serving patients.

Nurses at Bloemfontein's Pelonomi Hospital have not returned to work. Discussions were still going on, according to a spokesperson.



Nice to see you!

Welcome back! Gauteng nurses returned to work yesterday after a week long strike at four hospitals and a number of clinics. In Soweto, Baragwanath Hospital senior nurse Ms Rakgadi Mence and seven-year-old Sibusiso Mtshela were among the many celebrants.

PICTURE: VELL NHLAPHO

IFP negotiator defies hard-liners

Farouk Chothia

DURBAN — IFP provincial negotiator Mike Tarr yesterday stepped up his defiance of national hard-liners by agreeing to a second workshop to hammer out differences with opposition parties on a constitution for KwaZulu-Natal.

This was despite IFP hard-liner Walter Felgate's attempt to scupper an earlier workshop, and IFP national deputy chairman Sipo Mzimela torpedoed the agreement reached there by saying it would not "receive the attention" of IFP policy making structures until the IFP's original 12 constitutional principles were voted on in the KwaZulu-Natal legislature.

Minority Front leader Amichand Rajbansi suggested at a constitution-

al affairs standing committee meeting that a second workshop be held as "excellent progress" had been made at the first.

Tarr said he supported the proposal and the IFP would continue negotiating in good faith.

ANC negotiator Mike Sutcliffe accused Mzimela and IFP constitutional advisor Mario Ambrosini of being bent on imposing a fascist dictatorship in KwaZulu-Natal.

DP KwaZulu-Natal leader Roger Burrows said IFP hard-liners could be stopped if opposition parties voted against any motion to dissolve the legislature when it sits next month. This would cause a tie, and the IFP speaker would have to side with the opposition as he is compelled to vote in favour of retaining the status quo.

Cape nurses demand 50% increase in salary

Kathryn Strachan

ABOUT 300 nurses from Western Cape hospitals marched on Parliament yesterday to demand a 50% salary increase and an apology from President Nelson Mandela for "insults" to nurses.

Sapa reports national health director-general Olive Shisana gave them a written response from Health Minister Nkosazana Zuma, who asked that they send "mandated representatives" to a meeting of the National Health Consultative Forum in Gauteng on September 18.

Sister Monica Siyolo from Khayelitsha, who read out the memorandum, was greeted with shouts of "viva" when she described the 5% increase offered to nurses as an insult. Their demands included a 50% increase and apologies from Mandela and Zuma for "insults directed at the nursing profession".

They also demanded public holiday and weekend overtime allowances and that there be no victimisation of nurses on strike in other provinces. Nurses rejected proposals from Western Cape Health MEC Ebrahim Rassool, who had referred them to the Central Bargaining Council.

"We are not fully represented by anybody, therefore the existing bodies cannot contend that they represent us," said nursing spokesman Raymond Jaftha. He said the demonstration was

not a strike, but a protest march, and that nurses would return to work when the memorandum was handed over.

The consultative forum was set up by the health ministry last week to seek solutions for nurses' low pay and bad working conditions.

Nurses at the GaRankuwa Hospital, north of Pretoria, were on a go-slow yesterday. They returned to work on Monday after a week-long strike which affected several Gauteng hospitals. The nurses and management had agreed to treat emergency cases only until Monday's meeting, when the problems would be discussed.

Meanwhile, the nurses' strike in the Free State spread from Pelonomi Hospital in Bloemfontein to Oranje Hospital yesterday.

Pelonomi spokesman Elke Grobler said Free State premier Patrick Lekota and MEC for Health Senorita Nhlabati addressed a huge congregation of nurses yesterday, appealing to them to return to work.

Hospital management and nurses representatives spent most of the afternoon in negotiations.

Nurses were given until 10am today to return to work, after which they would have to submit written reasons for their absence.

In KwaZulu-Natal striking nurses at the Benedictine Hospital are demanding a 33% salary increase.

GOVT WAGE OFFER 'AN INSULT'

Nurses march on Parliament

NURSES DEMANDED a 50% wage hike yesterday in a petition presented to Minister of Health Dr Nkosazana Zuma, writes **CHRISTINA BEATTY.**

OVER 3 000 Western Cape nurses marched on Parliament yesterday to show solidarity with their striking colleagues in Gauteng — but the possibility of a strike in this province was ruled out by nurses' representatives last night.

In a petition addressed to Minister of Health Dr Nkosazana Zuma and President Nelson Mandela, the nurses said they were "insulted" by the recent wage offer by the government of 5% and the continuing disparity in pay between staff employed by local authorities and those in the public service.

And, in an unexpected move by doctors at the Red Cross Children's Hospital, medical superintendent Dr M Hassim and paediatricians Dr D J Power and Dr A J W Millar gave their full support to the protesting nurses. The nurses

were commended for the responsible way they had expressed their grievances.

Red Cross senior nursing manager Miss Daphne Hoogenhote stressed that no children at the hospital were left unattended.

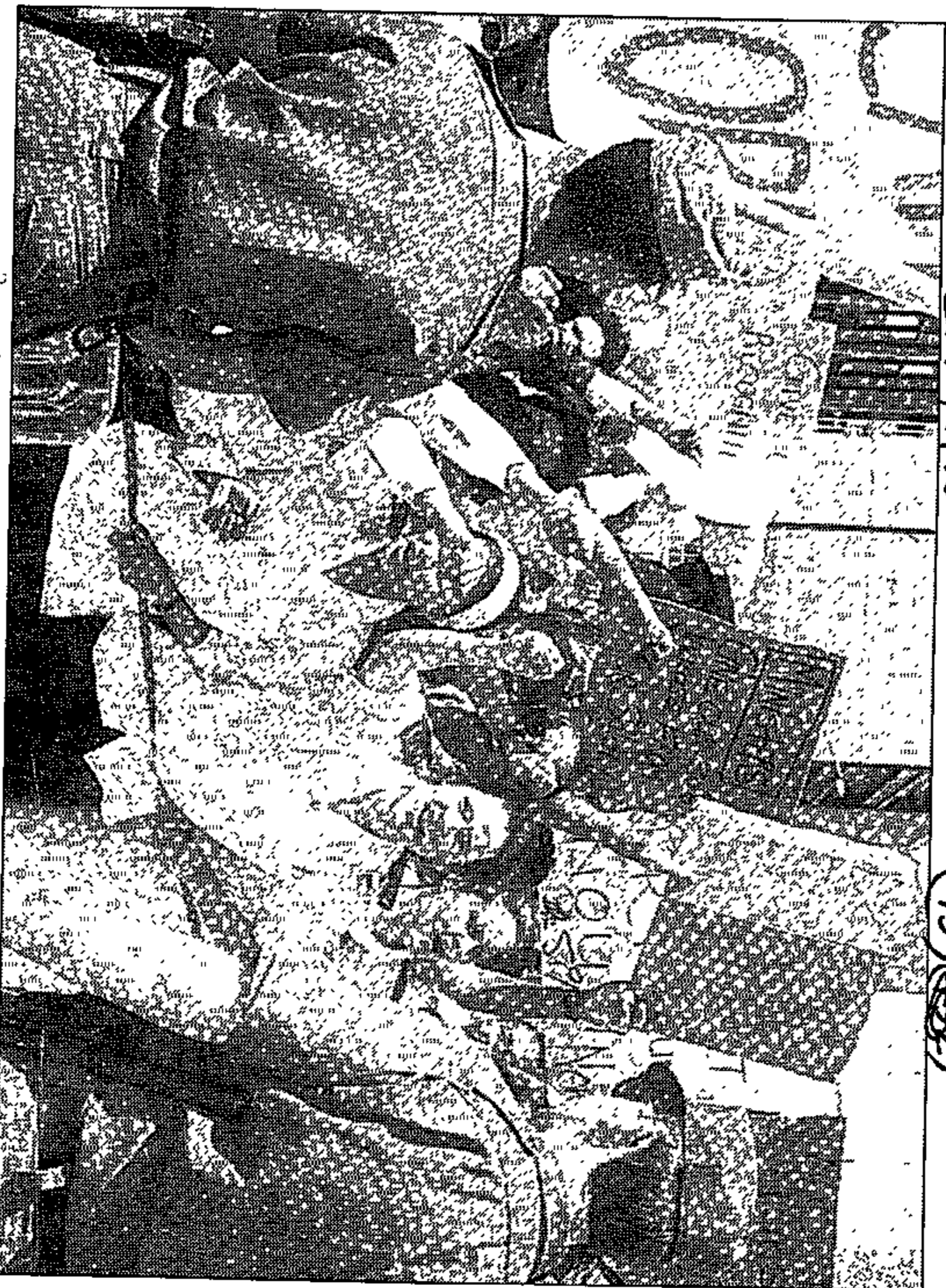
Among demands made by the nurses were that salaries be increased by 50% by November and that they receive a public apology from the President and Dr Zuma for "demeaning" the nursing profession through thoughtless statements in the media.

Gauteng forum

Miss Hoogenhote said that six Western Cape nurse representatives would fly to Gauteng on Monday to attend the National Health Consultative Forum to address problems in the nursing profession.

● Free State Premier Mr Patrick Lekota yesterday urged striking nurses at Bloemfontein's Pelonomi Hospital to return to work.

Meanwhile, nurses at Garankuwa Hospital north of Pretoria ended their go-slow yesterday afternoon.



WHITE-HOT ANGER: Thousands of nurses yesterday marched on Parliament in support of pay demands days after nurses in Gauteng, Bloemfontein, KwaZulu/Natal and elsewhere went on strike. Internal stability unit members, armed with batons and anti-riot shields, keep watch.

PICTURE: DIE BURGER

CT 13/9/95

(95)

Bloem *Sawetan 13/9/95* nurses on wildcat strike

(95)

By Glenn McKenzie

NURSES in Bloemfontein intensified a wildcat strike at two hospitals yesterday just as Gauteng began recovering from last week's crippling work stoppages.

Most of the 150 nurses at Oranje Hospital in Bloemfontein had left their posts by yesterday, abandoning 560 psychiatric patients, according to hospital spokespersons. Paramedics and non-medical volunteers were reportedly coping with the extra burden.

At nearby Pelonomi Hospital a skeleton staff of 350 nurses remained on duty while the majority demonstrated outside for a second day.

Pelonomi Hospital spokesperson Ms Stephanie Pretorius said nurses had been given a deadline until 10am today to submit written reasons for their absence. The Free State government would decide whether to dismiss the nurses after the deadline.

She said all wards at Pelonomi Hospital were functioning, although some intensive care units as well as the hospital's casualty department had been forced to close. No deaths had been attributed to the strike.

"Patient care has been affected, but we are coping with the skeleton staff," said Pretorius.

As with the work stoppage in Gauteng, the striking Bloemfontein nurses are demanding 25 percent salary increases.

In Gauteng, Baragwanath Hospital experienced a massive influx of patients after its week-long strike. Spokesperson Mrs Esther Hlongwane said the hospital had admitted more than 400 new patients on Monday alone.

"At this rate, the hospital will be full again by the end of the week," she said.

Garankuwa Hospital reported that all nurses were back on duty. The hospital was admitting only a few patients yesterday at the request of the nurses.

Natal nurses' strike spreads

(95) (12)
CT 14/9/95

DURBAN: A strike by nurses in northern kwaZulu/Natal spread to a second hospital yesterday despite warnings by the authorities of tough action against strikers.

Provincial health spokesman Mr Dave McGlew said about 400 nurses were still on strike at Nongoma's Benedictine hospital.

Sixty nurses had stopped working at the smaller Nkandla hospital about 100km away.

"Ten nurses are still on duty at Nkandla," he said.

A striking nurse at Benedictine, Ms Thenjiwe Majola, said they were demanding a 33% wage hike and not 30% as earlier reported by hospital officials. They also demanded that national Health Minister Dr Nkosazana Zuma be replaced.

"We want Zuma to be replaced with someone who has experience in nursing. She has not shown any concern for the nurses," she said.

Ms Majola said most of the striking nurses were members of the Democratic Nursing Organisation of SA, formed earlier this year.

Mr McGlew said a skeleton staff was working at Benedictine and Nkandla hospital was discharging patients who were not seriously ill.

'Condemned'

He said the managements of both hospitals had held talks with the striking nurses.

"The province has indicated a tough stand will be taken against striking workers. All unions and nursing associations have condemned the strike," he said.

Ms Majola said nurses were also protesting against recent comments by President Nelson Mandela that nurses would not receive the increases they were demanding and should go back to work or give up their jobs. — Reuter

cuts in the health budget over the past 18 months.

Bypassing their unions, Nehawu and Hospersa, and the SA Nursing Association (Sana) — which all opposed the strike — nurses initiated the action, demanding a 25% wage increase.

In June, they were awarded a 5% increase by the Public Sector Bargaining Council, which also increased the minimum wage by 22% to R1 143 a month (see chart).

The overload is a result partly of the opening of hospitals to all races since 1990, partly due to government's ill-prepared decision to provide free medicine to pregnant women and children under six and its switch in funding from tertiary to primary health care.

However, the emphasis on primary care seems to have resulted in more patient referrals from primary clinics to the big hos-

pic sector. Though the other 11 500 nurses "received the same disappointment" over the 5% increase, says Brannigan, "we are grateful they stayed on." Sana, a voluntary association, has 92 000 members.

Commenting on the strikes, Brannigan says: "We support the demands made by the nurses but not the manner in which they are trying to achieve their goals. We should hang our heads in shame — people died. The strike was not worth it." She appealed to nurses to use negotiating structures instead.

Because it is difficult to prove that any deaths resulted directly from the strike, Sana is calling for "formal inquests" into deaths during the strike.

President Nelson Mandela took a surprisingly hard line against the striking nurses (and strikes in general), saying government is not in a position to increase their salaries at all. They should "either go back to work or leave the profession." Man-

delata pointed to the 5m unemployed and 7m squatters — implying that the nurses at least had jobs, however poorly paid.

The PAC was quick to take the gap by supporting the striking nurses, eyes clearly on the local government elections. PAC secretary-general Maxwell Nemasivhanani rejects government's claim of a shortage of funds and says Health Minister Nkosazana Zuma (who was in Beijing during the strike) "must understand that the days of Florence Nightingale are over."

When acting Health Minister Tito Mboweni issued an ultimatum to the nurses last week, Nemasivhanani said it "symbol-

ised the reincarnation of the old apartheid order," adding: "More lives will be saved in the short and long terms if the popularly elected government of Mandela starts putting its money and priorities in line with its promises."

Mandela, he went on, "is a co-signatory to the sunset clause which preserved certain categories of jobs and high wages to white public servants to the disadvantage of the larger African masses, yet he cries foul when the masses ask him to save the last coach on the gravy train for the nurses."

Government has set up a new body — the national consultative health forum — due to meet for the first time next Monday. While it is unlikely to result in more pay for nurses this year, the forum may be able to suggest short-term palliatives to the health crisis — such as redirecting funds earmarked for primary care to the tertiary sector.

The forum could also ensure that nurses are treated as a priority occupation class — there are 340 — by the Public Sector Bargaining Council in government's new financial year.



pitals. There has been no proper planning or additional nursing staff to cope with increased duties, which now include cleaning, serving food and making beds.

After striking nurses at Bara and elsewhere in Gauteng returned to work — evading dismissal in terms of the Public Sector Labour Relations Act and ignoring at least one government ultimatum — their sister nurses at Bloemfontein's Pelonome Hospital were still out. And there were rumblings elsewhere, notably at Garankua, Philadelphia in Denilton, Groote Schuur in Cape Town and the King Edward and Benedictine hospitals in KwaZulu-Natal.

In Gauteng, nurses at Coronation and Hillbrow hospitals briefly joined the strike. At the Johannesburg Hospital they demonstrated on a rotating basis. They managed to keep wards operational — though the hospital was put on "red alert" for the first time.

According to Sana acting executive director Eileen Brannigan, fewer than 10 hospitals and clinics had been affected by strikes by Monday — involving about 5 000 nurses out of a total of 116 500 in the pub-

HEALTH CRISIS

Nursing old wounds

The recent illegal two-week wildcat strike by nurses — notably at Baragwanath Hospital — was a spontaneous response to a massive patient overload and swingeing

(95) (182)
FM 15/9/95

A

Nurses' conduct is unacceptable

ANC MP Phillip Dexter used to lead health workers' strikes. Now he is sharply critical of the conduct of nurses

WME 15-21/9/95

(95)

THE strike action by nurses in the Gauteng area has thrown to the fore the issue of the public service in the new democratic dispensation. It is not the first such action. There have been threats from the police and the computer operators, as well as "wild-cat" actions by various other public servants.

There has been a tendency to put this action down to the perceived failure of the African National Congress-led Government of National Unity to deal with public servants' grievances. The situation is much more complicated than this. To be fair to the GNU, it has hardly had time to begin to deal with the enormous structural problems that exist within the public service. The problem is a legacy of past practices of the National Party, the failure of workers to organise and the serious economic problems that face the country. A solution can only be found if a strategy is devised to deal with all

these problems simultaneously.

As a former trade unionist who has led strikes in the health sector, I have observed these actions and find them to be unacceptable. Previous industrial action in the public sector, including the health sector, took place in the context of apartheid. An illegitimate government that would not recognise representative worker organisations and sought to crush these by force also would not provide a framework for negotiating issues.

Furthermore, such a government was openly hostile to black workers and their aspirations. The ANC is the complete opposite of this. What is more, mechanisms and structures are in place to negotiate conditions of service, even if these are imperfect. The new Labour Relations Act represents the unique opportunity to ensure these are improved. Finally, the majority of these nurses failed to

~~take~~ action against the NP regime for any reasons in the past when Nehawu (the National Education, Health and Allied Workers Union) and other unions called for action. During all the industrial action of the past, unions such as Nehawu offered to tender emergency services to ensure the lives of patients were not put at risk. These workers have not done that.

But public service workers do have legitimate grievances. The cause of these is to be found in the poor governance practised by the NP apartheid regime. Successive pay increases that favoured the higher-paid public servants were pushed through by Sana (South African Nursing Association), the Public Servants' Association and other such sweetheart organisations. The current disparity between the highest-paid and the lowest-paid public servants is 25 to 1.

Black people were only offered positions as nurses, social workers, police and teachers in the public service. The policy of promoting white people in particular to managerial positions has created a "bottleneck", where a black

nurse cannot advance above a certain position.

The ANC recognises the need to transform the public service. But the very fact that this process requires consultation and participation is itself slowing down the transformation that is needed. There is nothing to be done about that.

The Draft White Paper on the Public Service details the creation of a transformation forum for the entire public sector. The Health Department has already indicated its desire to set up such a forum and the agreement struck with the workers has detailed this for the nurses. Such a move, which would seem to separate out the nurses, would undermine the strategy that the Draft White Paper hints at. In fact, it is a recipe for disaster, as each group of public servants that wants something or other will now seek to hold the government to ransom in a similar fashion.

The Public Sector Forum is needed to ensure all the relevant parties can begin to negotiate the entire package that is needed to transform the public service. Only such a strategy of co-determination between the government as employer and representative of the will of the people and the public service workers, together with other directly affected interest groups, will ensure that the public service can be transformed.

20 nurses arrested

(52) (95) STAY 15/9/95
Durban - Twenty nurses at the Kingsway hospital in Amanzimtoti, near Durban, were arrested yesterday after fouling the hospital and intimidating refuse collectors trying to remove the rubbish.

SAPS Captain Anton Booysen, who was at the scene when the nurses went on the rampage at about 9.35am, said the group had blocked the ambulance emergency entrance with rubbish and tree branches.

When a refuse collector tried to clear the rubbish, the nurses threatened to kill him and to set his vehicle alight.

Booyesen said the nurses then went into the hospital and tore open bags containing contaminated material discarded after surgery.

He said they had emptied the bags on to the floor of the entrance hall, covering it in blood, empty syringes and other discarded material.

The nurses were charged with intimidation and assault at the Amanzimtoti police station, and police were guarding the premises yesterday.

It was not clear what the nurses' grievances were and hospital management was not available to comment. - Sapa.

BRIEFS

Nurses held after hospital fouled

CT 15/9/95

DURBAN: Twenty nurses at Kingsway Hospital in Amanzimtoti were arrested yesterday after they fouled the hospital and intimidated refuse collectors.

Govt hopes plan will improve nurses' lot

Kathryn Strachan

2015/9/95

NURSES are sceptical but government believes the proposed National Health Insurance (NHI) plan will bring about a dramatic improvement in their working conditions.

"We are listening to the grievances of nurses and helping them place their issues on the agenda," says director-general of health Olive Shisana.

The department has appealed to nurses to wait until the NHI plan is accepted in a month's time. In the NHI report are all the plans which will improve working conditions of nurses — and possibly salaries.

Nurses are awaiting the outcome of a meeting on Monday between nursing representatives and health authorities before deciding on their next plan of action.

The NHI report proposes a mandatory package for hospital care, whereby all in formal employment and their dependants will be provided for by a hospital cover plan. This will mean 5- to 6-million more people than now covered will have health insurance, and this will generate an additional R1,32bn a year in hospital user charges.

The architects of the plan are proposing that these funds should be retained at hospital level and redistributed between hospitals throughout the country to achieve

equity. These additional funds will allow hospital managers to improve conditions of service and care.

The NHI plan also allows hospital managements more autonomy and space to make changes which will lead to more cost-effective practices. It will enable them to bypass the bureaucratic tangle which obstructs them from introducing initiatives, such as attracting private medical aid patients, which could generate more revenue.

Shisana says hospital managements could use the funds to increase nurses salaries — but she is quick to point out that these increases should be linked to improved performance.

The new health plan is also based on District Health Authorities which would even out service conditions of nurses employed by the various health authorities.

Striking nurses cited the disparity between the salaries of nurses employed by the local authorities, who earned far higher salaries, and those employed by the provincial authorities as one of the reasons for their protest earlier this month.

By bringing various health authorities — local, provincial and former homeland — into a single district health authority, the new plan will ensure that nurses in that unit have the same service conditions.

A focus of the NHI plan is

strengthening the primary health care sector. Shisana says a stronger primary health care sector will be able to treat more patients, and fewer patients will be referred to hospitals. This will relieve the overcrowding which is one of the main burdens on nurses.

But Marie Muller, vice-chairman of the newly formed Democratic Nursing Organisation of SA, says it will take many decades before the strengthening of the primary health care sector will translate into benefits for the hospital sector.

A stronger primary health care sector will detect more complaints, and this will mean more cases are picked up and referred to the hospital sector.

As the NHI plan places nurses at the centre of the health system, a far greater role is being required of them, and questions have been raised about whether nurses are prepared for added responsibility.

Thembeke Gwagwa, a nurse involved in research at the University of Natal's industrial health unit, believes they can take on this role as long as additional training is provided, and that the plan is introduced in consultation with nurses.

"Nurses have not previously organised themselves in a way which enables them to make a meaningful contribution to the process," says Shisana. "There are a lot of issues

we need to talk about together."

These are issues such as training, developing career paths, better staff distribution and incentives to attract nurses to areas where there are personnel shortages.

The unions which have spearheaded previous nursing demonstrations have stood on the sidelines, emphatically disassociating themselves from the strike. But nurses dismissed their appeals.

Labour analysts explain this is not because unions such as the National Education, Health and Allied Workers' Union (Nehawu) have turned their backs on nurses, but because of patterns of union organisation in the public sector. With Nehawu, the SA Nurses' Association and the Hospital Personnel Association of SA joining forces at the last Public Service Bargaining Council, workers in various categories were dealt with under a single banner.

In negotiations, which were finalised in early August after a record 10 months of bargaining, unions put forward two demands: a R1 500 minimum wage demand and a 15% across-the-board increase.

Accepting that the state could not go further on its offer of R3,4bn for salary improvements, unions compromised on their double demand and prioritised the demand for a minimum wage over the de-

mand for a 15% across-the-board salary increase.

Unions settled for a R1 100 minimum wage and a 5% sliding scale salary increase.

By doing this, unions effectively prioritised the needs of general assistants (such as hospital cleaners) who were earning the lowest wages, over the demand of nurses, who would have benefited from a higher across-the-board salary increase.

So nurses have become disaffected by their unions representing them, and the strike signalled a defiant message that nurses would have to go it alone.

A reason for the strike, says a labour analyst, is the poor channels of communication between nurses and unions. Nurses have not been properly integrated into the bargaining process.

"Another problem is that unions have been thrown into the deep end," he says.

"They've been involved in a process that requires far more capacity than any of the public sector unions have."

Through their years of difficult struggle, unions in the private sector have evolved to a level where they are able to fight for complex demands such as working conditions and affirmative action.

But public sector unions still have a long way to go, he says.

R1-bn nurses' pay crunch

(95) (752) ARG 16/9/95

■ The disparity in salaries for health workers who have the same training and responsibility is a major stumbling-block to integrating a fragmented health system and a root cause of resentment among nurses.

ADELE BALETA

Staff Reporter

IT will cost the government more than R1 billion to satisfy nurses' demands for equal pay for equal work for health workers which they made in the wave of country-wide strikes that crippled several hospitals.

That's according to Bupendra Makan the co-author of a 10-month final report on pay across health services in South Africa, drawn up by the economics unit at the University of Cape Town's community health department.

The strikes have induced the first meeting of the nursing sub-committee of the national health consultative forum in Gauteng to iron out key issues including parity.

It was the disparity in recent wage hikes — five percent for state-employed nurses and between up to 12 percent for those employed by local authorities — that sparked the strike in Soweto last month.

Major resentment has resulted among health workers because of the average discrepancy of 35 percent in salaries across all posts paid by the various authorities.

Mr Makan says government cannot afford some R1,16 billion needed to satisfy nurses' demands and this was not on the cards given government's commitment to cut state expenditure.

Instead the report funded by the Health Systems Trust, among other options, suggests fixing nursing salaries in the highest paying authorities, and a phased increase over three or five years for nurses in the lowest paying state authorities to close the gap.

Another option is restricting salary increases to personnel in primary care in line with the government's intention to bolster primary health care.

But researchers have conceded this would have negative consequences in that workers in clinics would get more than



Picture: OBED ZILWA, Staff Photographer.

□ **HEALTH REPORT:** UCT researchers Dale McMurchy and Bupendra Makan with their final report on remuneration in health services.

workers in hospitals. The estimated cost of this would be R258 million. A total of 74 percent (R192 million) would go to nursing personnel nationally.

This option is based on the assumption that only 20 percent of provincial administration personnel are involved in primary health care.

In general the state sector pays lower salaries to health care personnel than local authorities — which employ only seven percent of the workforce.

Nurses salaries for example in local authorities in the Cape Metropolitan area are between 10 percent and 78 percent higher than those of the Western Cape Provincial authorities.

This means that nurses with the same qualifications and responsibility and who in some cases work side by side in the same building (for example the Nolungile clinic Khayelitsha) earn vastly different salaries. This has had a divisive effect on personnel.

Using 1993/94 salary scales, the report cites the following examples: A professional nurse in the provincial department earned R30 273 a year while her counterpart in the local authority earned R46 736. This represented a 54 percent difference. The respective figures for a nursing assistant was R13 890 compared to R25 467 (83 percent difference) and doctors R52 170 compared to R98 571 (47 percent).

A major obstacle in the integration process is being caused by delay in setting up local authority boundaries which

are needed before a district health authority can be set up.

Mr Makan says a political decision has to be made on who will take ultimate responsibility for district health services to remedy the situation.

"So far the problem has been passed around like a hot potato from the departments of health, to finance to constitutional development to the public service commission".

John Frankish of the provincial ministry of health agrees that there has to be a national decision that all local authorities do the same, that they become part of the department of health and become a key functionary within the health district model.

He says that if the local authority assumes responsibility, then attention has to be focussed on how one integrates the public service scales in a current local authority system whose grading system is determined by the Town Clerks Act. An added problem is that there is no uniformity among the local authorities.

"In larger metropolitan areas the salaries will be higher than in the rural areas making it difficult to attract staff to peripheral areas in line with the stated government intention to staff underserved rural areas," he said.

There have been calls to repeal the Towns Clerk Act and the grading system amid allegations that local authorities are bent on empire building.

As a source explained, because salaries of the entire local authority are linked to grading, it's in their interests to upgrade their authority.

If George took over comprehensive district health services, for example, their budget would increase significantly as would their grades and therefore salaries.

The opposite is also true that there is the danger for local authorities that if their current responsibility for health gets taken away, their grading will drop and they see this as a threat to their current status and salaries.

Mr Makan said the government could not afford to spend R1,16 billion to achieve parity because of its commitment not to increase state expenditure.

But he said that decreasing all health personnel salaries to the lowest current salary scale would particularly affect local authority personnel bringing them down to the unsatisfactory public service level. Anyway it would be an unfair labour practice, he said.

"The insurmountable stumbling block could be the catalyst for the creation of an entirely new structure for conditions of service within the health sector," he said.



TOLD TO STAY IN BEIJING:

Dr. Nkosazana Zuma

(95) (18/9)

Zuma

reassures

nurses

ET 18/9/95

DURBAN: Health Minister Dr Nkosazana Zuma yesterday said the government had successfully handled last week's nurses' strikes while she was attending the United Nations women's conference in Beijing.

Dr Zuma said her absence during the two-week-long nurses' uproar should not be construed as disinterest in nurses' grievances.

She was widely-criticised during the strikes for appearing to ignore her domestic responsibilities. Some striking nurses demanded her resignation.

Dr Zuma said her ministry was particularly concerned with nurses' grievances concerning salaries and working conditions. Strikes in essential services, however, were a problem.

"Although I sympathise with the nurses' grievances, I go along with those who say there should be no strikes in essential services."

The government had told her to remain in Beijing despite the strikes "to complete the task that I'd been instructed to do".

"I have a responsibility as part of the cabinet; going to Beijing was part of my responsibility." — Sapa

Nurses give Cabinet 10 days to respond to their demands

(95) (10) Star 19/9/95

Government had 10 days to respond to nurses' demands, which include a national 33% across-the-board increase, National Health and Nurses Forum spokesman Sister Belinda Kgogo said yesterday.

She was speaking outside the Gauteng legislature after talks involving Health Minister Nkosazana Zuma, Gauteng health MEC Amos Masondo, provincial health officials and nurses' representatives.

Nurses' representatives gave Zuma a 10-day ultimatum to take their demands to the Cabinet.

During a wildcat strike earlier this month, about 1 700 nurses at Soweto's

Baragwanath hospital demanded a 25% wage increase. Nurses at hospitals in Gauteng and other provinces joined the strike.

National Health Ministry spokesman Vincent Hlongwane said Zuma had again told nurses' representatives that the Government did not have money for increases this year.

Zuma also told the nurses the talks were not the right occasion for discussing wage increases and suggested they form a committee to deal exclusively with salary demands. This would strengthen the nurses' unions in the bargaining chamber, which will sit again on October 3. - Sapa.



Angry nurses boo Zuma

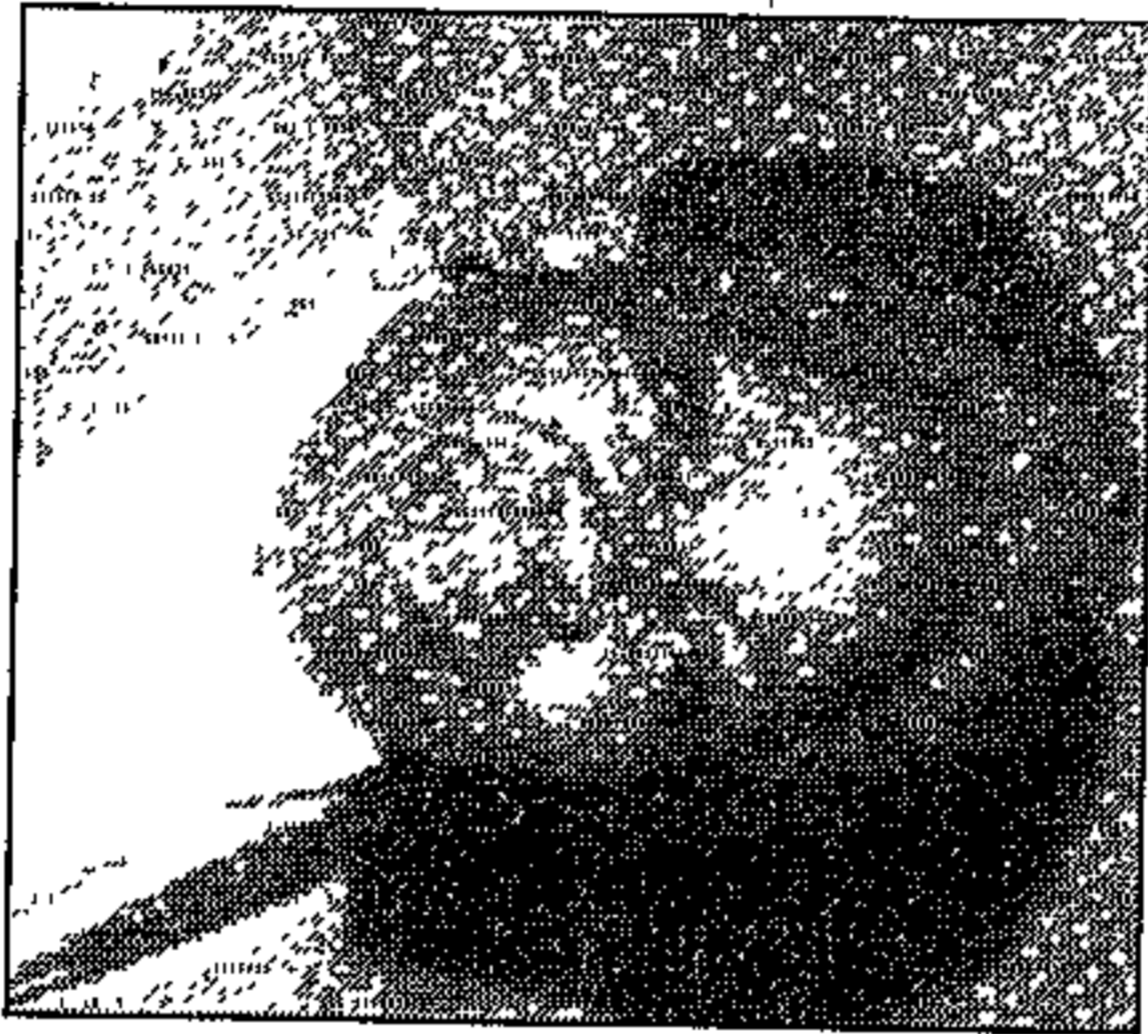
By Glenn McKenzie

HUNDREDS OF ANGRY nurses from around South Africa threatened further hospital strikes and booed Minister of Health Dr Nkosazana Zuma in a Government health "forum" at the Gauteng legislature in Johannesburg yesterday.

The meeting, organised by the Ministry of Health to deal with nurses' labour grievances, was the first time Zuma had faced the health workers since crippling hospital strikes began earlier this month in Gauteng and the Free State.

Nurses, who came from several provinces including Gauteng, Kwa-Zulu-Natal, the Free State and the Eastern and Western Cape, angrily booed Zuma when she stated that the Government "does not have a man-

Threat of more strikes as ministers try to explain their position



Minister of Health Dr Nkosazana Zuma...booed by nurses

date to renegotiate nurses salaries". Minister of Labour Mr Tito Mboweni was also booed when he made a similar announcement.

Journalists expelled

Journalists were permitted by Ministry of Health officials to witness nurses airing their grievances for several hours yesterday morning, but were promptly expelled from the meeting before Government members began to speak in afternoon session.

For much of the morning, nurses rallied at Government members, with some making vicious personal attacks on the politicians.

Outside the legislature about 100 nurses toyi-toyed and demonstrated. Placards rallied against Zuma and Gauteng MEC for health Mr Amos Masondo.

"Masondo must be first in line for a brain scan," said one sign.

A Johannesburg Hospital nursing spokesman suggested that one result of yesterday's meeting would be a new national union to represent nurses.

"This is a unique opportunity. We have nurses from all around the country here and we all want a new organisation to represent us," he said.

The Government has steadfastly refused to negotiate with nurses, saying that wage talks can only take place with recognised unions in a National Central Bargaining Chamber.

Nurses' grievances remain unresolved

Kathryn Strachan

(95) (152)

BD 19/9/95
are not happy with today's outcome," Kgogo told about 250 protesting nurses at the Gauteng legislature.

A FORUM of about 200 nurses from across the country, Health Minister Nkosazana Zuma and provincial health MECs failed yesterday to come any closer to resolving nurses' grievances.

Following the meeting in Johannesburg, Nurses' Forum spokesman Belinda Kgogo said government had 10 days to respond to the nurses' demand for a 33% increase up from their initial demand of 25%. "It's clear nurses

Nurses' representatives told Zuma to take their demands to the Cabinet, but Kgogo could not disclose what action they would take if the ultimatum was not met. The forum was set up last week in a bid to end the nurses' strike which crippled hospitals in Gauteng, Free State and KwaZulu-Natal.

Health ministry spokesman Vin-

Continued on Page 2

Nurses

BD 19/9/95

(95) (152) (95)
Continued from Page 1

cent Hlongwane said nursing representatives came to the meeting with the intention of discussing only salaries, and were not interested in looking at other conditions of service.

According to Hlongwane, Zuma said she did not have a mandate to discuss salaries and government did not have funds to increase salaries this year.

The salary issue will be discussed again at the next scheduled meeting of the public service bargaining council

on October 3.

Hlongwane said government proposed that a task group of a few nursing representatives and government officials be set up to discuss service conditions and a way forward — but nurses rejected this proposal, and instead tabled their ultimatum.

Nomavenda Mathiane reports that nurses told Zuma they were not consulted when government introduced new plans. The plan for free health services for pregnant women and children under six was introduced without consulting nurses, yet nurses were left to cope with the overwhelming workload this plan had generated.

Nurses give Zuma an ultimatum

25/9/95 (95) (S)

JOHANNESBURG: The government had been given 10 days in which to respond to nurses' demands, among them that they be awarded a national 33% pay increase across the board, National Health and Nurses Forum spokeswoman Sister Belinda Kgogo said yesterday.

Sister Kgogo could not say what action nurses would take if the ultimatum was not heeded.

She was speaking after talks involving national Minister of Health Dr Nkosazana Zuma, Gauteng Minister of Health Mr Amos Masondo, provincial health officials and nurses' representatives.

"It's clear nurses are not happy with today's outcome," Sister Kgogo said as she and about 250 protesting nurses stood outside the Gauteng legislature.

Nurses would continue organ-

ising themselves, she said.

During a wildcat strike earlier this month, about 1 700 nurses at Baragwanath Hospital in Soweto demanded a 25% wage increase. Nurses at hospitals in Gauteng and other provinces joined the strike.

National Health Ministry spokesman Mr Vincent Hlongwane said Dr Zuma had again informed nurses' representatives that the government did not have

money for salary increases this year.

Dr Zuma had also told nurses the talks were not the right place to discuss wage increases and suggested they form a committee to deal with salary demands.

This would strengthen the position of unions representing nurses in the bargaining chamber, which would sit again on October 3, Mr Hlongwane said. — Sapa

Zuma pleads poverty, but nurses adamant

(95) (100) Stan 20/9/95

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

The kitty is dry, says Health Minister Dr Nkosazana Zuma. Then use your influence in Cabinet to secure us other forms of instant financial relief by September 28, reply her nurses.

This was the state of play after the first meeting between discontented nurses and health authorities since the week-long wildcat nurses' strike ended last Monday.



Dr Nkosazana Zuma

Nurses suspended the strike, which crippled five hospitals and 16 clinics, because a National Health

Workers Forum was set up for nurses and health workers to discuss grievances with provincial and national health authorities.

That forum met for the first time in Johannesburg on Monday, and nurses presented to it a demand for a national 33% across-the-board increase and an answer by September 28.

Zuma said at the forum meeting, and again in a radio interview yesterday, that the Govern-

ment had no funds for increases during this financial year.

However, Zuma said she did have influence in Cabinet and would raise nurses' concerns there.

Media spokesman for the nurses, Baragwanath Hospital's Sister Belinda Kgogo, said yesterday nurses expected Government to consider any kind of financial relief, except overtime pay because "we are already overworked."

Government policy is that public sector wages

should be negotiated in the central bargaining chamber of the public service commission.

Zuma has suggested nurses form a committee to deal with the salary issue and to strengthen their unions for bargaining chamber negotiations due to begin on October 3.

So far, the nurses have resisted that pressure. Nurses were "mal-represented" by unions, and had "no language" for the bargaining chamber, said Kgogo.

Campaigning nurses pledge to form own national union

~~92~~ ~~93~~ (95)
Kathryn Strachan

BD 20/9/95

NURSES countrywide met at hospitals yesterday to set up a new union to represent them in negotiations with hospital and clinic managements.

The union is being formed urgently to represent nurses as a separate entity at the next public services bargaining council meeting on October 3.

At a heated meeting at Baragwanath Hospital, nurses said the established unions — representing all health sector workers — had failed to represent nurses' interests. They believed the unions placed the interests of other workers, such as cleaners, before those of nurses. Speakers said the existing system, which involved four organisations speaking for nurses, had created divisions in the profession and it was necessary to form a single body.

Nurses at Hillbrow Hospital, Boksburg-Benoni Hospital and various clinics had already started registering with the new union — which is still un-

named. Representatives from all hospitals would meet next Tuesday at Tembisa Hospital to launch the union.

At yesterday's Baragwanath meeting, nurses withdrew the threat they made to the health ministry earlier this week that they would disrupt health services if government did not respond to their ultimatum for a 33% pay increase in 10 days. Instead, they proposed waiting until the outcome of the next round of the public services bargaining council.

A report-back to the Baragwanath nurses about Monday's talks between nurses' representatives, the national health ministry and provincial health MECs showed the forum had served to widen the gulf between the two sides.

Baragwanath nurses' representative Belinda Kgogo told the gathering that officials at the national consultative forum — which was closed to the media — had to protect KwaZulu-Na-

Continued on Page 2

Nurses (95) ~~(92)~~

BD 20/9/95

Continued from Page 1

tal health MEC Zweli Mkhize from being thrown out by nurses. From her report-back it was clear that nurses and the ministry were talking at cross purposes. While health director-general Olive Shisana mooted decentralisation and reorganising the health system along primary health care lines to improve nurses' working conditions,

Kgogo said nurses rejected her ideas.

Decentralisation was put forward only to make it harder for nurses to reach the top, Kgogo said. She claimed that nurses had been practising primary health care for decades, so this concept offered no new solutions.

Meanwhile, nurses in Baragwanath's renal unit said yesterday kidney patients whose condition had been chronic, but stable, before the strike were now in a critical condition because they had missed out on their dialysis treatment during the protest.

Zuma says nurses will have to wait

(95) (15) APR 20/9/95
JOHANNESBURG. — Health Minister Nkosazana Zuma says there is nothing she can do about pay rises for nurses.

She said she would take nurses' demands to the cabinet, but the government had no more money for increases in this financial year, having already allocated R2,5 billion.

Nurses are demanding a 33 percent increase and better working conditions. On Monday they gave the government 10 days to respond.

Dr Zuma said there was a backlog of problems that had accumulated over decades. Even if the cabinet did allocate more money for increases, the health workers' share would be decided in the central bargaining chamber.

This was unsatisfactory and alternatives were being looked at.

Dr Zuma said she did have influence in the cabinet and would voice health workers' concerns.

She said it was not true that the reconstruction and development programme had billions in the bank which could be used by her department.

She described as unfair criticism of her attending a United Nations women's conference in Beijing while nurses were striking.

"It was not my decision to go. It was decided in cabinet," Dr Zuma said.

She had consulted President Mandela and other ministers on whether she should return.

"After consultation, a decision was taken that I should stay," she said.

Responding to a suggestion that the national lottery be used for the benefit of health services, Dr Zuma said any decision would be taken by central government.

"I would be delighted if (the money) came to health," she said, but there were a number of other basic services requiring funding. — Sapa.

Disgruntled nurses sign up for union

(95) Star 21/9/95

■ STAFF REPORTER

Nurses are likely to form their own "union" to tackle salary negotiations in the Public Service Commission's Central Bargaining Chamber.

Anger with the performance of those representing them in the chamber during last year's bargaining process was a key reason for their wildcat strike earlier this month.

Media spokesman Sister Belinda Kgogo yesterday said nurses were being pushed into the move because the Government would not discuss

wages in any forum other than the chamber.

This was despite the fact that a National Health Worker's Forum had been set up after the strike for nurses to discuss their grievances with provincial and national health authorities.

After a meeting of the forum on Monday, Health Minister Dr Nkosazana Zuma said there were no funds available to meet their demand for a 33% across-the-board salary increase.

The idea of a nurses' "union" then became one of the issues mooted at a meeting at Baragwanath

Hospital on Tuesday, said Kgogo.

Nurses had already begun to sign up for the as yet un-named organisation, but it would probably be formalised at a meeting on September 26.

Other problems discussed at the forum were a demand for parity between state and local authority nurses' salaries, tax concessions, and the poor quality of patient care due to staff, equipment and drug shortages at state hospitals.

Kgogo said nurses still expected a Government response to these problems by September 28.

NURSES' JOBS ALSO AT RISK

5000 Cape teachers face

(95)

CT 21/9/95

axing

AROUND 5 000 teachers face the sack and nurses may also be axed unless budgets are increased. **CHRIS BATEMAN** reports.

FIVE out of every 30 teachers in the Western Cape will have to be retrenched by the end of March next year if the region's R500 million education budget deficit is to be balanced, regional Finance Minister Mr Kobus Meiring warned yesterday.

This would translate into retrenching 5 000 teachers.

Delivering a budget update in the provincial government, Mr Meiring said the region was in dire straits due to a government formula which will cut the province's funding by an average of 3,41% a year over the next five years.

All other provinces with the exception of the Northern Cape (minus 3,85%) face positive annual growth rates in funding ranging from 1,05% in the Eastern Cape to 8,16% in Gauteng.

Mr Meiring said the Western Cape this year had an overall R1,02 billion deficit and would run out of funds in January next year — two months before the end of the financial year.

The local Department of Education was "seriously looking" at retrenchments and would have to

make the cuts by the beginning of the next financial year as salaries made up 85% of the education budget, he said.

Education Minister Mrs Martha Olckers said voluntary retrenchment would be the guiding principle. She would keep her word to pay salaries until the end of the year and urged union and other central government advisory bodies to speedily reach agreement on teacher/pupil ratios.

Mr Meiring was "desperately worried" that nurses would face "the same kind of story".

Health in the province faced a R191,99 million deficit which could not be brought under control without serious political and service implications.

Formula

The Financial and Fiscal Commission formula was weighted so that 25% of the funding for provinces would be based on the number of rural people in each province — placing the Western Cape at the bottom of the ladder.

This put the grant for education per person at R540 compared to the national average of R606 and for primary health care at R93,26 versus R106,52.

"Nowhere in the world has pulling down the top person helped the underdog — rather maintain standards and help others up," Mr Meiring said.

GOVT MAY RESCUE NURSES, TEACHERS

Life-line for W Cape jobs

CT 22/9/95

THE WESTERN CAPE education and health departments, suffering from recent budget cuts, may receive additional funds from the government. **ANTHONY JOHNSON** reports.

THE government is considering a variety of rescue packages to save the jobs of thousands of nurses and teachers threatened by budget cuts in the Western Cape and elsewhere.

Provincial Finance Minister Mr Kobus Meiring warned this week that 5 000 health workers and a similar number of teachers would have to be retrenched unless the Western Cape received more money from Pretoria.

But yesterday the education ministry said the cabinet was looking at ways to provide assistance to provinces like the Western Cape and Gauteng which are affected by budget shortfalls.

And the health ministry said good progress was being made in securing international bridging finance that would forestall any

retrenchment of health workers in the Western Cape.

Education ministry spokesman Mr Lincoln Mali said there were ongoing discussions between the provinces and Finance Minister Mr Chris Liebenberg and Minister Without Portfolio Mr Jay Naidoo "to see how they can come to the assistance of the provinces".

But Mr Mali emphasised that if additional funds are released to provinces they would have to demonstrate a commitment to "reprioritisation".

If this did not happen, the shift towards equity in spending would be slowed and the same budgetary crisis would repeat itself on an annual basis without education being restructured, he said.

He acknowledged that the Western Cape had seen an effective

cut in education spending but dismissed suggestions that this was a punitive measure. The government planned to equalise spending within the next five years.

"Provinces must learn to budget according to what they are getting and not what they think they deserve," Mr Mali said.

Health ministry spokesman Mr Vincent Hlongwane the department would not allow services to collapse because of a projected shortage of funds.

Primary care

"We will be opening up a lot more clinics and health facilities in the coming year and are in the process of training more nurses, particularly for primary health care," he said.

He said Health Minister Dr Nkosazana Zuma had been abroad in search of bridging finance and groupings like the European Union had been "quite willing to

give a hand".

Mr Hlongwane said: "We do not envisage a situation where we retrench nurses. Rather the plan is to extend the reach of the health services into areas that are understaffed at present."

Meanwhile, the national and nine provincial health departments yesterday agreed to urgently find solutions to problems of salaries, promotions and working conditions among health workers.

During a meeting in Pretoria, task teams were set up to look into the problems and to make recommendations.

Dr Zuma will brief the cabinet next week on the national health services situation.

"Channels of communication are being opened between the national and provincial departments of health to monitor the situation. The department is also initiating contact with health workers to address their problems," a health department statement said.

Demands of health

workers to
get urgent
attention

PRETORIA. — The national and nine provincial health departments say they will urgently address health workers' grievances.

The national Department of Health said it had been agreed that solutions to problems of salaries, promotions and working conditions must be found.

"The plan is to speed up solutions to immediate problems and address specific complaints which include salaries, promotions and the conditions under which nurses work," a statement from the department said.

A meeting of all the departments in Pretoria set up task teams to look into the problems and to make recommendations to improve health services and the conditions of health workers.

Thousands of nurses in Gauteng went on strike earlier this month to back demands for wage increases and better working conditions, forcing the provincial government to take steps in terms of the Public Service Labour Relations Act and to warn nurses to return to work or face dismissal.

Nurses agreed to go back to work after the government promised it would urgently address their concerns.

The statement said Health Minister Nkomo said the cabinet would brief on the national health services crisis.

"Channels of communication are being opened between the national and provincial departments of health to monitor the situation. The department is also initiating contact with health workers to address their problems," it added. — Reuters.

'They think we're in Heaven...'

(95)

ARG 23/9/95

"EVERYONE thinks we're sitting in heaven," said senior professional nurse Dideka Seth, employed by the Cape Metropolitan Council.

"We also don't like the fact that our salaries are higher than those paid to the nurses employed by the provincial administration. We also want parity because these bad feelings do not help our work. But that does not mean that our salaries are good.

"We want a single comprehensive health service and equal salaries," said Nurse Seth, asked by a group of CMC nurses to answer Saturday Argus questions on their feelings about wage parity.

The tearoom for CMC nurses is small and neat and the number of nurses using it reflect that there are fewer council nurses at Khayelitsha Day Hospital than are employed by the province.

She denied suggestions that the pay differences had resulted in CMC nurses appearing more "superior" to the provincial nurses. Instead she believed that it was more a case of "professional jealousy".

Nurse Seth said it was problematic for CMC nurses that representatives chosen to attend the first nursing sub-committee of the national health consultative forum were only province nurses.

Given proposals currently with the health ministry, it was likely the CMC nurses would have to see their salaries fixed to enable provincial nurses to achieve parity over a period of



Picture: JACK LESTRADE.

□ **GET-TOGETHER:** Nurse Dideka Seth with nurses employed by the Cape Metropolitan Council.

time.

"We also need to have our interests represented. Besides, there were only 10 reps from the Cape Metro at the forum. What about reps from the other 14 districts in the Western Cape.

She said that in some ways CMC nurses appeared to be at a disadvantage because provincial nurses would be part of provincial health plans. "How are we going to fit in on the ladder?" she asked.

"We need to understand the history of our salaries too. In

1986 our salaries were very poor but after negotiations they were linked to grading in terms of the Town's Clerk Act and only then did they improve.

"They (provincial nurses) complain that they do more work but we do preventive, promotive and curative work. Provincial nurses don't have the problems we have with going into the communities. We have to see to people who don't want to take their TB treatment."

People were at times hostile.

She gets R4 900 a month after 16 years' service, which excludes her training years. Her take-home pay is R1 500.

Nurse Seth handed over an advert cut out from The Argus placed by the provincial administration calling for professional nurses to apply for positions at health centres.

"They are only offering R25 866 a year. A non-pensionable professional allowance of R2 400 a year is payable. That is with the government's five percent increase. It's too low," she said.

Payment row splits nurses in two camps

■ Disparity in wages between equally qualified nurses employed by different authorities has caused such deep resentment that nurses who work under the same roof refuse to speak to each other. But parity in salaries, a key demand of the recent nurses' strikes, is unlikely to be addressed until local boundaries are fixed and a political decision is made on who takes responsibility for local health services. Staff Reporter ADELE BALETA went to Khayelitsha Day Hospital and chatted to nurses employed by the Cape Metropolitan Council and those paid by the Provincial Administration of the Western Cape in their segregated tearooms.

INEQUITABLE compensation in nurses salaries has proved a bitter pill to swallow and a major obstacle to integrating the fragmented health services inherited from the apartheid era.

Recent attempts by health service managers to co-ordinate primary care services between the local and the provincial health authorities have been fundamentally flawed because of deep-seated anger over salary discrepancies, according to Health Systems Trust research manager Peter Barron.

Dr Barron, formerly a city council paid health manager of Khayelitsha, tried to integrate services before the elections at the Nolungile Clinic, where the situation has become so strained nurses from the "two camps" refuse to speak to each other.

He was faced with equally qualified nurses working side by side doing the same work, but being paid vastly different salaries.

A recent national study funded by the trust and conducted by researchers at the University of Cape Town's Community Health Department found that nurses' salaries vary by between 10 percent and 78 percent. The study found that those employed by local authorities (about 93 percent of the workforce) were paid more on

all levels than those paid by provincial authorities (about seven percent of the workforce).

According to 1994 salary scales the local authority paid a nursing assistant R13 890 per annum compared with the provincial wage of R25 467 for the same grade — an 83 percent difference.

Dr Barron said: "While services integration worked at some levels, it was fundamentally flawed, because the discrepancies in salaries always caused flare-ups. Eventually the situation developed into a monster, with nurses refusing to work with each other and the conflict spilling into the community.

"Admittedly, at the time there was no district health plan on the table and therefore no framework to work with as there is now," he said.

A hangover from the past that has caused duplication and severe fragmentation of services is the stipulation in terms of the Health Act of 1977 that staff employed by the local authority dispense preventive and promotive health care, while nurses employed by provincial authorities deal with curative care.

"At Nolungile we tried to have one service for children and we wanted to have a seven-day service. It did not work because of the conflict. The fact that province nurses were re-



Picture: OBED ZILWA, Staff Photographer.

□ **INJECTION:** A nurse employed by the Provincial Administration of the Western Cape prepares an injection for a patient.

quired to work on Saturday, while the local authority nurses only worked week days, was also a sore point.

"Because of the insurmountable tension, the service was duplicated, with the paediatric side of the clinic being run exclusively by the now named Cape Metropolitan Council nurses, and the province nurses working with the adults.

This means a sick mother with her sick child have to queue twice and be seen by separate doctors, nurses and pharmacists.

"There has to be a move toward parity, not only in the health service but for all public servants, to satisfy employees. There needs to be one

bargaining chamber," said Dr Barron.

Salaries and conditions of service had been on the agenda for three years, and since the elections a district commission at national level was looking into the matter, he added. The issue had also been taken to the local government ministry, he said. "There has been no decision yet and it's likely we will have to wait until after the local elections are held."

A researcher and co-author of UCT's study, Bupendra Makan, believes the only way to address these problems is to have a comprehensive unitary health service as laid down in the current health plan.



Picture: OBED ZILWA, Staff Photographer.

□ **MONEY TALKS:** Nurses employed by the Provincial Administration of the Western Cape chat about the "hurtful" result of disparity in salaries.

ARLT 23/9/95 (95)

Tea for all . . . but it's so much sweeter down the hall

NOISY chatter wafts through the passages of Khayelitsha Day Hospital as nurses employed by the Provincial Administration file into their tearoom for their morning break.

All the nurses round the table are paid less than their colleagues down the hall, who are paid by the Cape Metropolitan Council (CMC). And while they agree that the disparity is unfair and divisive, they are quick to add that the take-home pay of their colleagues should also be increased.

Sister Angie Thabapelo says: "The disparity in nurses' salaries hurts everyone, not only the nurses. It has caused such bad feeling and has meant a duplication in services. Some children have to be weighed and immunised by the other nurses who, by their job definition, do promotive and preventive care. But if the same child needs more intervention, they have to come to us. That's two queues and two lots of files, which means more paperwork. It's the patient who suffers at the end of the day."

Her colleague, Mimi Daki, adds: "We feel very bad about the wage differences. It's sad be-

cause it has put such a damper on things. At least we are still civil to them — not like at Nolongile Clinic, where the nurses don't speak to each other. We greet them, of course, but we don't sit and drink tea and chat together.

"It's difficult for us to make social contact with them. We work from 7am to 7pm or from 7pm to 7am, depending on our shift. They work from 8am to 4pm for a start and we get paid a lot less".

A nurse who did not want to be named complained that the CMC nurses were given fresh milk. "We get powdered milk and that sometimes runs out. I don't know why we have to have two separate tearooms. It's not fair. Everything they get is better," she said.

Another said there were even two sets of cleaners and cleaning equipment used for the two groups of nurses — down to the toilet paper, which was inferior for province nurses.

Trauma unit staff nurse Emily Mnyamana, 33, said she often had to do work she was not qualified to do on weekends. She

has six years' experience and earns a net salary of R1 400. "I can do the work because I have had to jump in at the deep end. I give injections, take bloods, suture patients, put up drips and even resuscitate patients. I am expected to do this although I am not even qualified."

She has two children, a 13-month-old and a four-year-old. Her husband is a professional nurse and their combined take-home pay is R2 700. They support Emily's mother as well.

"At weekends we do the work of four people," said one nurse. "The CMC nurses do basically preventive care and only really immunise and weigh patients, although they are trained to do more."

Sister Patricia Moloatoa has 20 years' experience. Her take-home pay is R1 100 after her housing subsidy (about R700) and other deductions.

"The relationship with the other nurses (CMC) is bad. It's bad for me. After all those years I still get peanuts. A new sister in the CMC gets more than me. It makes me mad. How would you feel?"

Mandela assures nurses of support

(95) (S) Sowetan 25/9/95

PRESIDENT NELSON MANDELA assured nurses at the weekend of his support for their pay demands but said the Government had no more money.

"The Government is in difficulty with not enough resources. There is no money at all to increase salaries," he said during a surprise visit to King William's Town's Grey Hospital on Saturday.

"Working conditions for health workers were not satisfactory after years of neglect and discrimination under apartheid. 'Sometimes I get really distressed to see the difficult conditions you are working under,'" Mandela told the nurses, who went on strike last week over demands for overtime pay.

There was a shortage of doctors, nurses, hospitals and drugs, he said, but this could not be addressed overnight.

He appealed for patience and a suspension of all labour action by health workers while the Government and workers' representatives addressed their grievances.

The President says Govt has no money but grievances are legitimate

"Your grievances are legitimate and have the full understanding of the Government of National Unity. Regrettably, the government cannot at this time meet all the demands," Mandela said during another surprise visit to nearby Bisho Hospital.

The hospital visits had been kept under wraps until the last moment in order to keep them informal and avoid a fanfare, according to acting Eastern Cape premier Professor Shepherd Mayathula.

Mandela said good progress had been made in talks this week between health workers and Health Minister Nkosazana Zuma. He said he would be taking a personal interest in improving health workers' working conditions and was confident an amicable solution would be found.

Mandela delighted children and bed-ridden patients as he walked around Grey Hospital, chatting and

asking them about their needs and condition.

Picking up a blind three-year-old, he was told a sad story of how the child's parents do not visit him and how his progress was being delayed by his prolonged stay in hospital.

Asking senior nursing staff what the area's most common illnesses are, Mandela was told of the prevalence of tuberculosis, asthma, bronchitis and pneumonia.

He showed a keen interest in hospital food, asking nurses to recite the day's menu, and checked that the children were bathed daily and had enough toys to play with.

"These people are national assets. There may be among them MPs, ambassadors, Cabinet Ministers and even presidents," Mandela said.

He praised the nurses' work, saying he hoped conditions and salaries could soon be improved. — Sapa.

95

Dear Nursing Colleague

Star 27/9/95

Nursing is a special profession within the health system and the delivery of a caring health service to the people of South Africa depends on special people like you.

I have listened carefully to your grievances. Please be assured that I fully understand the problems with your salaries and the conditions of service.

I am committed to resolve these problems with your full participation even though some of these had originated though the years.

Task teams have been established to investigate your problems and recommend corrective actions to improve the delivery of health services and the conditions of service for all health care workers in South Africa.

I have already briefed the President and the Deputy-President, and will brief the Cabinet today, on the present status of health services and enlist the support of the other Cabinet Ministers to resolve these issues.

The question of salaries will be raised at the meeting of the central bargaining chamber, to be held on October 3, 1995. I request you to support this process and ensure that we make a strong case for nurses.

I want to make a special appeal to you to continue to provide a commendable service to your patients and to give this Government a chance to deliver a quality health service to our people.

Please feel free to write to me about any matters you feel should be addressed to improve the health services in your clinic, health centre, hospital, province, or indeed in the country as a whole. My fax number is (012) 312-0987.

With kind regards

Ncwuma

**DR NC DLAMINI ZUMA
MINISTER OF HEALTH**

Cabinet 'no' to nurses' pay plea

Star 28/9/95

(95) (95)

■ BY PATRICK BULGER
and JANINE SIMON

The Cabinet has rejected nurses' demands for immediate pay rises and they are threatening another strike - national this time - from tomorrow.

After yesterday's Cabinet meeting in Pretoria, where the decision was taken, Public Service and Administration Minister Zola Skweyiya appealed to the nurses not to strike. He said the Cabinet had "reinforced President Nelson Mandela's statement that funds were not available in this financial year".

The minister said at a media briefing: "Accordingly all groups are encouraged to enter the bargaining process and contribute to a solution for the next financial year."

The nurses' resolution for a national strike was adopted on Tuesday by representatives of all provinces at Tembisa Hospital, their spokesman Sister Belinda Kgogo said.

The meeting also resolved to ask the community to intervene in the dispute between nurses

and Government.

Widespread intimidation of nurses was occurring, particularly in Hillbrow Hospital, she added.

Nurses set a 10-day ultimatum when they presented their demands at the first meeting of the National Health Worker's Forum on September 18.

These included a 33% across-the-board national pay increase, parity with salaries of local authority nurses, and improved equipment and patient care at State hospitals.

Skweyiya said nurses grievances - such as parity in the nursing sector - would be supported, but salaries would have to be dealt with for 1996.

A piecemeal approach to the problem would not suffice, because coherent change in the three-year bargaining system was needed.

Nurses are busy organising themselves to participate in the chamber, but, says Kgogo, still expect the Health Department to come up with, for example, improved allowances or tax concessions, to avert a strike.

Nurses' strike threat: Patients sent home

Appeal to public not to go to hospitals tomorrow, 'unless absolutely necessary'

(95) ~~95~~ RRG 28/9/95

JENNY VIALL
Health Reporter

HUNDREDS of patients at state hospitals are being discharged today as health authorities gear up for the national nurses' strike tomorrow.

Outpatient departments at provincial health centres will be closed tomorrow and on Monday and all elective surgery has been cancelled. Emergency services will stay open, although these may be closed for short periods if there are insufficient staff. Between 10 and 20 percent of patients will be discharged today.

Nurses belonging to the newly formed Nurses Forum, a nationwide body, will go on strike tomorrow.

It is not known how many of the Western Province's 18 000 nurses belong to the Western Cape Nurses Forum and to what extent hospitals and health services will be affected.

Support for the forum in the community health centres is thought to be between 50 and 60 percent and in the larger hospitals between 20 and 35 percent.

Tom Sutcliffe, head of the Western Cape Health Department, has appealed to patients not to go to hospitals and community health centres unless absolutely necessary.

Nurses are striking for higher wages and parity in salaries. Local authority nurses earn up to 40 percent more than their state-paid counterparts.

Nurses have agreed to work this weekend, but will work to rule and not perform any non-nursing functions, such as putting up drips, stitching wounds and dispensing medicine.

Dr Sutcliffe said his department sympathised with nurses' poor conditions of service and pay disparities, but added that his department strongly condemned their decision to take strike action which might put patients' lives at risk.

The nurses' action would be treated strictly in accordance with rules and regulations that applied in terms of the constitution and the Labour Relations Act.

The no-work-no-pay principle applied and disciplinary action would be taken if necessary.

He appealed to the Nurses' Forum at least to ensure that essential services were maintained.

A comprehensive contingency plan for provincial health services and each institution has been drawn up. Doctors and other health professionals in the private sector have been asked to offer their services at hospitals.

ANC leader in the Western Cape Chris Nissen said the ANC viewed the impending strike action with concern, warning that it was detrimental to the province.

He said an assurance had been given by the national Minister of Health Nkomo zana Zuma that a better remuneration package would be worked out.

He urged the Nurses Forum and other health workers to heed the government's call not to strike, but rather "walk the path of negotiation and reconciliation".

The Western Cape Nurses Forum said today it would picket at lunchtime on Monday, march to the provincial parliament on Tuesday, and, from Wednesday, work a 40-hour-week — from 7am to 4.30pm from Mondays to Thursdays and from 7am to 1pm on Fridays. They would not work weekends or nightshifts.

Strike

(96) (12)

This time, Gauteng hospitals are ready with contingency plans

Nurses in 24-hour

Star 29/9/95

URGENT talks ahead of week- and month-ends, when strains on casualty wards rocket

■ BY STAFF REPORTERS

At least four major city and seven provincial hospitals in Gauteng have been hit by the 24-hour nurses strike and by eight this morning national health officials were struggling to find out how many other hospitals were affected.

At least 500 nurses are on strike at Baragwanath Hospital, and Johannesburg, Hillbrow and J G Strijdom also reported nurses on strike. Other hospitals affected include Sterkfontein in Krugersdorp, Naledi, Boksburg-Benoni, and Pholisoong on the East Rand, H F Verwoerd in Pretoria, Ga-Rankuwa, and Kalafong outside Pretoria.

Many nurses said they were waiting for directives from their leaders to an ultimatum from the Department of Health, issued five minutes after the strike began and threatening dismissal if they were not at their posts within 24 hours.

Nursing leaders were meeting at most hospitals early this morning. In most hospitals, grim officials were locked in emergency meetings. Fears are that the patient load will soar later today and tonight as it is both week-end and month-end, a traditionally frantic time for State hospitals.

The strike is expected to be national, but the Crisis Centre set up by the Department of National Health is still waiting to establish which other provincial hospitals had been hit. The department has swept into action against the illegal strike, with an ultimatum and a blunt warning that nurses will face possible civil and criminal charges should any deaths result from their actions.

The ultimatums have been prepared and would be issued to striking nurses five minutes after they embarked on their action, Director-General of Health Dr Olive Shisana said this morning.

Nurses had decided on the strike even before hearing of the Cabinet offer to overhaul the salary packages and career paths of nurses as from April 1 1996, she said.

"The Government has made a good offer and it addresses their fundamental concerns," she said. "All they have to do now is present themselves in the Public Service Commission's Bargaining Chamber on Tuesday morning."

Stephen Matlala, vice-chairman of the National Consultants Health Workers Forum said yesterday the nurses had decided on a 24-hour strike today, and would be back on duty tomorrow morning.

They would be back at their posts then but would "work to rule", and perform no non-nursing duties. The consequences of dismissal were very severe, she said. The nurses who were re-employed would lose their accumulated leave, State pension contributions, and start again at the lowest rung on the nursing ladder.

Nurses strike threat

(95) (95)

Sowetan
29/9/95

By Glenn McKenzie

South Africa is today bracing itself for another round of nationwide nursing strikes which are set to cripple hospitals and clinics around the country.

Various nursing groups, who had given the Government a 10-day ultimatum on September 18 to respond to their demand for 33 percent wage increases, said they would strike today because the authorities had not offered them better salaries.

Provincial governments in Gauteng, the Western Cape, KwaZulu-Natal and Free State yesterday said they were prepared for the worst. But it was not known exactly how extensive the strike could become.

In Gauteng province, numerous hospitals and clinics were preparing to discharge non-critical patients. Likely strike flashpoints included Baragwanath, Leratong, Johannesburg, Tembisa, JG Strydom, Coronation and Pholosong Hospitals, sources said. Soweto community clinics are also expected to strike.

In the Western Cape, community clinics and hospitals were expected to be hardest-hit, according to Health Director General Dr Tom Sutcliffe. Military Two Hospital was prepared to take 100 patients from other hospitals if necessary, he said.

"We are hoping for the best but preparing for a worst-case scenario," he said.

In the Free State, Goldfields Hospital was reported to have been affected by a strike which began yesterday.

In Mpumalanga, government sources said

they expected Philadelphia Hospital in Dennington to be affected by the strike.

Health services in some parts of Gauteng were crippled earlier this month during a wildcat nurses strike.

Dr Olive Shisana, South Africa's director-general of health, warned yesterday that nurses could face criminal charges if patients died as a result of the strike.

Shisana said the Government would act "swiftly and decisively" against participants in any illegal work stoppages. Nurses would be given 24 hours to return to work and thereafter an ultimatum would be issued. If they were fired, they would lose their pensions, leave and years of service, she added.

Shisana criticised the media for "failing to report" that the Government had made nurses a good offer that could give them better salaries in 1996.

Salary grades of nurses would be restructured to allow better mobility and earnings, she added.

"It is true that nurses have been left behind other professions. Nurses must take some of the blame for that. They must elect effective representatives to take part in the Central Bargaining Chamber," she said.

Meanwhile, Mr Jacob Letlake, a Health Forum spokesman from Soweto's Community Clinics said nurses would not settle for "promises and lies" from the Government.

Letlake further accused the authorities of manipulating public opinion against the nurses.

"We are not organised by any party. There is no one behind us, only nurses. We have waited too long for a fair wage," he said.

ULTIMATUM ON PLANNED STRIKE

Govt's threat

to rebel nurses

ET 29/9/95 (182) (95)

NURSES WHO GO on strike today face dismissal and the loss of all their privileges, the government said yesterday.

CAPE TIMES REPORTERS:

CHRISTINA BEATTY
and THANDEKA GOUBULE

THE ministry and national department of health are set to crack the whip in an attempt to crush today's planned nationwide nurses strike which could cripple the health system.

Health department director-general Dr Olive Chissano said in an exclusive interview with the Cape Times yesterday: "We will issue an ultimatum to nurses who wish to embark on an illegal strike.

"If they do not return to work within twenty-four hours, without explanation, they should consider themselves dismissed. Should the nurses be re-employed they would lose all their pension, accumulative leave and start at the lowest rung of the nursing structure."

They would also, according to Dr Chissano, face the wrath of the public should there be any loss of life. People may institute civil claims against nurses, she warned. An inquest could lead to criminal charges being pressed.

"There comes a time when the state has to protect the public, to this end we are committed, we shall enforce the law to the letter."

She said the ministry understood the plight of nurses and had "bent over backwards" to make accommodations.

An emergency tele-link conference was held between the provincial health ministers and the cabinet yesterday, chaired by Health Minister Dr Nkosazana Zuma.

The cabinet agreed to propose the re-assessment of nurses' salary structures to the central bargaining chamber. But they stressed that no changes could be

made this year.

Mr L Ramatlakane, acting Health Minister for the Western Cape, said if the cabinet's proposals were accepted nurses would receive better salaries by April 1; their career pathways would be improved; and they would be rewarded for their professional status.

Meanwhile the ministry has set up national and provincial crisis centres to keep the public informed of developments in the strike and provide information on alternative health centres if some hospitals become over-burdened.

In response to the impending strike and in line with other health institutions, Groote Schuur chief medical superintendent Dr P Mitchell said the hospital would scale down activities as far as possible in an attempt to prevent any major disruptions.

Restrict patients

He said the situation would be re-assessed after four days.

The focus of the scaling down would be to restrict the inflow of patients rather than to reduce numbers through discharges, he said.

This would include closing the outpatient department as far as possible, cancelling elective surgery, stopping non-emergency surgery, medical admissions, and discharging patients who could be sent home safely.

He said that while he sympathised with the nurses, his primary concern was for the patients.

Dr Tom Sutcliffe, head of the Western Cape Health Department, said that the scope of the strike was still uncer-

tain, but that it was likely to effect community health centres more than the larger hospitals.

He said that the meeting with cabinet had been encouraging.

"The cabinet has shown a determination to address the problem," he said.

"For that reason I do not support the strike, although I have great sympathy for the nurses. It is time they stood back," he added.

A spokeswoman for the Western Cape Nurses Forum said the strike would go ahead as planned despite the meeting with cabinet.

She said that the nurses' march had met with no response, and that their demand for a 33,5% increase stood firm.

Asked if she was hopeful about the outcome of the central bargaining chamber, she replied: "If it gave us hope, we wouldn't strike."

Meanwhile a patient at Groote Schuur Hospital claimed last night that he had been "thrown out" of the ward he was in, along with nine other patients.

The man, who did not wish to be named, said only two gravely ill patients were allowed to stay at the hospital. He said the staff had acted as if the patients were not their responsibility and had shown no sympathy to their charges.

ANC Western Cape leader Mr Chris Nissen yesterday appealed to the Nurses Forum not to take thousands of members out on strike today.

● The Nursing Forum announced yesterday it will picket Rhodes University at lunchtime on Monday, march to the Western Cape parliament on Tuesday and work a 40-hour week from Monday to Thursday.

Doctors become nurses as strike bites

(95)

ARG 29/9/95

Staff Reporters

HARRIED doctors are performing nursing functions at day hospitals on the Cape Flats as the national one-day nurses' strike makes its effects felt in the Western Cape.

At Guguletu Day Hospital a nurses' representative said no nurses were working and doctors had to take urine samples, weigh patients, stitch them up and dress their wounds.

At Heideveld Day Hospital, nurses drank tea and prepared placards before taking to the street to picket. There too, doctors were performing all duties usually done by nurses.

But a spokeswoman said one nurse was on standby in case of emergencies.

A placard summed up grievances.

"I'm a doctor, I'm a physio, I'm a social worker, I'm a counsellor, I'm a clerk, I'm a pharmacist, I'm everything but called a mere nurse and only given a five percent increase" it read.

At Langa Day Hospital it was a similar story with nurses sitting in their team room while busy doctors rushed about.

The strike has also affected Red Cross, Groote Schuur and Conradie.

At Groote Schuur, nurses in the trauma and emergency units walked out today to back their bid for higher wages and better working conditions.

And about 30 percent of nurses at Red Cross Children's Hospital were not at their posts.

But it was community health centres that were worst hit, said the head of the health department in the Western Cape, Tom Sutcliffe.

National Health Minister Nkosazana

Zuma has appealed to nurses not to strike and put patients' lives at risk.

Tygerberg Hospital had not been affected, a spokesman said.

About 75 percent of nurses at Conradie Hospital were on strike, said Raymond Jafta, spokesman for the Western Cape Nurses Forum.

At Langa Day Hospital all nursing staff had stopped work. All three doctors were on duty.

A sister said there was a good rapport between doctors and nurses, with doctors sympathetic to the nurses' plight.

The Western Cape Nurses Forum said it was taking strike action because grievances had not been met.

Nurses planned to return to work tomorrow, but would work to rule, doing only basic nursing jobs.

Mr Jafta said the situation would be evaluated after a meeting next week.

"We are seen as professionals providing an essential service, but they insult our integrity by not addressing any of our concerns. Unions, as well as the South African Nursing Association and the Democratic Nurses Organisation of South Africa, do not represent our specific interests as nurses, and we reject them."

Mr Jafta said the decision to strike had not been easy.

"It is not a comfortable one. We have pledged to look after our patients, but no one is looking after us. We have to draw the line somewhere. We are concerned that the community will misinterpret our actions. Please try to understand."

A cabinet offer to increase nurses' salaries from next year would be put to their central bargaining chamber in Durban on Tuesday, Dr Zuma said yesterday.

Hospitals prepare for nurses' forum strike

BD 29/9/95 (95) (95)

Kathryn Strachan

STATE hospitals countrywide are bracing themselves for strike action after the Nursing Forum gave them official notice yesterday that their strike would begin from 7am today.

"But the great unknown is how much support the forum has," Western Cape hospital services chief director Alan MacMahon said yesterday.

As the 10-day ultimatum — which nurses gave government to respond to their demand for increased pay — expired yesterday, hospitals took steps yesterday to prepare for the strike.

The decision to strike was spurred by the Cabinet's decision on Wednesday that nurses' demands could not be met in this financial year.

Gauteng deputy director of health Eric Buch said that a meeting of provincial hospital superintendents showed most hospitals would be affected by the nurses' action, which would include a one-day strike, a march next week and pickets.

Johannesburg Hospital yesterday started discharging patients, and stopped taking transfers from other hospitals. Baragwanath Hospital was making arrangements for patients to be transferred to other hospitals.

MacMahon said it was difficult to say what impact the strike would have on the Western Cape, but all outpatient services, and non-emergency op-

erations — and admissions in the province will be stopped from today. Hospitals have also started discharging patients fit enough to be sent home.

Free State has been notified that nurses in five of the province's biggest hospitals will embark on a one-day strike tomorrow, but nurses have said that a skeleton staff will remain to keep critical services running.

Health Ministry spokesman Vincent Hlongwane said yesterday that there were "rumblings" of a strike in all the provinces.

Health Minister Nkosazana Zuma yesterday sent a circular to all nurses, explaining that the Cabinet proposed an overhaul of the salary structure, which would significantly improve public sector workers' pay — especially nurses'.

Nursing forum representatives could not be reached yesterday.

Renee Grawitzky reports Cosatu general secretary Sam Shilowa said yesterday a group of nurses had contacted the federation to discuss their "effective participation in the bargaining chamber which meets next week to commence negotiations for 1997 wage increases". Shilowa said that "their acceptance into the Chamber will help alleviate the threatened strike".

Shilowa said Cosatu supported their demands, and the current government had inherited the conditions from the previous government.

Fraud office hamstrung by lack of jurisdiction in TBVC states

BD 29/9/95 (95) (95)

Kevin O'Grady

PRETORIA — Investigations by the Office for Serious Economic Offences were being hamstrung because its jurisdiction had not been extended to the former TBVC states, director Jan Swanepoel said yesterday.

Testifying before a joint parliamentary justice committee hearing, Swanepoel also made an urgent appeal for his office to be given prosecutorial powers to avoid delays in prosecutions by attorneys-general.

He said corruption and fraud in state departments was also "a serious problem for us".

A recent investigation requested by Judge Johan Kriegler into a R3m fraud within the Independent Electoral Commission came to an abrupt halt when files containing evidence were stolen from a "locked filing cabinet in the locked office of a prosecutor".

Luckily, about 90% of the evidence had been reconstructed and prosecutions would continue, he said.

A "great number" of offences were in need of investigation in the former homelands states, but the office did not have the power to subpoena witnesses.

"In the Escoffery matter (in which

businessman Norman Escoffery allegedly irregularly obtained an R18m loan from the Bophuthatswana Agricultural Bank) we needed to subpoena people from Northwest but could not do so. We had to rely on the goodwill of potential witnesses," Swanepoel said.

A shortage of manpower in the Transvaal attorney-general's office meant that the case, when handed over for prosecution, would receive only the attention of a junior counsel "when it deserves much more".

Cases handed to the attorney-general also received "a lesser priority and are placed in strongrooms, where they lie for a very long time". Conditions hampering investigations were "undermining the credibility of our leaders", particularly President Nelson Mandela, who had promised a crackdown on commercial crime.

The justice committee pledged to try to include an extension of the Investigation of Serious Economic Offences Act to the TBVC states in the Justice Laws Rationalisation Bill, which is expected to come before Parliament next year. It would also seek to gain prosecutorial powers and wider powers of investigation for the office, chairman Johnny de Lange said.

Nurses defiant in face of minister's call to order

By ABBEY MAKOE and CHRISTINA STUCKY

Nurses appear set to extend their strike today in spite of signals that the government's patience is wearing thin.

Health Minister Nkosazana Zuma yesterday slammed the strike as "illegal" and "not justified". She warned of "grave consequences" should the nurses not return to work today.

The nurses would "achieve nothing" by embarking on a strike as the government was unable to come up with an immediate 33% salary increase for the more than 100 000 nurses in the industry, she said.

Nurses at several hospitals in the Eastern Cape, Free State and Gauteng relaunched what

95
was initially said to be a 24-hour strike yesterday after a cabinet decision this week that there would be no immediate salary increases in the sector.

Zuma said the government had taken the nurses' grievances into consideration before the one-week strike earlier this month.

It had drafted an offer which would be presented to the nurses representatives at the next round in the bargaining chamber, scheduled to start on October 3.

Nurses at Baragwanath Hospital - where the strike started earlier this month - vowed to continue the industrial action "come what may".

TO PAGE 2

◆ Nurses tear up letters

95
hospitals in the Western Cape and KwaZulu-Natal remained largely unaffected but Gauteng was hardest hit, with 1 700 nurses striking at Baragwanath alone.

A matron with 34 years' experience, three diplomas, a degree and a monthly before-tax salary of R5 000 said: "I am prepared to support this strike, come hell or high water."

The striking nurses were told to return to work or face "grave consequences", including dismissal, loss of pension benefits and, should patients die as a consequence of the strike, up to two years' imprisonment.

"Go-slows, revolving pickets, rotating skeleton crews and work to rule are also considered as strikes according to the law," Zuma said, quoting the letter.

Angry nurses at Baragwanath tore up their letters and held up placards. One read: "From nursing to prison, yet from the bush to Parliament in a gravy train or plane."

It was unclear last night whether Baragwanath nurses would end their strike today, as planned.

While Zuma could not disclose details of the Government's offer until it had been discussed in the bargaining chamber, she gave assurances that the nurses would see an increase in their salaries in April.

Sapa reports ANC secretary-general Cyril Ramaphosa urged nurses to return to work immediately. The party's national executive committee recognised nurses' grievances and the Cabinet had set up a process to deal with these early next year, he said.

Wildcat strikers threatened with loss of pensions

Nurses target Union Buildings

(95) (102) Star 2/10/95

■ BY SHIRLEY WOODGATE

Off-duty nurses and their colleagues on leave are expected to march on the Union Buildings today and present a list of their grievances to President Nelson Mandela and Health Minister Nkosazana Zuma.

But nursing staff who stay away from work to join the march have been warned their action will be regarded as an illegal strike.

The warning was made by Gauteng provincial government spokesman Popo Maja at the weekend. It follows increasing pressure on the nurses from several quarters to re-turn to work and settle their grievances by legitimate means which will not affect their patients.

The province later issued a statement which said steps taken against striking nurses could include instant dismissal and even arrest. It warned it would use legal sanctions to their "fullest extent".

Maja said although it was a democratic right to protest, depending on individual circumstances, penalties for participating in a wildcat strike could range from fines to firing in which case the affected staff members risked losing their pensions.

Unconfirmed rumours of the planned march surfaced yester-

PRESSURE mounts on nurses to stop wildcat strikes as ANC and DP join the chorus of outrage

day after a quiet weekend when staff returned to the wards at all Gauteng hospitals.

The only significant disruption was at Leratong Hospital in Kagiso where nurses went on strike for two or three hours on Saturday and yesterday morning.

Reuter reports that nurses at Leratong Hospital and Goldfields Hospital in the Free State were back at work yesterday after receiving government warnings to end their strikes or face dismissal. They were issued with written warnings after striking on Friday and Saturday.

The nursing strike which affected 13 major Gauteng hospitals and three of the 34 State hospitals in North West Province, was condemned at the weekend by the Professional Health Organisation of SA (PHOSA) which labelled the action "destructive, futile and compromising of patient care".

PHOSA also called on the Government to stop "hiding behind its empty coffers and shirking its duty of addressing the root caus-

es of dissatisfaction among health professional workers". These included the lack of professional recognition, reprehensible working conditions, chaotic overtime policy and dead-end careers.

The ANC and the DP swelled the growing pressure on nurses to return to work, with the former stressing that their "legitimate grievances should not be exploited by those whose intentions have absolutely nothing to do with the delivery of affordable and accessible health care to the great majority of our people".

DP health spokesman Jack Bloom also called for "real disciplinary measures, not merely threats and ultimatums", against the strikers, while urging a clear-cut "back-to-basics" plan which he described as a "clear commitment to addressing the needs of existing health care institutions rather than grandiose plans for primary health care".

Community representatives at the launch of the National Progressive Primary Health Care Network's Health Rights campaign called for more accountability by health workers.

Spokesman Judi Fortuin said that while the nurses' demands were understandable, the actions of the striking nurses was "very sad".

No comment was available from the NP or the PAC.

After 15 years, sister takes home R1 500

PETER DENNEHY

(95) CT 2/10/95

SISTER Lena McKenzie, who works in the intensive care unit at Groote Schuur Hospital, has been a nurse for 15 years — but she has a take-home pay of only R1 500 a month.

She is a 35-year-old divorcee with two children and works twelve-hour shifts, roughly half of which are on night-duty.

Sister McKenzie felt it was necessary to strike mainly because of the low salary she earns and because of the poor working conditions. But she loves her work and is proud of the hospital.

"I don't think there is anybody more dedicated to the hospital than those now standing outside," she said, indicating her colleagues.

"This is my profession. I need to stand up for my rights. I do care about my patients. But it is time I must be cared for as well, as a



WARNING: Dr Nkosazana Zuma

human being with needs, with children. I have to look after myself and my children. There are a lot of nurses in this hospital who are single parents."

The authorities "must stop playing on nurses' emotions. They have been doing that for years".

Some general workers with very little education or training now earn up to R2 000 a month, partly because they had gone on strike.

She was aware that possibly over half the nurses at the hospital's main building were not on strike. At the Groote Schuur hospital complex, 54% of nurses were on strike on Friday, hospital spokeswoman Mrs Una Bloch said.

Sister McKenzie said many nurses must have been dissuaded from striking by warnings that they could lose their jobs if they are not back at work after one day, by the "no-work-no-pay" rule and by warnings that they could face legal action from a patient or a patient's relatives.

Health Minister Dr Nkosazana Zuma warned at the weekend go-slows, work-to-rules and protest meetings by nurses on duty would be construed as strike action.

LIST OF GRIEVANCES FOR MANDELA, ZUMA

Nurses plan to march

CT 2/10/95 (95) (95)

JOHANNESBURG: In the wake of their wildcat strike last week, nurses are planning other strategies to press home their demands for better pay and working conditions.

OFF-DUTY nurses plan to march on the Union Buildings in Pretoria today to present a list of their grievances to President Nelson Mandela and Health Minister Dr Nkosazana Zuma, reliable sources said yesterday.

And locally, a Western Cape Nurses' Forum spokeswoman said yesterday further strike action would depend on the response of the government.

She said nurses would picket outside local hospitals during their lunch-hour between 12 and 2pm, but medical services would not be disrupted.

These latest moves follow the nationwide day-long wildcat strike late last week by nurses to demand

better wages and working conditions.

Gauteng provincial government spokesman Mr Popo Maja has warned, however, that nurses who stay away from work to join today's march in Pretoria will be considered to be striking illegally.

Meanwhile, a Groote Schuur Hospital spokesman said at the weekend "the Groote Schuur Hospital region was severely affected by the nurses' (wildcat) strike.

"Out-patient services were stopped as far as possible, non-emergency surgery was discontinued and obstetric, trauma and emergency services were put under serious threat," he said.

Yesterday, Groote Schuur spokesman Dr Deneys Reitz said

services had been "fine" at the weekend as the intended "go-slow" had not really been put into effect. Also, the trauma unit had not been affected as medical students had helped out.

"The strike was aimed more at community health centres and the mobile midwives' obstetric units than at the main hospitals."

Bargaining

He estimated the nursing staff at the hospital had been depleted by only 100 to 150 nurses.

The nurses' grievances are due to be addressed by a central bargaining chamber tomorrow.

News of the planned march surfaced yesterday after a quiet weekend when staff returned to Gauteng hospitals, some of which have been hit by three strikes in quick succession.

The only significant disruption was at Leratong Hospital where nurses went on strike for two or three hours on Saturday and yesterday morning, Mr Maja said.

The nurses' strike was condemned at the weekend by the Professional Health Organisation of SA (Phosa) which labelled the action "destructive, futile and compromising of patient care".

Phosa also called on the government to stop "hiding behind its empty coffers and shirking its duty of addressing the causes of dissatisfaction among health professional workers".

Community representatives at the launch of the National Progressive Primary Health Care Network's Health Rights campaign called at the weekend for more accountability by health workers. — Staff Reporter, Special Correspondent

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Health Minister Nkosazana Zuma at a news conference on Friday she gave details of the Cabinet's new deal to improve the position of nurses. Picture: ROBERT BOTHA

Nurses to march on Union Buildings

Kathryn Strachan (95) ~~95~~ BD 2/10/95

NURSES in Gauteng are to march on the Union Buildings today in protest against their low pay, but they have vowed their action will not lead to further service disruptions.

Nursing Forum representative Belinda Kgogo said yesterday that only nurses who were off duty would join the march. All Gauteng hospitals returned to normal over the weekend, following a nurses' strike on Friday.

The march precedes tomorrow's opening of the annual negotiations over public sector salaries. However, nurses, who have been attempting to set up a new union which specifically represents their profession, have not been able to get their union established in time to participate in the Central Bargaining Chamber.

Nurses will therefore be represent-

ed by unions such as the National Education, Health and Allied Workers' Union and the Hospital Personnel Association of SA, which nurses believe failed to represent their interests at last year's talks.

As these unions represented all categories of health workers, nurses and labour analysts said they prioritised the lowest-paid workers category — the general assistants — and placed nurses' demands lower on their list.

Kgogo said the Nursing Forum had not fulfilled all the legal steps to establish a union — time for the bargaining chamber, but they would continue with this process. Their future action would also depend on the outcome of negotiations this year, she said.

The negotiations should, however, be more fruitful for nurses if the Cabinet's promise holds true. For the first time it has pledged to back nurses.

Fairly smooth running

Nurses in Gauteng go back to work

Star 3/10/95

(95)

■ STAFF REPORTERS

Feverish efforts were being made today to end industrial action by nurses, which has crippled health care in the Eastern Cape and is threatening to spread to other parts of the country.

Gauteng hospitals were running fairly smoothly today. Nurses in the province are not on strike, but have threatened to "work to rule" indefinitely to back up their demand for a 33% wage increase.

In an attempt to "resolve the present crisis affecting nurses", the Government yesterday promised to give nurses' representatives observer status in the Public Service bargaining chamber.

In a statement issued last night, Public Service and Administration Minister Zola Skweyiya said he would do "everything in his power" to persuade unions in the chamber to give nurses' representatives the opportunity to present their grievances to the chamber during its sitting in Durban today.

Skweyiya's promise came as

doctors, health administrators and other concerned parties started meeting at the Umtata General Hospital today in an effort to end a strike by about 10 000 nurses in the Eastern Cape.

Health officials said they had to rely on the help of the Red Cross, the Defence Force and volunteers as patients streamed into hospitals facing critical staff shortages.

An investigation was under way into whether the death of nine patients in the province since Friday were the result of strike action.

Nurses in other parts of the country also appeared intent on continuing protest action today despite warnings.

Half the nursing staff at Boitumelo Hospital in Kroonstad embarked on a legal strike yesterday.

Spokesman Elke Grobler said the provincial government had issued the strikers an ultimatum ordering them to return to work or face dismissal. — Reuter.

► See Page 7

GAUTENG NURSES TO WORK TO RULE

Cape hospitals in crisis

THE Dean of the UCT medical faculty has accused nurses of endangering the lives of patients.

SEVERAL hospitals in the Western Cape experienced a total breakdown of essential services yesterday, with some places in crisis and patients who had travelled long distances having to be turned away, the Dean of the Faculty of Medicine at the University of Cape Town said.

Professor J P van Niekerk said there were particular difficulties at the obstetrics department and tasks normally performed by nurses had to be done by doctors.

Patients who had travelled from upcountry for an operation to remove cataract growths had to be sent home and told to return in a year's time, he said.

The faculty supported an improvement in the salaries, working conditions and status of nurses, he said. "However we wish to express our strongest censure when members of a health care profession endanger the health and lives of patients through their actions."

Meanwhile disgruntled Gauteng nurses said they would return to their jobs at state hospitals, but would work to rule.



PROTEST: Nurses from Groote Schuur and the Woodstock Maternity Hospital staged a placard demonstration in Main Road yesterday.

PICTURE: CLIVE SMITH

Mr Stephen Matlaila of the National Nurses Forum, who handed a memorandum to a representative from President Nelson Mandela's office, said nurses would be unable to provide adequate patient care if their demands were not addressed.

"The government is treating nurses like factory workers. They are creating nurses who are resentful and discouraged ... They

say there is no money but there is enough money for warships and new police uniforms," he said.

Hundreds of nurses marched to the Union Buildings to protest against Health Minister Dr Nkosazana Zuma's statement last week that there was no money to meet nurses' demands for an immediate pay increase of 33%.— Sapa, Staff Reporter



NURSES ON THE MARCH: Angry nurses march through Cape Town in support of their demands for higher salaries. Pictures. BRENTON GEACH.

Marchers won't face action, nurses told

JENNY VIALL
Health Reporter

NO disciplinary action will be taken against marching nurses, said Western Cape Health Minister Ebrahim Rasool. *ARG 4/10/95*

He was speaking to about 700 nurses of the Western Cape Nurses' Forum who marched to the city centre during their lunch hour yesterday to present the provincial government with a list of demands. The chanting nurses brandished placards demanding better salaries and working conditions.

Spokesman Raymond Jafta said nurses had been sent intimidating faxes from the Department of Health threatening them with disciplinary action if the march over-ran the hour lunch break.

"The government is playing us off against the community," said Mr Jafta. "But we are the community. We also want to be part of the redistribution of wealth. We are professionals but we are not paid as professionals."

Nurses had returned to work within the prescribed 24 hours at the weekend and were now working to rule.

Nurses had said they would not do any non-nursing duties.

The Nurses' Forum, a national body, wanted direct representation at the Central Bargaining Chamber and immediate negotiations with the government on salaries.

Mr Jafta said patients had not been neglected during the nurses' action.

Mr Rasool said he understood and sympathised with the nurses' plight, and would meet Health Minister Nkosazana Zuma tomorrow. He thanked the nurses for not disrupting services.

Head of health services for the Western Cape Tom Sutcliffe said hospitals were coping well. Patients had been asked to stay away from hospitals unless they needed essential care.

Meanwhile the South African National Civics Association (Sanco) in Guguletu has said it would like to discuss nurses' grievances with them. Guguletu Day Hospital nurses alleged that Sanco had tried to prevent them from striking on Friday.

Spokesman Wilson Sidina said Sanco wanted to encourage nurses to negotiate rather than strike.

Nurses strike: Ops cancelled

(95) (2)

STAFF REPORTER

CT 4/10/95

NON-emergency operations were suspended for the second day at major Peninsula hospitals yesterday as protests by nursing staff continued.

Out-patient services also remained closed yesterday at Tygerberg and Grootte Schuur hospitals.

About 200 nurses marched to the provincial administration buildings in Wale Street yesterday to hand over a memorandum to Western Cape Minister of Health Mr Ebrahim Rasool.

The nurses demanded immediate talks with the government.

Mr Rasool said the nurses' grievance would be discussed in a meeting with Minister of Health Dr Nkosazana Zuma tomorrow.

"We are sympathetic to the working conditions and salary problems of nurses and will be addressing the problem within the next few days," he said. But he cautioned nurses that patients should be their "first priority".



PROTEST: About 200 nurses gathered outside the provincial administration building yesterday to express their grievances over poor salaries and working conditions.

PICTURE: CLIVE SMITH

Defied deadline: 10 000 nurses will be sacked, says minister

Argus Correspondent

PORT ELIZABETH. — About 10 000 Transkei hospital nurses who went on strike last week have defied an ultimatum to return to work.

Premier of the Eastern Cape Raymond Mhlaba said yesterday they would be fired.

This decision was taken after the provincial Health and Welfare Ministry confirmed that striking nurses had defied an ultimatum to return to work yesterday.

In reaction, Mr Mhlaba — who visited hospitals in Libode on Tuesday — said the government would carry out its threat and fire the nurses.

He said: "The government's standpoint is that any government employee who absents himself or herself from work without a valid reason can be fired. The same applies to those who engage in unlawful strikes.

"In the case of these nurses on strike, now that they have not heeded our call to return to work, I expect the Health and Welfare Ministry to follow the correct procedure and fire them.

"I now expect those nurses to return to work as new employees," he said.

Mr Mhlaba's tough stance was ech-

oed by Health and Welfare spokesman Khululekile Bata who said the "process will follow its logical conclusion".

He said the government would not back down on its demand that the nurses return to work "especially in view of the fact that their main grievances are in the process of being addressed".

The nurses' demands included the formal employment of about 700 student nurses, the adjustments of salaries of promoted nurses including merit awards, and recognition of nurses who had improved their qualifications since 1992.

Mr Bata said: "Already we have the assistance of volunteer and retired nurses, and we intend calling on more of them to come forward.

Butterworth Hospital superintendent Dr K Osei confirmed reports that some nurses had returned to the Butterworth Hospital on Tuesday and early yesterday, but described it as a handful.

Meanwhile, Mr Mhlaba took an uncompromising stance against the police and Prisons Civil Rights Union (Popcru) in Transkei for its support of the striking nurses.

(95) ARG 5/10/95

IFP moves to grab committee majority

BD 5/10/95 (2/2)

Farouk Chothia

MARITZBURG — The IFP signalled yesterday that it intended to bolster its representation on the KwaZulu-Natal legislature's constitutional affairs standing committee and strip two minority parties of voting powers on the committee.

This was followed by opposition parties launching a vicious attack on premier Frank Mdlalose, describing him as a puppet, and repeating threats to introduce a motion of no-confidence against him.

IFP chief whip Mike Tarr tabled a motion calling for the IFP's representation on the 20-member committee to increase from nine to 10 and for the ANC's from five to six. The NP representation should remain at two.

Tarr said that while one MP each from the DP, PAC, Minority Front and African Christian Democratic Party should be allowed to continue serving on the committee, none of them should any longer have voting powers. Two votes should be allocated to the four parties and they would have to decide

who exercised these votes.

If the motion is passed by the legislature, it would pave the way for an IFP majority on the committee.

The committee was instructed earlier this week by the legislature to draft a constitution based on the IFP's 12 constitutional principles.

Minority Front leader Amichand Rajbansi said "some people in the IFP have taken leave of their senses" and that it was illogical to expect four parties to share two votes on constitutional issues.

Rajbansi said the 50% committee majority the IFP sought would be meaningless, as a two-thirds majority was needed for the final constitution voted on in the legislature. The IFP would then find it needed the four minority parties.

Leading a blistering attack on Mdlalose, NP MP Con Botha said the premier was being treated as a puppet by IFP hardliners. He had to break out of this "vice grip" to take his place as premier of all the people of the province.

ANC provincial chairman Jacob Zuma warned of a no-confidence motion.

Nurses back, but face sacking

BD 5/10/95 (95) (95)

Kathryn Strachan

STRIKING nurses were returning to work yesterday in most provinces, but according to health authorities, nurses who had defied ultimatums to return to work earlier still faced dismissal.

Eastern Cape head of health Dr Mvuyo Tom said yesterday that the nurses on strike in the former Transkei were trickling back. However, even if they returned yesterday they had still missed the deadline to return to their posts. Once the 10 000 striking nurses had been given a chance to give reasons as to why they were not at work, the dismissals process would begin.

National health system chief director Ray Mabope went to Umtata yesterday to try to resolve the strike.

The health department said strik-

ing nurses were returning to work yesterday in six provinces affected by stoppages over pay and other grievances. Aside from the former Transkei, only some nurses at three hospitals in Mpumalanga and at two hospitals in the Free State were still on strike.

Health director-general Olive Shisana told Sapa that striking nurses in the former Transkei, Free State and Mpumalanga had automatically dismissed themselves by ignoring the 24-hour ultimatum to return to work.

Meanwhile, Nicola Jenvey reports that nursing representatives yesterday demanded that government confirm its proposed salary regrading scheme for the 1996/97 financial year before October 27, and appealed for a temporary appeasement to the strikers until then.

16 patients die in E Cape nurses' strike

BARRY STREEK

95
CT 6/10/95

THE situation which gave rise to 16 people dying so far in hospitals in the former Transkei due to the nurses' strike is a "national emergency", National Assembly Health Committee chairman Dr Manto Tshabalala said yesterday.

During a fact-finding visit to the Eastern Cape, he said the strike was causing "a profound crisis which has implications for the whole country".

"At a time when the government is working overtime to address the demands of nurses, the disorder in the former Transkei is unacceptable."

An Eastern Cape health and welfare spokesman said six more patients died at two hospitals in the region this week, bringing the toll to 16 since the strike began 10 days ago.

Government ignored the symptoms

(95) (Star 7/10/95)



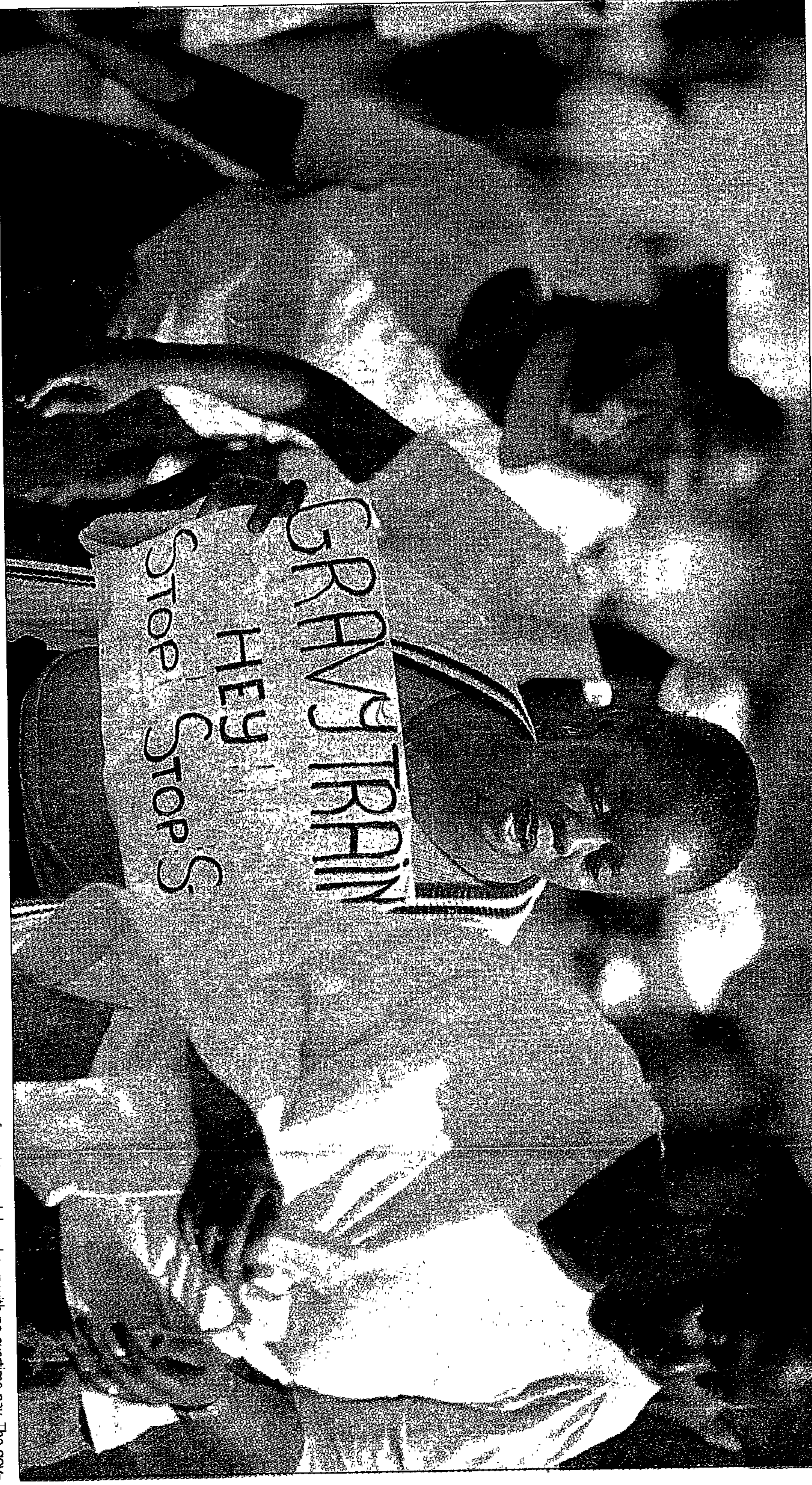
The nation is still aghast that South Africa's Florence Nightingales could have turned their backs on the weak and ailing. Maybe the striking nurses should have overturned rubbish bins or marched through the CBD to be taken seriously from the start writes **CHRISTINA STUCKY**

After a series of strikes Gauteng's nurses have moved into the bargaining chamber. But questions remain about the way the nurses' grievances were handled by the authorities. There is little doubt that the strike escalated to the point that it did because the strikers were women working in a profession whose main attributes are compassion and servility. No one thought that women were capable of turning their backs on crying babies and suffering patients - that they did, demonstrates how far the nurses had been pushed.

"Nurses are supposed to be caring and kind people," said one representative of the striking nurses. "But, how far do they want us to go on our kindness? They are forcing us to be deviant nurses. We hate doing this." It never was a state secret that morale at hospitals around the country has been low for a very long time. To the new government's credit, it is aware of the problem and has taken steps to improve working conditions and salaries of nurses and doctors in the public sector - slow steps, admittedly, but then, most governments around the world move at glacial speed.

Yet it is rather unnerving that the Gauteng MEC for Health Amos Masondo admitted after the week-long strike last month that the strike took him "by surprise". In mid-August, when Soweto clinic nurses went on strike, the action "revealed to me that there were problems", he said.

Given this constellation of low morale and one strike already underway why, then, did provincial government officials not sit



STRIKING SISTERS: Nurses abandoned their patients recently to take to the streets in protest against their meagre salaries and atrocious working conditions. Most are forced to work long hours with no overtime pay. The government has taken note of their grievances but says there is not enough money in State coffers to settle their demands

down with nurses and explain their position, ie, that they accept their grievances but are unable to increase their salaries at the moment, before the nurses' frustrations reached boiling point and industrial action was taken?

During the strike, nurses repeatedly expressed their anger over government's apparent unwillingness to listen to them. They wanted to be taken seriously and, at least until images of neglected patients filled the media, the government simply did not. To be fair to the provincial government,

the nurses did themselves a disservice by not being organised from the start (three ad hoc committees with three different agendas were formed during the initial strike). They also did not use available forums to make their claims known. Masondo said the government was willing to provide the nurses with information on how to get organised. The nurses could have helped their cause by presenting one united front.

However, much could have been done to avert the strike - or lessen its magnitude - had the authorities shown more understand-

ing months ago. Instead, they were labelled "bad" nurses, completely lacking in compassion. There clearly was a communication breakdown before the strike even began - which grew worse in the early days of the strike.

Had the strikers been men working in an industry sensitive to the finances of the country, there is no doubt the government would have acted swiftly and decisively - and taken the strikers' grievances seriously from the start. Alternately, had the nurses taken to throwing over dustbins or marching

through the CBD, blocking midday traffic, they might have captured the attention of those in charge from the start.

Women, in particular nurses, are not supposed to toy-toy when sick patients need to be attended to.

The images of ailing and dying babies that came out of the hospitals during the week-long strike were exploited for the purpose of painting an unfavourable picture of the nurses.

None of the nurses enjoyed reneging on their duty to tend to their patients. And,

while the doctors were saddled with added duties and harrowing hours during the strikes, most of them stood behind the nurses' cause.

As one doctor at Baragwanath said: "We support their cause, though not necessarily the method. But, if we were allowed to go on strike, we would have struck long ago."

Their responsibility as nurses is unquestioned, but the majority of nurses have never taken their duties lightly in the past and are not likely to do so in the future. They certainly did not become nurses for the money.

PHOTOGRAPH: TLEMON

Mabasa

SA Police Service

Constable	1 100-2-156
Lance-sergeant	1 886-2-814
Sergeant	2 485-3-417
Warrant officer*	3 034-4-237
Warrant officer*	3 909-5-488
Lieutenant	3 581-4-729
Captain	4 237-5-488
Major	5 091-6-337
Lieutenant-colonel	5 884-8-023
Colonel	7 099-9-366

* Two scales for different gradings.

■ A non-pensionable allowance is payable to police officers subject to certain conditions. The rates of the allowance range from R300 a month for colonels to R400 a month for constables.

Professional nurse

Student	1 143-1 644
Professional	2 156-3 143
Senior	2 924-4 073
Chief	3 909-4 565
Nursing service manager	4 565-5 488
Senior nursing service manager	5 091-6 083
Chief nursing service manager	5 884-7 688
Deputy director: nursing services	7 099-9 366

■ A non-pensionable occupational allowance of R134 a month on the training level and R175 on the higher level is also payable.

Staff nurses

Pupil nurse	1 100-1 644
Staff nurse	1 591-2156
Senior staff nurse	2 021-2 924

■ A non-pensionable occupational allowance of R134 on the training level and R150 on the higher level is also payable.

Nursing assistants

Nursing assistant	1 143-1 538
Senior nursing assistant	1 431-1886

■ A non-pensionable occupational allowance of R100 a month in respect of both levels is also payable.

■ Figures obtained from the Public Service Commission.

The shameful pay of cops and nurses

Nurses and policeman say they do their jobs because they want to save lives and fight crime. But, if their salaries are anything to go by, South Africa doesn't think much of their contribution.

LORNA SCHMIDT of Spectrum investigates

Ask the average South African to put their lives on the line for R1 000 a month and you will get remarkably few volunteers. Yet that's what the country expects of its policemen.

A Spectrum investigation also found that nurses confront the risks of their trade for pay that does not compare favourably with their counterparts in other parts of the world.

One policeman's story is fairly common: "One night a colleague and I were on a crime prevention patrol when we heard over the radio about a guy who was attempting to commit suicide in a block of flats in Hillbrow."

"He was in the basement next to his car with his pistol. Nobody could get close to him. I spoke to him but he said I was too aggressive because I had my bullet-proof vest and gun on. I took them off and walked over to him."

"He had a cigarette which I offered to light. As he came forward, I kicked the gun from his hand, grabbed him and held him, and everyone was all right."

This policeman, at the end of the month, receives a gross salary of R2 885.

the salary structures of our police and health care professionals has revealed a significant gap between pay in SA and that in the rest of the world.

At the bottom of the salary scale in this country are police constables, student nurses and nursing assistants, who start at about R1 100 a month. This can increase to a maximum of R2 156 for constables, R1 644 for student nurses and R1 538 for nursing assistants.

In New Zealand, where the stress levels and workload of the police force are not as taxing as those in SA, police recruits start off at R5 289 (increasing to R6 147), level one constables between R7 490 and R9 622, and sergeants between R9 825 and R11 168. In SA the figure for sergeants is a barely livable R2 485 and R3 417.

The median salary of non-supervisory police officers and detectives in the US in 1992 was about R9 738.

Maximum

Non-supervisory police officers in SA range from a constable through to, in some instances, a warrant-officer. The maximum a warrant-officer in SA can earn is R5 488. The lowest-paid 10% of policemen in the US in 1992 earned in the region of R5 600. But a major in the SAPS is little better off, earning between R5 091 and R6 337.

The US median salary of police officers and detectives in supervisory positions was R11 595 in 1992. A colonel in SA can earn up to only R9 366.

In the UK the average salary of police officers (sergeants and below) in April 1994 was R10 180



ON HAZARDOUS DUTY: For as little as R1 100 a month he is expected to put his life on the line

while inspectors and above earned an average of R15 945.

Perhaps this explains why there is this saying among criminals in SA: Why should you pay a lawyer R10 000 to do his job when you can pay a cop R2 000 not to do his?

Nurses' salaries also fare badly when compared with their international counterparts. The average registered nurse's salary in the US in 1992 was R10 476. Their counterparts in SA earn between R2 156 and R3 143. A chief nursing service manager in SA earns between R5 884 and R7 688.

Health workers in Britain demonstrated outside parliament in April over their pay-

(95) Stan 7/10/95

less than R5 600 and R6 778 respectively) can buy the same basket of goods and services that a sergeant on the maximum of his scale (R3 417) and a senior professional nurse (R2 928-R4 073) can buy in SA before tax.

Spectrum has in its possession salary slips for various police ranks which reveal that a lieutenant earns, with his housing subsidy and allowance, just more than R4 900. After deductions, including his bond and insurance policies, he clears just over R1 000 a month. One lieutenant has to borrow money from his wife each month to pay for his car and car insurance.

A policeman who spoke to Spectrum thinks the situation is ludicrous. "My lieutenant, someone I would consider to be in a managerial position, probably grosses less than a manager in the private sector pays in tax."

Overtime

"Our increases are always lower than the inflation rate, so our salary is getting eroded further each year. I have to pay maintenance for my children which increases by 10% each year but our increases are never close to that. In a few years' time I'll be sending my whole pay cheque just to pay maintenance."

Policemen in Gauteng are unable to supplement their income tremendously by overtime. "We have received a notice which states the only overtime we will be paid for is 40 hours per person per year. If I want to get decent money I have to work the full 40 hours in one month. We have to give two weeks' notice before we work our overtime."

Love the work

"Certain people would do the job for free if they got housing and food. That's why you get reservists who have other jobs. If they allowed cops to have other jobs or moonlight we would have enough money to do the job just for the love of it."

A professional nurse who is a single mother of two children told Spectrum: "I think that to be a nurse you have to love to be a nurse. For the kind of work we are doing we are certainly not earning what we are worth."

"I've been in nursing for a long time. Once you've been in an environment long enough it's not easy to change. Once you have a bond and a housing subsidy you feel secure - but maybe it's not that secure."

"It's not easy to survive on our salaries. You cannot live without accounts. But some months you pay one account and not the other just so that you can make it through the month."

Most nurses work 12-hour shifts which, she says, "means you cannot have a full social life, not that you can afford to go to movies or go out."

She says that the only way some of the public service nurses augment their salaries is by moonlighting for private clinics.

■ Spectrum is the investigative unit of Independent News-papers



Lives on the line — all for paltry

pay and love...

(95) ARL 7/10/95

Nurses and policeman say they do their jobs because they want to save lives and fight crime. But, if their salaries are anything to go by, South Africa does not think much of their contribution. LORNA SCHMIDT of Spectrum investigates.

ASK the average South African to put their life on the line for R1 000 a month and you will get remarkably few volunteers. Yet that's what the country expects of its policemen and nurses.

This policeman's story is a regular occurrence: "One night a colleague and I were on a crime-prevention patrol when we heard over the radio about a guy who was attempting to commit suicide in a block of flats in Hillbrow."

"He was in the basement next to his car with his pistol. Nobody could get close to him. I spoke to him but he said I was too aggressive, because I had my bullet-proof vest and gun on. I took them off and walked over to him."

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Spectrum's investigation into the salary structures of our police and healthcare professionals have exposed salary inequalities.

At the bottom of the salary scale in this country are police constables, student nurses and nursing assistants who start at R1 100 a month. This can increase to a maximum of R2 156 for constables, R1 644 for student nurses and R1 538 for nursing assistants.

In New Zealand where the stress levels and workload of the police force are not as taxing as those in South Africa, police recruits start off at R5 289 (increasing to R6 147), Level 1 constables between

A SPECIAL INVESTIGATION

SPECTRUM

MAKING A DIFFERENCE

R7 490 and R9 822 and sergeants between R9 822 to R11 163. In South Africa, the figure for sergeants is R2 485 and R3 417.

The median salary of non-supervisory police officers and detectives in the United States in 1992 was about R9 738. Non-supervisory police officers in South Africa range from a constable through to, in some instances, a warrant officer. The maximum a warrant officer in South Africa can earn is R5 488.

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The US median salary of police officers and detectives in supervisory positions was R11 595 in 1992. A colonel in South Africa can earn up to only R9 866.

In the UK the average salary of police officers (sergeants and below) in April 1994 was R10 180 while inspectors and above earned an average of R15 945.

Maybe this explains why there is this saying among criminals in South Africa: Why should you pay a lawyer R10 000 to do his job when you can pay a cop R2 000 not to do his?

Nurses salaries also fare badly when compared to their international counterparts. The average registered nurse's salary in the US in 1992 was R10 476. Their counterparts in South Africa earn between R2 156 and R3 143. A chief nursing service manager in South Africa earns between R5 884 and R7 688.

Health workers in Britain demonstrated outside parliament in April over their pay-review system. The pay of newly-qualified staff nurses in the UK ranged from R5 435 to R6 218. South African staff nurses earn between R1 591 and R2 156.

Obviously, though, direct comparisons cannot be made, as the cost of living in each country is vastly different. However, according to the 1994 International Price Comparison in the booklet Prices and Earnings Around the Globe,

published by the Union Bank of Switzerland, a similar basket of goods and services containing a total of 111 different items will cost R5 383 in Chicago and R3 396 in Johannesburg.

This means that the lowest paid 10 percent of policemen and registered nurses in Chicago (salary less than R5 600 and R6 778 respectively) can buy the same basket of goods and services that a sergeant on the maximum of his scale (R3 417) and a senior professional nurse (R2 923 to R4 073) can buy in South Africa before tax.

Spectrum has in its possession salary slips for various police ranks which reveal that a lieutenant earns, with his housing subsidy and allowance, just over R4 900. After deductions, including his bond and insurance policies, he clears just over R1 000 a month. One lieutenant has to borrow money from his wife each month to pay for his car and car insurance.

A policeman who spoke to Spectrum thinks the situation is ludicrous. "My lieutenant, someone I would consider to be in a managerial position, grosses probably less than a manager in the private sector pays in tax."

"Our increases are always lower than the inflation rate, so our salary is getting eroded further each year. I have to pay maintenance for my children which increases by 10 percent each year, but our increases are never close to that. In a few years time I'll be sending my whole pay cheque just to pay maintenance."

When asked why he continued to work for such low pay he said: "I do it for the love of it. Contrary to what most people think, most police are not racists or psychopaths. Some of us actually want to do something about crime and want to help people in need."

A professional nurse who is a single mother of two children spoke to Spectrum: "I think to be a nurse you have to love to be a nurse, for the kind of work that we are doing we are certainly not earning what we are worth."

"It's not easy to survive on our salaries. You cannot live without accounts. But some months you pay one account and not the other just so that you can make it through the month."

WHAT WE PAY POLICE AND NURSES

SA Police Service

Constable	1 100-2 156
Lance-sergeant	1 886-2 814
Sergeant	2 485-3 417
Warrant officer*	3 034-4 237
Warrant officer	3 909-5 488
Lieutenant	3 581-4 729
Captain	4 237-5 488
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Colonel	7 099-9 366

* Two scales for different gradings.

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Professional nurse

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Senior	2 924-4 073
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Senior nursing service manager	5 091-6 083
Chief nursing service manager	5 884-7 688
Deputy director: nursing services	7 099-9 366

A non-pensionable occupational allowance of R134 a month on the training level and R175 on the higher level is also payable.

Staff nurses

Pupil nurse	1 100-1 644
Staff nurse	1 591-2 156
Senior staff nurse	2 021-2 924

A non-pensionable occupational allowance of R134 on the training level and R150 on the higher level is also payable.

Nursing assistants

Nursing assistant	1 143-1 538
Senior nursing assistant	1 431-1 886

A non-pensionable occupational allowance of R100 a month in respect of both levels is also payable.

Figures obtained from the Public Service Commission.

Only 10% listened to ultimatum

Nurses fired for ongoing strike action

(95) Star 10/10/95

■ OWN CORRESPONDENT

Port Elizabeth – Seven thousand Transkei nurses have been fired and will have to reapply for their posts after they went on strike 11 days ago.

Provincial Health and Welfare Department spokesman Khulekile Bata said yesterday only 10% – or 790 of the total staff complement of 7 905 nurses – heeded the government's warning last week to return to work.

He said although actual figures would be available only later, "our monitoring team has confirmed that only 10% of the nurses beat the Friday deadline and, as things stand, those are figures we will work on," he said.

Bata said discussions on the best way to handle the administrative side of the dismissals were being held.

The 7 905 nurses from 32 Transkei hospitals went on strike on September 28 demanding salary adjustments for promoted nurses and the formal employment of about 700 student nurses.

They claimed their grievances dated back to 1992 and had been ignored by Bisho.

But this was disputed by the provincial Health and Welfare Department. It said all the grievances were being attended to both at regional and national level and ordered the nurses to return to work or face dismissal.

The first 72-hour warning was issued on Saturday October 30 and the deadline had been set for Wednesday.

The nurses ignored the ultimatum.

Premier Raymond Mhlaba, who visited some of the hospitals Tuesday, extended the deadline from Wednesday to Thursday, and later to Friday noon.

Many of the nurses ignored his warnings again.

On Friday, provincial Health and Welfare MEC Trudie Thomas announced that those who failed to heed the warning could "now consider themselves dismissed" and that fresh recruitment of nurses would begin soon.

A crisis management committee set up shortly after the strike started arranged for the transfer of critically ill patients to hospitals elsewhere in the province.

The committee said 16 patients had died since the strike started.

Committee chairman and former Transkei ANC executive member Nat Serache said the patients were from Umtata General Hospital, All Saints at Engcobo and Madwaleni Hospital.

He said the situation was still critical although nurses had started trickling back.

However, a report in Umtata today said that none of the hospitals contacted yesterday reported 100% attendance.

According to an attendance register, 200 nurses reported for work at Umtata General Hospital yesterday.

Many were in civilian clothes as they were "afraid" of growing intimidation and harassment by other strikers.

7 000 ⁽⁹⁵⁾ striking nurses *ET 10/10/95* dismissed

EAST LONDON: Police and troops will serve about 7 000 striking nurses at hospitals in the former homeland Transkei with notices of self-dismissal today, Eastern Cape premier Mr Raymond Mhlaba said yesterday.

The 10-day-old strike has affected 32 hospitals.

Mr Mhlaba said the provincial health department had been instructed to start an urgent recruitment campaign to fill all vacant posts as soon as possible.

Of 7 900 nurses employed at hospitals in former Transkei, only 600 were at their posts yesterday.

Mr Mhlaba said his government would not back down nor bow to the demands of nurses who did not heed a government ultimatum to return to work.

'Zero'

Former employees would be allowed to re-apply for their posts, provided they understood they would be "starting from zero".

The nurses' demands, which date back to 1992, relate to salaries, promotions, merit awards and working conditions.

Mr Mhlaba said the situation in hospitals remained serious; but the government was doing all it could to normalise nursing services.

The government would also apply to extend to other hospitals an interdict barring striking nurses from Umtata general hospital. He said he had received reports of intimidation of nurses. — Sapa

7 000 striking nurses fired

EAST LONDON: Police and troops will serve about 7 000 striking nurses in Transkei with self-dismissal notices today. Eastern Cape premier Mr. Raymond Mhlaba said yesterday, following an ultimatum to stop striking. — Sapa

● See Page 5

(95) ~~10~~

CT 10/10/95

NEWS

BD 10/10/95
Eastern Cape

**fires 7 000
~~95~~ (95)
striking nurses**

SEVEN thousand Transkei nurses had been fired and would have to reapply for their posts after an 11-day strike, provincial health and welfare spokesman Khululekile Bata said yesterday.

Eastern Cape premier Raymond Mhlaba said police officers and troops would today serve the nurses with notices of self-dismissal.

Only 10% of striking nurses heeded a warning to return to work or be fired. Discussions on how to handle the mass dismissals and rehiring were under way. **Page 3**

7 000 striking nurses are fired in Transkei

PORT ELIZABETH — Seven thousand Transkei nurses had been fired after an 11-day strike and would have to reapply for their posts, provincial health and welfare spokesman Khulekile Bata said yesterday.

He said only 10% of 7 905 nurses heeded the government's warning last week to return to work or be fired.

Bata said discussions on how to handle the administration of mass dismissals and rehiring were under way.

Nurses from 32 Transkei hospitals went on strike on September 28 demanding salary adjustments for promoted nurses and the formal employment of about 700 student nurses.

They claimed their grievances dated back to 1992 and had been ignored by the provincial government.

The provincial health and welfare department said all the nurses' grievances were being attended to at regional and national levels.

On Friday provincial health and welfare MEC Trudie Thomas announced that those who failed to heed the warning could "now consider themselves dismissed" and that fresh recruitment of nurses would begin soon.

A crisis management committee set up shortly after the strike started was

BD 10/10/95 (95) (122)
arranging for the transfer of critically ill patients to hospitals elsewhere in the province. The committee said 16 patients had died during the strike.

Committee chairman and former Transkei ANC executive member Nat Serache said the patients were from Umtata General Hospital, All Saints at Engcobo and Madwaleni Hospital.

He said the situation was still critical yesterday although nurses had started trickling back.

Many of the 200 nurses who reported for duty at the Umtata General Hospital on Sunday were in civilian clothes as they were afraid of being intimidated and harassed by strikers.

Bata confirmed that additional police had been called in to guard hospitals and prevent looting.

Transkei police at the weekend confirmed the arrest of three labourers on charges of theft.

Capt Monde Nqadini said police were investigating arson at Madwaleni Hospital in Elliotdale after a storeroom was engulfed by fire at the weekend.

In Port Elizabeth, the Port Elizabeth regional chamber of commerce and industry joined several organisations in support of the government's action in dealing with the strike. — Sapa.

BRIEFS

6 000 nurses to be dismissed

CT 11/10/95 (95) (102)
UMTATA: Tensions ran high here yesterday while a meeting of about 7 000 nurses, who failed to heed last week's deadline to end their strike, proceeded at the Independence Stadium.

Eastern Cape health and welfare minister Dr Trudie Thomas said the department was issuing notices of dismissal to about 6 000 nurses.

Police and soldiers had been called in to provide support at 32 hospitals as there had been numerous reports of intimidation, Dr Thomas said.

Deadlock over nurses' strike

(95) CT 12/10/95

BISHO: The negotiations deadlock between about 7 000 striking nurses at 32 hospitals in Transkei and the Eastern Cape government continued yesterday, a government spokesman said.

It was also reported that the Eastern Cape government was preparing to apply for a Supreme Court order to prevent strikers entering hospitals.

And the national Department of Health, reacting to reports that some Free State nurses intended striking in sympathy with their Transkei colleagues, warned in a statement that swift action would be taken in the event of an illegal strike.

Interdicts

While the department had sympathy with the plight of nurses, it would not condone illegal action. Steps to counter such action, including possible interdicts, would be launched immediately.

Eastern Cape health and welfare department spokesman Mr Khulu Bata said the 3 000 striking nurses who met at Umtata's Independence Stadium on Tuesday had resolved that they were prepared to return to work under certain conditions.

However, the Eastern Cape government had decided to continue dismissing striking nurses and not to entertain the strikers' conditions.

Mr Bata said nurses not on strike were being intimidated. — Sapa

(95) 13/10/95

Union formulates charter for nurses

A draft nurses' charter has been formulated by the National Education, Health and Allied Workers' Union (Nehawu), a statement said yesterday.

A patients' charter was also being developed and both would form part of a broader health charter, the Nehawu statement said.

The charter was intended to change the culture and discipline of all health workers.

It would also contribute towards developing a framework for a code of conduct for the health sector and the public service in general.

The proposed charter was part of a restructuring of the health system envisaged at a meeting attended by nurses belonging to Nehawu in Johannesburg earlier this month.

Also mooted was "radical restructuring" in the education and training of doctors, nurses and health workers, as the current

systems used were "too narrow in design".

In the ensuing weeks Nehawu would raise key areas relating to training for public debate and consultation with the "broader democratic movement".

- Sapa.

'Points scoring' is hitting health care

BD 13/10/95 (95)

Ingrid Salgado

THE health system was being paralysed while striking nurses in the former Transkei and the Eastern Cape government continued to score points off each other, Lawyers for Human Rights (LHR) Transkei director Rajah Naidoo said yesterday.

About 7 000 nurses were set to continue the strike which has affected more than 30 hospitals in the former homeland for two weeks.

Letters effecting their dismissal were signed this week.

The province has obtained an interdict preventing the strikers entering hospital grounds.

Naidoo said that although the nurses' pay grievances were being addressed in the Central Bargaining Chamber, the strikers claimed to have further grievances which were specific to the province.

Eastern Cape health and welfare MEC Dr Trudie Thomas refused to consider an LHR proposal this week that the matter be taken to mediation or arbitration. She said it was not at all clear what needed mediation, since there was no deadlock.

The nurses had agreed to return to work on Wednesday if the matter was referred to mediation.

National Health Minister Nkosazana Zuma's spokesman Vincent Hlongwane criticised the strikers yesterday, saying they had received assurances that their grievances were being addressed in the chamber.

Government had undertaken to increase nurses' salaries "dramatically" in the next financial year.

"What point is being made by striking? To punish the sick, to ensure that conditions deteriorate, or that more lives are lost?" Hlongwane said.

He denied the strike had caused a crisis in health service delivery, but said contingency measures could not run health services for a sustained period. Although nurses in the Free State had threatened strike action in sympathy with their Transkei colleagues, no activity was reported yesterday, he said. Any such strike would be illegal.

Naidoo said fewer than 20% of nurses in the former Transkei had reported for work earlier this week, but the number had dropped because of alleged intimidation by striking nurses. Although the interdict was in place, not all hospitals had a police or security guard presence preventing nurses from entering hospital grounds.

Hlongwane said nurses who were dismissed would not be reinstated but could be re-employed.

However, this meant they would lose their pension benefits.

Sapa reports that Thomas said 16 patients had died during the strike. Many of the deaths had been expected, but the affected patients had not got the care they needed in their dying hour, she said.

She accused the strikers of intimidating doctors, nurses and volunteers and chasing away patients from clinics. Because of this, the military remained on standby.

Thomas said nurses' grievances about promotions fell outside the ambit of her department, while other issues, such as pay parity and allowances, had already been addressed.

PAC stands accused of fomenting two-week nurses' strike in E Cape

(95) (95) Star 14/10/95

Port Elizabeth — The PAC has been accused of "hijacking" the nurses' strike in former Transkei and of waging a campaign of intimidation against nurses wanting to return to work.

Mounting evidence suggests that a top party official in the former homeland, in alliance with a key Congress of Traditional Leaders of SA official, is playing a direct role in driving the two-week strike by about 6 000 nurses at 32 hospitals.

"They are busy hijacking the strike," said an ANC official.

Contralesa's Chief Dumisana Gwadiso and the PAC's Gilbert Sineke proposed and seconded a motion of no-confidence in Health and Welfare MEC Dr Trudie Thomas at a nurses' meeting two weeks ago. Yesterday both men were reportedly present at a nurses' meeting in Umtata and, according to sources, have been at all the nurses' meetings. — Eena

Dismissed nurses welcome chance to discuss grievances

Own Correspondent

ARG 14/10/95

PORT ELIZABETH. — Dismissed hospital nurses in the former Transkei have welcomed an invitation by the Eastern Cape government for a meeting to discuss some of their grievances.

In what has been described as the first serious effort by the government to resolve the two-week health crisis, the nurses' legal representative and Lawyers for Human Rights chairman in Transkei Raja Naidoo said the nurses had already contacted Health and Welfare MEC Trudie Thomas to set a date for the meeting.

He said their reaction followed Dr Thomas's statement in which she said the government was willing to meet a delegation of nurses to thrash out some of their grievances.

"It's the first tentative step taken by both parties in attempts to resolve the present crisis, and one is hopeful that it will set the ground for fruitful discussions," Mr Naidoo said.

In her first conciliatory statement since 7 000 nurses from about 32 Transkei hospitals went on strike on September 28 — and their subsequent dismissal on October 6 — Dr Thomas stressed the government's commitment to "fighting for and with nurses for better working conditions and remuneration on a par with the rest of the country".

Although she set certain conditions for the proposed meeting, she said the government would talk to the nurses regardless of the fact that they were now no longer employees of the Health Department.

The conditions Dr Thomas set were that only matters related to health and welfare services could be discussed, and not salary adjustments and promotions-related issues, as these were already being dealt with by provincial and national government.

Mr Naidoo said that unless the two parties used the opportunity effectively, the crisis could be prolonged for weeks.

Meanwhile, about 300 psychiatric patients are being evacuated from hospitals in the former Transkei and transferred to several hospitals in other parts of the province.

It is reported that wards at PE's Provincial Hospital have been cleared and state hospitals in East London, Queenstown and Port Alfred have been put on stand-by for an influx of patients from the former homeland.

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good

Nurses warn of more 'action'

(95) SAN 26/10/95

Nurses have warned they will take national mass action on Monday unless Eastern Cape nurses who were fired after last month's nurses strike are unconditionally reinstated by today.

National Nurses Forum spokesman Belinda Kgogo would not divulge the form the mass action would take.

The forum was concerned about the dismissal of 6 000 nurses on October 6 after a three-week strike, and the withholding of salaries.

"Our demand is for the situation to be normal-

ised, to prevent mass action and the health crisis it would cause. We urge and demand the Government to reinstate them."

Kgogo also said nurses were expecting the Government to come up with "a committed, accurate response" when the Public Services Council Bargaining Chamber meets in Pretoria tomorrow.

There had been no word on working conditions such as the nurse to patient ratio, and the upgrading system - punted by the Government as going a long way towards

meeting nurses' demands - had been nothing but a technical proposal, Kgogo said.

The National Nurses Forum was not yet officially constituted to take part in the chamber. But a new union of nurses in eight provinces would be launched within three weeks, she added.

Sapa reports that the Eastern Cape nurses were dismissed after failing to meet a final deadline to return to work. About 5 000 returned to work as volunteers, despite a court order barring them from hospitals.

Nurses held hostage (95) for hours (95)

ARG 16/10/78
EAST LONDON. —

About 500 residents of Needs Camp informal settlement here held three nurses they accused of corruption hostage for several hours.

Police were called to Phumlani clinic when protesters demanded that Health and Welfare MEC Trudie Thomas address them.

They claimed the nurses worked for only four hours a day and turned away patients, who were compelled to travel further afield for treatment. — Sapa.

Interdict stops nurses from returning to work

Business Day Reporter

BD 16/10/95

(95)

ARMY troops and police will be on duty at several Eastern Cape hospitals today to enforce a court order interdicting about 6 000 striking nurses from coming within 200m of the hospitals' premises.

Sapa reports that Eastern Cape health and welfare MEC Dr Trudie Thomas said earlier dismissals of nurses who had failed to return to work would not be set aside and the nurses would have to reapply for their jobs.

The nurses unanimously decided on

Friday not to reapply for their positions but to return to work unconditionally today.

Eastern Cape health authorities are struggling to keep hospitals hard hit by the two-week strike operational because of widespread intimidation.

A crisis management committee paid an unannounced visit to the Umtata General Hospital on Saturday, and found police protection for nurses lacking. Intimidation at work and at home had caused a decline in the number of nurses reporting for duty, committee spokesman Nat Serache said.

PEANUTS

By Charles Schulz



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Star 18/10/95
**Dismissed
nurses wait
for decision**

(95) (S)

About 6 000 nurses in the Eastern Cape will have to wait until next month to see whether the Umtata Supreme Court will order the provincial government to reinstate them.

Nurses' representatives filed an urgent application yesterday to force the government to unconditionally reinstate the nurses, who were dismissed on October 6 after failing to call off a strike which began on September 28.

The application was postponed until November 9 - the return date of an interim interdict granted to the provincial government, preventing striking staff from coming within 200m of government hospitals. - Sapa.

BD 18/10/95
Nurses' case postponed (95) (402)

ABOUT 6 000 dismissed nurses will have to wait until next month to see if the Umtata Supreme Court will order the provincial government to reinstate them unconditionally.

Nurses' representatives launched an urgent application yesterday to force the Eastern Cape government to reinstate them after they were dismissed for failing to end a strike. The application was postponed until November 9 — the return date of an interim interdict granted to the provincial government preventing striking staff from coming within 200m of government hospitals.

Cape nurses' battle continues

(SEP) (95) Star 19/10/95
Port Elizabeth - The confrontation between dismissed Transkei Hospital nurses and the Eastern Cape government - which has developed into a legal wrangle - is continuing unabated.

About 5 000 nurses tried to return to work yesterday in defiance of a court interdict preventing

them from entering hospital premises, but they were handed dismissal notices and reapplication forms at hospital gates and told they would not be allowed to enter.

This followed an application by the nurses in the Transkei Supreme Court on Tuesday for an order compelling the regional

government to reinstate them and to pay them their salaries. The hearing was postponed to November 9.

Provincial health and welfare department secretary, Mvuyo Tom, confirmed yesterday that between 4 000 and 5 000 nurses had tried to return to work. - Sapa.

Nurses defy court in attempt to work

~~(S)~~ CT 19/10/95 (95) ~~(S)~~
PORT ELIZABETH: The confrontation between dismissed Transkei hospital nurses and the Eastern Cape government is continuing unabated.

About 5 000 nurses tried to return to work yesterday in defiance of a court interdict preventing them entering hospital premises, but they were handed dismissal notices and re-application forms at hospital gates and told they would not be allowed to enter.

This followed an application by the nurses in the Transkei Supreme Court on Tuesday for an order compelling the regional government to reinstate them and to pay them their salaries.

The hearing was postponed to November 9.

Provincial health and welfare department secretary Dr Mvuyo Tom confirmed that about 90% of the dismissed nurses were returning to work.

"But their return is illegal and they cannot enter the hospital in terms of the court interdict barring them from the hospitals." — Sapa

95
Nurses told to reapply

ABOUT 5 000 dismissed nurses in the Transkei tried to return to work yesterday in defiance of a court interdict preventing them entering hospital premises, but they were handed dismissal notices and reapplication forms at the hospital gates and not allowed to enter. This followed an application by the nurses in the Transkei Supreme Court on Tuesday for a court order compelling the regional government to reinstate them and to pay their salaries.

BD 19/10/95

REPORTS: Business Day Reporters, Sapa.

Nurses' union upset by Sana

CT 23/10/95 (95)

NURSES in the new Cosatu-initiated Democratic Nursing Organisation of South Africa (Denosa) are upset that a 75% majority vote to dissolve the old SA Nursing Association has not been attained.

They have asked Sana to dissolve itself anyway in the interests of forming a single organisation.

"The failure of Sana to persuade its member branches to complete the process in line with (Denosa) objectives is simply retrogressive," Denosa said. — Staff Reporter

(95) CT26/10/95

Nurses threaten strike action

JOHANNESBURG: Nurses have threatened to embark on strike action if the government fails to meet their demands by today.

Their demands include the reinstatement of about 6 000 dismissed nurses in the former Transkei.

National Nurses Forum organiser Belinda Kgogo declined to say what form of action the nurses would take. However, she said nurses were prepared to be dismissed for their actions.

Forex pours in as conferences boom

(95) 26/10/95

Theo Rawana

THE SA conference industry was worth R2,6bn and, with an annual increase of R900m, was projected to grow to R3,5bn by the year 2000, tourism analysts said yesterday.

Gillian Saunders, director of consultants Kessel Feinstein, said foreign exchange generated by the industry amounted to R42m and that the annual increment of R158m should help it reach R200m by the end of the century.

The industry was currently paying R250m in taxes, with annual increases of R90m set to bring this to R340m by the year 2000. The industry created 60 000 jobs, with an annual increment of 20 000, and should employ 80 000 by the end of the century, Saunders said, quoting extracts from a paper she presented at a recent conference.

The conference, convened by the SA Tourism Board, concluded that an SA association for the conference industry should be established and, with an initial budget of R8m, should be operative by March next year.

Saunders said: "The conference industry is a noted generator of significant economic benefits for the cities, regions and countries which host conferences. A major factor driving the high impact of conferences is the high average spend of conference delegates in relation to other tourists."

About 80 000 conferences worth about 7,4-million delegate days were held in SA every year — and between 40 and 60 of these conferences were international, bringing R42m in foreign exchange.

"In total the industry is worth an estimated R2,6bn to the country and employs almost 60 000. Its growth rate is thought to be about 5% per annum," Saunders said.

She said Satour had a conference promotion division of five dedicated staff, with a manager who had two other portfolios. "Its total 1994/95 budget, including overseas office costs incurred on conference marketing was R1,9m, of which R878 000 was spent on promotions and other activities.

"However, only R200 000 was the direct allocation to the conference division for marketing and promotion activity," she said.

Durban Unlimited Convention Bureau director Clive Booth told another recent conference that internationally the convention industry was worth about R320bn. SA's share of the world market was a paltry 0,87%.

He said, however, that the SA conference industry employed about 60 000 and fed between 250 000 and 300 000 people.

SA had barely touched the surface of one of the fastest growing industries in the world, he said.

Task group focuses on nurses' training needs

Kathryn Strachan

WITH all the consternation over the salaries and working conditions of nurses, the focus has also fallen on their training, which is increasingly being recognised as totally inadequate.

The higher education commission, headed by Jairam Reddy, is currently looking at restructuring

(95) 26/10/95
turing nurses' training.

Commission health sciences task group chairman David Sanders says a proposal for reorganising training should be ready before the end of the year.

The main call coming from nurses is to move training away from the health sector into the arena of education.

By bringing nursing

training closer to that sphere, nurses would be brought into the medical personnel network.

The task group is also looking at ways of making the content of courses more appropriate, making training more accessible, particularly in outlying areas, and at the integration of primary health care into tall health programmes.

Health care workers who strike may be fired - Rasool

CT 31/10/95

85 95
153

STAFF REPORTER

HEALTH care workers who go on strike could be fired, local Minister of Health Mr Ebrahim Rasool has warned.

"It has come to my attention that a possibility exists that some health care workers may want to recommence with strike action in solidarity with nurses dismissed in the Transkei," he said.

According to reports, about 8 000 nurses were dismissed in Transkei after a recent strike. Mr Rasool said a workable solution was being arrived at with the dismissed nurses, leading to re-

employment.

"It would be regrettable if we in the Western Cape were left with no alternative but to implement the national decision to dismiss with immediate effect any participant in such a strike."

The Provincial Administration put up notices yesterday at all its health institutions in the Western Cape, warning that anyone who takes part in a strike will face immediate dismissal.

Provincial health spokesman Mr Mark Hill said there had been rumours of a possible strike at Groote Schuur and Tygerberg hospitals, where some individuals had been very angry. Nobody has gone on strike yet.

Cuban doctors to be recruited

Kathryn Strachan

BD 6/11/95
HEALTH Minister Nkosazana Zuma and members of the interim SA Medical and Dental Council are to visit Cuba this week with a view to recruiting Cuban doctors to SA.

The delegation will examine health facilities and medical schools to learn about Cuba's health system and investigate the Cuban standards of training for doctors.

Zuma left on Saturday on the international tour, which includes Taiwan, India and Switzerland.

In Geneva she will attend a meeting of the UN's AIDS organisation, of which she is deputy chairman.

The visit will focus on developments in nutrition, research, mental health, HIV/AIDS and pharmaceuticals in these countries.

In India she will be looking at setting up a working group on health be-

tween the two countries.

Meanwhile, Tim Wilson, special advisor to the health ministry, was on Friday appointed chief director responsible for hospitals and academic health service complexes.

The appointment is expected to give direction to the turbulent sector of hospital care, and guide the transformation of academic hospitals.

A spokesman for the department said the overall structure covering the area of hospitals, as well as the funding policy and the roles of national, provincial and district health authorities had been clarified.

Attention could now be given to coordinating the work of the academic health service complexes and to providing assistance to improve services.

Before taking up the position of special advisor, Wilson was director of the Alexandra health centre and University Clinic for seven years.

Vote a big blow to unity in SA nursing

Kathryn Strachan

PLANS to unite all nurses under a single banner fell apart last week when nurses from the largest organisation — the SA Nurses' Association (Sana) — voted against the move.

"It really is a crisis that our members did not vote yes," said Sana acting executive director Eileen Brannigan.

"It is vital that we unify nursing. The nursing profession has been fragmented in the past ... this has affected not only nurses, but patient care too."

Sana represents about 92 000 nurses out of a total of 180 000 in the coun-

try. The racial balance in the association is about equal.

All the nursing associations of the former homelands and self-governing territories have voted in favour of a single organisation — to be called the Democratic Nurses' Organisation of SA — and they were waiting for the outcome of the Sana ballot to form a unified body.

Sana members, however, voted against dissolving their association and forming a new body.

Brannigan said the strikes in the nursing profession could have influenced Sana members in their vote.

Still divided

FM 10/11/95

A proposal that the SA Nursing Association (Sana) dissolve to join the newer Democratic Nursing Organisation of SA (Denosa) was narrowly defeated last month.

And it now looks as though the quest for a unified organisation made up of Sana, the country's largest nursing body with 92 000 members, and Denosa, which has 7 000 members, may have to settle for second prize — a merger of the two.

Denosa was formed at the beginning of this year and the intention of some of the existing nursing associations was to approach their members to dissolve in favour of Denosa.

Sana acting executive director Eileen Brannigan says her organisation's constitution requires a 75% majority vote of the branches to enable the board to dissolve Sana. This was not achieved as only 69% of the branches voted in favour.

At a Sana board meeting last Friday it was decided that a proposal to merge (rather than dissolve) will be put to the 90 Sana branches throughout the country. "We are still dead set on unification," says Brannigan. "But through the merger route."

Financially, a merger between nursing groups could be more economical to Sana. By merging, rather than dissolving, Sana will avoid R1m in transfer duties on its properties.

It has been suggested that the 75% majority needed for dissolution is too high, but Brannigan says this is in line with the Royal College of Nursing in Britain. "We have to be very sure that the ultimate decision is what our members want."

Denosa is due to hold its board election in January.

It may, however, be wise for Denosa to postpone its elections until the question of merging with Sana has been decided. At a time when the issue of nurses' remuneration has become a sore point, it would be an advantage to negotiate as a unified front. ■

Daily trials and tribulations shared by the staff and rural patients alike

R20 14/11/95

(95)

AT THE clinic in Ezingolweni, a rural village near Port Shepstone in Kwa-Zulu-Natal, 12 nurses battle to get through wave after wave of patients and the emergencies which punctuate the day. Patients get to the clinic at 4am to be first in the queue when the doors open at 7am, and through the day the queue snakes right out of the yard. Each nurse sees about 70 patients a day, and patients usually wait three to four hours for a nurse. Once their turn finally comes, the busy nurses can spare them only a few minutes.

This clinic is where Nurse Zanele Ncama works.

Here the nurses get by with the most basic equipment. There are no patient trolleys or wheelchairs, and when the bus drops off a patient too sick to walk down the hill to the clinic, he is collected in a wheelbarrow.

The clinic lacks many essential medicines, so patients needing those that are not in stock have to travel another 25km to the hospital.

Ezingolweni clinic also has to deal with the many patients from districts in the former Transkei homeland, where clinics constantly run out of medicines altogether.

Ncama sees patients in a large room where there are only curtains for privacy. She grabs a cup of tea and a sandwich at about 1pm, but apart from that there is no chance to take a break all through the day.

Nearly all the cases she sees are caused by conditions of poverty. Most are mothers bringing their babies dehydrated from diarrhoea, and children with burns and injuries they sustained when they were left unsupervised. Others have scabies from malnourish-

ment, and a young boy has a gash on his head after being hit with a bottle.

With each case she gives a few words of advice, preventing infection, and nutrition. Most of the patients she treats. Other cases needing more specialised care she refers to the hospital.

The clinic deals with delivering babies. A doctor comes every two weeks from the nearby hospital, and when they need advice, the nurses can phone him. Today, though, the phone is out of order, so they cannot call for an ambulance or order extra drugs.

Today Ncama has made time to counsel a bereaved woman — whose mother was killed a few days before.

The area has been wracked by violence, and this has taken its toll on the health services. Ncama explains how nurses used to take it in turn to work night duty, and to keep the clinic open for emergencies.

However the nurses finally decided to end the night duty the previous week, when a young woman who had been shot was brought in by two men and a policeman. While she was being treated, the gangsters who had shot her came bursting in to kill her, but were repelled by the men inside.

"It's very hard for nurses working here," says Ncama. She has been at the clinic for seven years, and for all her experience and five years of training

she has a salary of R2 800 of which R240 a month goes on transport. The workload of nurses in rural clinics are far higher than in urban areas, and she believes they should receive an allowance to compensate.

All the nurses have their homes far away from the clinic. Zanele lives in the township of Gamalake. She leaves home at 5.30am, catches a bus then a minibus, and gets to the clinic by 7am. With a 17-month-old baby, she gets up at 4.30am. She employs a child-minder to look after her baby during the day. The baby is usually asleep when she leaves in the morning and when she gets back home, so the weekends are spent time with her baby.

Once she gets to the clinic she sterilises the instruments, and deals with the seriously ill people in the queue which, when she arrives, already stretches to the gate. Every day starts with 15 minutes of prayers and hymns for patients and nurses.

At 4pm the clinic closes, and as she has a wait between the taxi and the bus, it takes her two hours to get home.

Another frustration is the lack of opportunities and career paths. Further education courses are available only in cities, and they are very expensive. Ncama would have to leave her family and live in Durban for a year if she wanted to study further.

And when she sees nurses who have completed these courses going back to their same job at the same salary, there seems to be little incentive to go through with it.

"I have aspirations they are not in nursing. They would be to go into teaching or something else," she says.

She was given no choice when she was sent by the KwaZulu government to Ezingolweni seven years ago to pay back a year's study loan. She would like to get a job in a clinic nearer her home, but she has been trying for many years and a transfer has not been possible. She also feels she cannot just leave Ezingolweni clinic because she knows there is no one to replace her.

Ncama used to be a member of the KwaZulu Nursing Organisation, but it has now dissolved and formed part of the Democratic Nursing Organisation of SA (Denosa). This move has made no significant difference to her life, however, as none of the nurses at the clinics have been contacted by Denosa.

She does not know of any nursing problem that the previous organisation ever solved, or whether it ever put the case of nurses forward.

"What we want from a nursing association is to know how we feel here in the rural areas. We want to be consulted. These organisations don't know what is happening out here," she said.

Nurses share a profession, but live in different worlds

20 14/11/95

(95)

Taking a look at a day in the lives of two nurses — one in a violence-racked poor rural community, the other in a well-resourced hospital — **KATHRYN STRACHAN** discovers that, pay aside, elements such as training, travel arrangements and care for their families while they work contribute to the happiness or frustration of these women, the backbone of the health care system.

WITH its pristine passageways and gleaming white floors, Universitas Hospital in Bloemfontein looks the model of what a hospital should be.

Against this ordered background, nurse Linda Strydom blends in perfectly. She holds complete control in Ward 3B, the pulmonary and medical ward. Everything runs like clockwork — she knows exactly how many seconds the lift takes to get to her floor, and so the pattern of her day begins.

Comparing her working conditions with those of her counterpart, Zanele Ncama, in a rural Kwa-Zulu/Natal clinic, it is hard to believe they share the same profession. It is only when it comes to the thorny question of salaries that their jobs converge.

Strydom has all the high-tech equipment she needs, and never runs out of medicine.

The most striking difference between the two nurses is the childcare support they get. While Ncama has to leave her baby at home with a child-minder and can spend time with her only on weekends, Strydom could bring her babies to the hospital's 24-hour creche. It is hardly surprising that Ncama believes one child is enough, and Strydom is expecting her third child.

While Ncama has to catch two buses and travel nearly two hours to get to work, Strydom lives 10 minutes away and comes by car. After doing two years at university and getting a diploma from the Free State Nursing College, Strydom came to Universitas where she has been for 15 years.

When she had each of her babies she worked night shift and took them to the hospital creche. She worked night shift because it was quieter and easier to take breaks to feed her baby. Later she would leave her baby to play in the creche during the morning while she went home to sleep in peace.

At the age of 26 she wanted more, and with the supportive network of the hospital it was easy to study further. When she embarked on a midwifery course, she got a month's leave and the children stayed at the creche all day, where they had stimulating, attentive care-givers.

The many courses she attended enabled her to rise rapidly through the ranks. Now 34, she has been a chief professional nurse for three years. "We have everything here. The matron encourages us if we want to study, and we have the university and the nursing college right here," she says.

Her position now involves supervising the ward. She does not want to go further up the ladder because it would take her away from hands-on nursing.

"This is what I love doing. The working conditions are good, and I get on well with everyone."

Strydom's day starts at 6.50am and finishes at 4pm, except on Fridays when she finishes at 1pm. Supervising a ward of about 30 nurses and 25 seriously ill people, from AIDS patients to heart disease patients, her day is very busy. Each patient needs a lot of time and care.

Between the endless rounds of doctors' visits, taking blood samples, giving out medicines and injections, giving instructions to the kitchen on special diets, checking that all the medicines needed are in stock, Strydom takes time to talk to each patient.

"Talking to patients is the only way I can pick up social problems like abuse at home, and pass this information on to the social worker."

A domestic worker with AIDS talks to her about her worries over what will happen to her four-year-old daughter and her mother, who depend on her, when she is gone. Strydom has also dispelled the fears of the woman's employer. The employer was afraid her children might contract AIDS by being near her, and Strydom's advice has meant the woman will keep her job.

Support

A 16-year-old boy with cystic fibrosis is back for his third stint in hospital this year, and his previous visit lasted six weeks. He has to take 30 pills a day. In another room are three girls between 14 and 16 who have all overdosed on medicines. So whenever the nurses have a moment free from their rounds, they spent time talking to their patients.

Strydom belongs to the SA Nursing Association (Sana), mainly because she feels it is important to belong to an organisation which provides legal support in the case of negligence charges being taken against a nurse. She believes Sana should join the wider Democratic Nursing Organisation of SA because it is only by standing together that nurses' calls for higher wages will be heard.

With 15 years of experience and four years of education, Strydom earns R3 800 a month. After deductions, she takes home R2 800. "The salary does not go far, but we go on with our little middle class life — and we get to the sea every year."

She believes it is the salary structures at the lower levels that really have to be upgraded. The staff nurses do the hardest work, she says, but they are the worst paid. Joyce Davids, a staff nurse in her ward with 11 years of nursing experience, is a divorced mother of two and takes home R1 300 a month.

While Ncama's aspiration is to get out of her gruelling job, Strydom says she would never leave. She has the chance to work in a private clinic for R1 000 a month more, but she has stayed at Universitas because she finds fulfilment in working with patients from such varied backgrounds.

"Every day there is something else; there is never a day the same," she says.

At the end of the day, Ncama says she is too tired even to watch TV, but at the end of the day Strydom is on her way to a flower-arranging course.



Star 17/11/95

Slow but certain redress of long-held grievances

Provincial health authorities are slowly releasing the stranglehold on nurses' posts and taking steps to redress the conditions which sent thousands of nurses out on strike in September.

In Gauteng:

- A work load analysis for all professionals in hospitals is complete.
- Province is in the process of setting total staff targets for each institution; each institution will decide who to employ, providing they stay within the target.
- There is new flexibility concerning entry level posts: students who can't get posts at their hospital of training will be offered available posts at other hospitals.
- Three senior nursing posts have been filled at the Nelspruit and KwaZulu hospitals, and interviews for the position of principal of the G-Rankuwa Nursing College have been completed.
- In the Northern Province:
 - The Department of Health and Welfare has released 776 nursing posts for 250 clinics in the province. Posts range from assistant nurse to chief professional nurse level, and when filled will enable most clinics to offer a 24-hours service.
- In the Free State:
 - All critical nursing posts have been identified and are in the process of being advertised - the process is most advanced at the Pelonomi and Orange hospitals, where the major conflict of the strike occurred.
 - Patient numbers have been reduced by a third at Pelonomi, and referral and transport of patients examined to reduce the load on central hospitals.

Nursing hope for new union

The new health plan will stand or fall on accessible primary health care. Nurses question the State's commitment to their future, but health authorities say they mean business.

By JANINE SIMON
Medical Correspondent

In Kimberley this weekend, the frustration and fury that drove the September nurses strike will bear their child: South Africa's first nurses-only trade union.

Long years of increasing workloads and deteriorating conditions fuelled the frustration. The fury that sparked the strike was caused by the 5% increase won for nurses by traditional representatives in the Public Service Commission's bargaining chamber.

The new union is the direct result of the Government's refusal to negotiate salaries outside the chamber.

This steadfastness has forced the National Nurses Forum, the initially amorphous umbrella body that spoke for the strikers, to organise and gain legitimate access to the chamber.

Over the next two days the union will announce details like its name, emblem and paid up membership. It has only to gain official recognition before representatives of the nurses, who caused one of the most serious disruptions of health services in the last decade, speak for themselves among more than 1-million public servants.

Belinda Kgogo, a theatre sister at Baragwanath Hospital, and the Nursing Forum's national spokesman, is pragmatic. "Only a nurses' union can properly represent nurses' interests," she says.

But getting into the chamber is not necessarily the final solution. There is a sense of deep despondency among leaders of both the forum and more traditional organisations like the 92 000-strong South African Nursing Association (Sana), born of the years their voices have gone unheard.

And the foisting of an election promise of free health care on to the health services, doubling their workload without a word of consultation with nurses, has only entrenched this mistrust.

Nurses remain wary of the two bodies through which they can now have their say: the chamber, currently negotiating a Government proposal to restructure the public service and the National Consultative Health Forum, the body set up during the strike to give nurses and other associated medical workers a direct line to Government.

Already the restructuring proposal, said by Health Minister Dr Nkosazana Zuma to go "a long way" towards addressing nurses' problems, has had its budget cut from R9-billion to R6,5-billion. The shortfall, Kgogo says, will decrease nurses' benefits by 25%.

No one knows about long-term increments, allowances or real benefits adds Kgogo. Sana's chief negotiator, Eileen Brannigan, is guardedly optimistic.

New grading proposals seem to tackle the profession's most depressing problem - that clinical nursing is a financial and career dead-end - but they are still in the workshop phase.

"Tying us up in more workshops is pointless. We want commitment about money, then we can talk business," Sana's president, Prof Marie Muller, believes nurses need even firmer action, like a nurse-specific bargaining chamber. "If we are to be the kinglypins of the new health system, then this career needs significant attention next year."

Health authorities say this attention is being fostered through the National Health Consultative Forum (NHCF). "The focus now is salaries and the forum means we can talk out all the problem areas before they reach the chamber. Later we want to move on to issues like bringing back the caring attitude in health," says Gauteng's director of professional services, Mary-Grace Msimango.

Kgogo says the discussions don't lead to any decisions, but admits to one major achievement: through the NHCF she has been given a copy of the revised proposals on the national health insurance system (NHIS), the first time nurses on the ground have been consulted about the widely researched draft document backing the department's policy on long-term health restructuring.

The communication chasm between nurses and Government remains astonishing. During the strike they had never heard of the proposals, and even now, know nothing of the health department's slow release of the strangling moratorium on posts.

The silence appears as much a product of a nursing profession in limbo as state hospitals' medieval management systems: professional nursing organisations have been battling since 1993 for the unity they believe will bring them power. The debilitating centralised management of hospitals can only be swept away once the revised NHIS proposals are accepted and implemented by cabinet.

But nurses are no innocents either. "We put out monthly newsletters, but they just don't read," complains Brannigan.

Small wonder then that nurses say they have no idea how successful negotiations will be.

Director-general of health Dr Olive Shusana admits that the strike taught the department to act immediately on policy. But she tolerates no despondency. "This Government does not put people through a process forever. We are taking action," she says.

Depressed nurses study to get out of profession which offers no hope

By JANINE SIMON

It's 10 am in mid-November on a mercifully drizzly Thursday at Baragwanath Hospital. The nurses in a bare-walled tearoom fall silent.

They shake their heads, lean back on sagging furniture and reach for chipped mugs of tea.

It is almost 10 weeks since 1 700 Bara nurses led the country's caregivers out on strike – and almost 10 years since students, pupil nurses and "daily paid workers" at the same hospital staged South Africa's first protest action by nurses.

To the nurses, the gains of those protests seem as grey as the day's weather.

Nothing has been explained in detail, especially staff shortages, says one short, stout nurse (no names please, there's still intimidation).

There's a chorus of agreement – "The nurse:patient ratio, the lack of equipment, and the medication, when will it be included in the budget?" – and then a litany of complaints.

"It's so frustrating. All you can do is attend to a patient's basic needs, because when you go to the dispensary the medication is out of code for two weeks." The stout angry one, again: "I keep thinking I would be so much further with this patient if I had the medication."

"It's impossible to render a quality service," interrupts a senior professional nurse, qualified in midwifery, administration, theatre work, tutoring and community work, but with no additional pay.

"I have 50 patients a day in the recovery room, including intensive care (one to one nursing) patients."

"And the linen," says a bespectacled colleague. "I came back from tea and my patient was wet up to his neck, but there was no linen so he had to stay that way. He died, that patient."

"It's overwork, that's why there is so much absenteeism, especially in theatre," chimes in an older, tired face. "That's why we are all so irrita-

ble."

"Johannesburg Hospital closes when they're full," adds a braided youngster in the corner. "Then they send everyone here, but Bara never closes, we take everyone, from everywhere."

Free health care draws a round of angry nods, so does the idea that they are naughty Florence Nightingales.

The stout one takes up the charge:

"We're bitter about accusations that we only took up action against the new Government. It undermines our integrity. We've had meetings with almost everyone, we've been trying to get Masondo here since February.

"We thought this Government wears shoes the same size as ours, we had hopes they would understand, we were trying to help them identify the need."

They talk primary health care. Can 24 new and upgraded clinics to be built in Gauteng help?

"All they'll do is create a million more referral systems, and increase

the burden," Belinda Kgogo this time, the only one willing to be identified. "They screen, and send here – we have the specialists."

Clinics close at 4pm anyway, after-hours work and serious trauma, will still come to Bara, they agree.

"The only way clinics can help is if we equip them like Bara, but then we might as well equip Bara." The voice of 15 years' experience.

"We're all studying to get out of the profession," observes an angelic face, sprinkling salt on an egg. More nods. Psychology is a favourite, it emerges, also BA and BComm – "Can you imagine, nurses in business!" a uniform shakes with laughter – and even labour relations. One nurse is taking an MBA from Wits.

They're playing wait and see, they say. The only plan for academic hospitals appears to be the rationalisation plan, and nurses have no future. By the year 2000, there will be no nurses, they say.

Interim nursing council aims to restore profession's image

The South African Interim Nursing Council aimed to identify weaknesses in the nursing profession and to take steps to restore its image, council president Prof Rachel Gumbi said in Pretoria yesterday.

Gumbi said she was enthusiastic about the way nurses from various areas and sectors had taken on the joint task of restructuring the council.

In keeping with the aim of transformation by including all stakeholders, members from all nine provinces were invited to attend yesterday's meeting - the council's third.

Gumbi said the interim council, which will serve until August 1997, was an autonomous body corporate charged with the task of being a watchdog for the public.

The vision was for it to

be a responsible and accountable body, and to act with creativity and innovation.

The council planned to have developed a language policy before the end of the year and to have begun work on developing the missing standards of practice and quality assurance, she said.

The interim council also planned to reach out to other professional groups such as pharmacists, social workers and physiotherapists.

By mid-1996, it planned to have formulated a policy statement on its final composition.

Eight working groups had been elected to tackle issues such as communication, education, transformation and professional standards, she added. Medical Correspondent.

(95) Star 22/11/95

BRIEFS

**Nurses' image
'to be restored'**

(95)
ET 22/11/95

PRETORIA: The South African Interim Nursing Council hoped to identify weaknesses in the nursing profession and would take steps to restore its image, its president, Professor Rachel Gumbi, said after a meeting here yesterday.

Members from all nine provinces were invited to attend the meeting; the interim council's third.

**Police ready
at hospital**

APG 15/12/95

UMTATA. — Police in the Eastern Cape were placed on standby at the Umtata General Hospital after working nurses had been threatened with violence following yesterday's court case, in which fired nurses' applications for reinstatement after they had been dismissed for illegally striking were refused. — Sapa.

(95)



Deputy principal of Progress Nursing College Mrs M Sibeko is led into a police van in central Johannesburg yesterday after it was discovered that the college was not registered with the South African Nursing Council.

PIC: LEN KUMALO

Bogus nursing college busted

Sowetan 14/12/95

By Themba Sepotokele and Sibusiso Zondo

CLASSES came to a halt at Progress Nursing College in Johannesburg yesterday after police arrested the principal and deputy principal in connection with alleged fraud.

Mrs Joyce Mkhawane and Mrs M Sibeko were arrested after investigations by the SA Stop Abuse (Sasa) organisation, which claims the college is "bogus" and not registered with the South African Nursing Council.

The two were taken to Moroka police station in Soweto but police would not comment.

Police spokesman Warrant-Officer Andy Pieke said yesterday that the arrests had not been brought to his attention.

Mr Mpumelelo Mthombeni of

Sasa told *Sowetan* yesterday that investigations were instituted because it was discovered that the college was not registered.

About 60 students, some of whom come from as far afield as Swaziland, KwaZulu-Natal and Mpumalanga, have incurred heavy losses after paying R100 for an aptitude test, R100 for registration and R350 a month for an 18-month-long course. Some students claim they had paid up to R700 for registration.

A member of the college's board of trustees, Mrs Thandi Shongwe, said yesterday the authorities had agreed with the students' parents over a tuition fee of R200 a month. Some of the students had started playing truant since July.

"Some students stopped paying the fees since July. Some would pay R20 and later add a zero on the

receipts. This was detected by our auditors," Shongwe said. Students said they had enrolled with the college after seeing an advertisement in a newspaper in December last year.

They later became suspicious when they were told they were doing their in-service training and would not be paid because they were not regarded as nursing trainees but as "care-helpers".

Sowetan also learnt that the college, which started about three years ago, had changed premises several times because it has been under investigation. It has also been alleged that students were issued with forged certificates after completing the course.

During *Sowetan* team's visit to the college yesterday students were gathering to witness the arrest of the authorities.

ARG 30/12/93 (95)

Objections over move to train nurses to assist with abortions

Staff Reporter

NURSES will in future be trained in assisting with abortions — if the government goes ahead with plans to enact legislation to allow abortion on demand.

The issue is set to become a political, educational and social hot potato, with organisations like the South African Nursing Association (Sana) saying it will not force nurses to train for abortion operations.

Sana's acting-director, Eileen Brannigan, said members had objected to abortion in the nursing curriculum.

"The issue has raised ethical and moral dilemmas," she added.

National Health Minister Nkosazana Zuma said once people had more access to legal abortions, provincial health services would be responsible for the education of

health personnel.

"Health workers such as nurses and doctors need to be trained in abortion. Currently nurses have no training in performing abortions. They are equipped to deal only with botched back-street abortions, which are often fatal."

Dr Zuma said funding for any education on abortion should also be provided by provincial health services.

After an emotional debate in August parliament accepted recommendations by the standing committee on abortion and sterilisation that women be allowed abortion on demand up to the 24th week of pregnancy.

Churches and pro-life lobbyists have protested against the issue on a number of occasions since, but there has been no indication that the government intends to drop plans to legislate.

Medical sources say that the changes to nursing training curriculums would be "inevitable" if the abortion laws are passed.

However, a number of institutions involved in nursing training, said they had heard nothing so far about proposed changes.

The Nursing Council registrar, Frank Germishuizen, said the council was not responsible for prescribing syllabuses for the nursing colleges and universities. He said it would be up to institutions to introduce abortion in their curriculum if they thought it necessary.

"Institutions submit proposals to the council for approval only," he said.

Stellenbosch University's medical faculty said it was not aware of curriculum changes and referred queries back to the Nursing Council.

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HEALTH AND DISEASE → NURSES

1996 - 1997

Nurses warn of major strikes over salaries

95
Star 12/2/96

Government concerns over Budget deficit are likely to result in 4,5% rises despite health workers' threats

By JANINE SIMON
Medical Correspondent

Angry nurses are threatening a national pay strike that could dwarf last year's disruptions. New talks on gradings for public servants are due to start on February 27, and three nurses' organisations say disillusioned members will go on strike if they fail to meet expectations.

The three are the SA Democratic Nurses' Union (Sadnu), the SA Nursing Association (Sana) and the health union, Hospersa. Last year striking nurses returned to their wards in exchange for a commitment to improve their salaries and working conditions.

Then the health department shunted their demands for direct consultation on a 33% salary increase into the Public Service Commission's tedious central bargaining process.

Now on the table is a promising outline for a two-year over-

haul to simplify and improve salary gradings.

If fully funded, it could translate into 40% increases for young nurses and intern doctors in the first year and substantial increases for seniors in the second year; if not, nurses could find themselves with just a 4,5% increase.

However, implementation would cost R9,1-billion this year and a further R12-billion next year, while the Government, determined to contain the Budget deficit, has so far allocated only a flat R6,5-billion for the 1996-97 financial year.

"We're heading for a show-down; last year was just a practice run," said Hospersa national organising secretary Albert Wocke.

With R6,5-billion on the current plan, nurses would probably get only a 4,5% increase, he said, adding that many professional allowances would disappear and those remaining would be pensionable. Despite many nurses shifting into new salary cate-

gories, it was doubtful whether the regrading system would deliver even a 10% increase, he said.

Sana negotiator, Eileen Brannigan, warned that talking averages was misleading because everyone would be affected differently by the phased implementation.

"We are cautiously optimistic, but the Government must finance the restructuring and quell the expectations they've created or face an unmanageable riot," she said.

Sadnu national spokesman Sister Belinda Kgogo agreed that the restructuring in its current form was way under target.

"The Government promised last year to pay special attention to nurses and I don't want panic until we know how much has been allocated to health."

But if the Government reneged on that promise, nurses would be rightfully disgruntled, she said.

Thandeka Gqubule, spokesman for the Public Service Ministry, said it would not negotiate in the media.

IN BRIEF

Nurses ready to unite (95)

THE SA Nursing Association (SANA) yesterday announced it was ready to enter into merger negotiations with other nursing organisations in the country. In November last year, members voted against the dissolution of Sana and were asked by the association's central board to consider a merger option as an alternative way to unite South Africa's nursing profession.

Sana president Professor Nario Muller said the association was hoping the unification process would be completed by the end of March to enable a new board to be in place by August.

Sowetan 15/2/96

Budget sweetener for nurses, police

□ From Page 1

13/3/96 (95)

This move could raise more than R3 billion a year.

Liebenberg will want to convey a message of confidence, particularly to outside investors, and at the same time create incentives for what the government considers to be its first priority — creating jobs.

The Budget should contain all the hallmarks of the new fiscal approach — financial discipline, moves to zero-based budgeting, a reduction in the deficit before borrowing, less restrictions on foreign investment and trade, and increased spending on the RDP.

Liebenberg will allocate another R7,5bn to the RDP. With R5bn rolled over from the current financial year, the 1996/7 financial year could be the biggest year yet in terms of RDP delivery.

But the finance minister's biggest challenge will be to give substance to a pledge he made in his first Budget speech: "The lowering of personal income tax will have the highest priority in terms of any granting of future tax relief."

It remains to be seen whether he can indeed translate that pledge into action today.

Star 13/3/96

Nurses to get higher salaries

(45)

Cape Town - Nurses in the public service will receive markedly improved salaries from July 1, the SA Nursing Association said yesterday. Its pay proposals had been accepted in an agreement reached in Cape Town. - Sapa.

New pay deal for nurses

WILL FINANCE MINISTER Mr Chris Liebenberg keep his pledge to try to reduce personal income tax rates? As South Africans wait for today's Budget — expected to contain few surprises — significant increases for nurses were announced yesterday, writes **ANEEZ SALEH**.

A Budget Day dawns and South Africans wait to see what Finance Minister Mr Chris Liebenberg has up his sleeve, thousands of public servants will celebrate following the announcement of an historic breakthrough in the battle for better pay for nurses. Policemen are also expected to get substantial increases to be announced later today.

According to the South African Nursing Association (Sana), 90 000 public sector nurses will soon receive substantial increases.

Overtime payments will also be significantly better.

In terms of a new grading system, newly-qualified sisters will jump from R2 155 a month to R3 403. Matrons will start at R6 511.

In the most basic category, a pupil nursing assistant with a Std 8 will receive R1 673.

No one will receive an effective increase of less than 7,5%, according to Ms Eileen Branigan, Sara's acting executive director. The increases come into effect on July 1,

subject to agreement on the finer details of three related conditions set by the government, and largely agreed to by nurses.

"I can safely say that we struck a deal last Friday," she declared yesterday. Sana represents 66 000 of 90 000 public sector nurses.

The new deal will cost the taxpayer an

BUDGET SPECIAL
The Cape Times brings you 14 pages of comprehensive and authoritative comment and analysis of the Budget tomorrow.



Chris Liebenberg

additional R8,5bn a year.

Meanwhile, **JACKIE CAMERON** reports that police are also to benefit from the new salary grading system for civil servants — and can expect a minimum 7,5% increase this year, South African Police Union spokesman Mr Andy Miller said from Preto-

ria late yesterday.

He said the average increase for a police member would be between 15 and 20%, and some police members, mostly in the lower ranks, were in line for a 50% increase. Sapa is still negotiating for overtime, night allowance and stand-by pay, he said.

They are expected to make a detailed announcement today about the grading structure and benefits agreed upon for police members.

Yesterday public service unions hailed the pay increase which will see some workers earning up to 44% more.

The increases are likely to sweeten the effects of the Budget today for public servants, and **BARRY STREK** reports that the Budget — the first produced entirely by the new government — is unlikely to have many shocks for consumers.

Although NP finance spokesman Dr Theo Alant said yesterday that a one percent increase in VAT could be announced, this is considered unlikely by most observers, particularly because of the determined opposition of trade unions to VAT increases.

Liebenberg may decide to increase the "sin taxes" — alcohol and tobacco.

But his main source for extra revenue is likely to be a levy on the investment income of pension and provident funds, including dividends and realised capital gains.

□ Turn to Page 3

(95) 271313/96

Sarafina 2 may cause strike

By Glenn McKenzie

IN A NEW twist to the Sarafina 2 controversy, the SA Democratic Nurses' Union, which led last year's wildcat hospital strikes, has accused the health ministry of overlooking nurses and warned about the possibility of another work stoppage.

In interviews with *Sowetan*, officials of Sadnu said yesterday that many of their members were dismayed by the apparent lack of accountability in the ministry of health's decision to spend R14,7 million on the Aids education play *Sarafina 2*.

Sadnu Gauteng chairman Mr Jacob Letlake called on the ministry to cooperate with nurses - "the country's most important Aids educators". He said trade unions and community groups should be allowed to participate in decisions on major spending. "We want accountability and we want respect," Letlake said. "At this point, we cannot rule out another nurses' strike."

(95) *Sowetan* 13/3/96

Letlake reiterated the group's demand for up to 33 percent wage increases for nurses. Local and provincial authority workers' salaries should be made equal, he said. Many nurses earned less than R1,700 after deductions, he added. In contrast some stage hands in *Sarafina* were reported to be earning more than four times that amount. Yesterday the Hospital Personnel Trade Union of South Africa (Hospersa) also condemned the Aids play in "the strongest possible terms". "The money could have been used for upgrading salaries and patient care facilities," said Hospersa general secretary Mr Rod McFarquhar.

reserved.

quarters in Pretoria yesterday.

Nurses' strike shows lack of information systems

Kathryn Strachan

20 13/3/96

(#2) (95)

THE most striking finding of a national survey on the political responses to last year's nursing strike is that there is a complete lack of information systems — vital to the functioning of a proper health system.

The survey, conducted by Parliament's health committee, gathered information from the national department and all the provinces.

But what the survey came up with was the considerable variation between the figures provided by the national and provincial health departments on the number of centres affected and the level of strike action. Such variations could have serious consequences for future analysis of health problems, such as the extent of AIDS, and their budgetary allocations, committee head Dr Manto Tshabalala said.

When provinces were asked about the financial implications of the strike, which devastated health services nationwide last year, meaningless answers were received — indicating that provinces had not calculated the costs. Two had noted how much money they had saved by not having to pay nurses.

Government's capacity to respond to industrial unrest and communicate with workers was being held back by the infrastructure of the past, she said. It was vital that the health department received support in updating information systems.

The survey found there were weak and inconsistent systems for monitoring financial implications of industrial actions. Increased pay for nurses had to be linked to greater professionalism and patient care.

• 2000

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Health info 'wholly inadequate'

(95) (85) M+G 15-2/3/96

Gaye Davis

A NATIONAL survey of political responses to last year's nurses' strike has revealed that "wholly inadequate" health information systems are hindering the government's ability to communicate with employees and deal with industrial action.

Parliament's Portfolio Committee on Health canvassed the national and provincial health departments for information about the nature and extent of industrial action, its financial impact, nurses' grievances, communities affected and their responses.

Its report, released this week, says what emerged was a wide degree of variation between national and provincial figures on the number of health centres affected and the level of strike action — even though provincial departments were in daily contact with the national department.

Only two provinces reflected on the strike, noting there had been no evaluation of the way the strike was handled at national and provincial level and no feedback on the outcome of bargaining chamber discussions which saw its eventual resolution, nor on the costs of the strike.

Free primary health care a shot in the arm for nurses

(95) Star 2/4/96

Much fanfare as clinics drop R8 fee, which about 40% of patients weren't able to pay

MEDICAL CORRESPONDENT

Dancers and an SAPS band were the highlights of the festivities at Zola Clinic in Soweto yesterday to officially mark the launch of the provision of free primary health care services.

Dropping of the R8 fee for treatment was expected to make a major impact on surrounding areas, said Dr Soomati Natha, director of the 15 primary health care clinics under which Zola falls.

"About 40% of patients weren't able to pay the fees anyway. Many others, especially chronically ill people, used to default on their treatment because they couldn't afford the fee," she said.

To ensure the smooth intro-

duction of the new service, Gauteng has recruited 40 volunteers to assist clinic staff, offered nursing staff the option of working paid overtime, and recruited general practitioners to do shifts in the clinics.

Nurses were highly enthusiastic about the move, and the overtime option for nurses meant the province could immediately increase its staffing by 25%, said Gauteng's deputy director-general of health Dr Eric Buch.

National Director-General of Health Dr Olive Shisana said a national clinic-building programme would see 343 new clinics finished this year, 58 upgraded and 3 000 given a minor facelift.

Fully funded vacant posts, especially at primary care level,

would be filled and improved salaries and working conditions would hopefully attract doctors back to the public sector, Shisana said.

Effective primary health care was cost-effective health care, but it would take 10 years to achieve full access to health care country-wide.

■ The Freedom Front said the free health care was an expensive disaster that would cost the country dearly. FF spokesman for health B J van der Walt said SA's health care infrastructure was too weak to execute the plan successfully.

Lack of consultation about the execution could lead to future labour unrest among nurses as they battled to adjust to massive new workloads, he warned.

Free care 'extra burden for nurses'

Health Reporter

95

85

ARG 3/4/96

FREE health care will mean an additional workload for already-overburdened nurses, and the Nursing Association has expressed concern that people's raised expectations may not be met.

The South African Nursing Association (Sana), while welcoming the announcement of free health care at primary level, says nurses were not consulted on the feasibility of the plan, which still needs to be examined. Sana president Marie Muller said in a statement that the additional workload of nurses, as well as possible unmet expectations, were of great concern to the association.

"Clinics are already overburdened and understaffed since the implementation of free health services for children under six and expectant mothers," she said.

Sana did not believe penalties to patients who used hospital facilities rather than primary care facilities would bring immediate relief to hospitals.

"We are also worried that the administrative task of penalties might become part of the nurses' workload.

"Another concern is that immediate implementation of this plan in rural clinics may lead to nurses being used outside their scope of practice."

Sana has called on health authorities to supply enough well-equipped clinics and to empower primary health care personnel to deliver the service.

● Free health care at clinics, primary health care centres and day hospitals in the Western Cape will be implemented only once the provincial cabinet has given its consent. Notice will be given to patients when free health care becomes available.

Free health care in the Western Cape will not be available to members of medical aid schemes and those assessed as private patients due to their income.

Foreign doctors given an apology

(95) *Sowetan 3/4/96*
THE Eastern Cape government has apologised to foreign doctors who threatened to leave the provincial health service after being labelled incompetent.

Angry foreign doctors threatened to leave when their competence became the focal point of a triple inquest recently.

But according to head of health and welfare in the western region of the Eastern Cape province Dr Thabo Sibeko, it is the foreign doctors who "run the hospitals". Sibeko said: "We have to meet the doctors."

Dr Trudy Thomas, MEC for health and welfare, said in Port Elizabeth this week: "That they are all incompetent is not true."

The Eastern Cape government apologised to the doctors late on Monday night when the issue began to threaten an already shaky provincial health service.

Sibeko said judgments were being made against doctors based on news reports.

The competence of foreign doctors

became the focal point of a triple inquiry, involving Romanian doctor Dimitris Mihailescu, into the deaths of three patients at the state-run Provincial Hospital in Port Elizabeth this week.

In an inquest, the magistrate found no negligence in the deaths of three patients who were treated by Mihailescu but magistrate Mr Thomas Bekker cautioned the provincial government to deal with the problem.

Mihailescu admitted during an inquest that he was not qualified to be head of surgery. This resulted in stronger charges being levelled against the government that the public was being deceived when told that specialist services existed at the hospital.

Dr Charles Wildervanck, superintendent of the hospital, confidentially wrote to the South African Medical and Dental Council complaining about the "invasion of incompetent doctors" into state hospitals. - *Eena*.

Nurses: 'primary health care policy ill prepared'

The National Society of Community Nurses has slammed the implementation of the new Primary Health Care Policy at the beginning of this month because it was introduced prematurely.

"We regard the implementation of the Primary Health Care (PHC) policy as premature and not in the interest of our patients," said a statement released by the society's president, Marietjie Greyling, yesterday.

Greyling said the clinics were not equipped to handle large numbers of people, the budgets had not been increased to make provision for PHC med-

ication, the medication stipulated on the essential drug list was not available and extra staff needed to manage the clinics had not yet been allocated.

She said the society was "surprised" at the policy's announcement in Parliament last month.

"If health services are not planned before implementation, the health care practitioner could face ethical dilemmas," said Greyling.

The society has called on Minister of Health Nkosazana Zuma to consult with health care personnel before taking "drastic steps". - Staff Reporter

(95)

Star 4/4/96

Star 27/5/96

Talks to unify nursing bodies bogged down

(95) Durban - Negotiations to end segregation within the nursing profession were on the verge of collapse, the Democratic Nursing Organisation of SA announced yesterday.

Addressing a media conference in Durban, Denosa national chairman Prof Philda Nzimande said the SA Nursing Association (Sana) had refused to be integrated into a unified national structure.

Sana was expelled from the International Council of Nurses during the 1970s because black nurses were prevented from serving on its executive committee.

Denosa was formed in January last year and integrated most previously segregated nursing organisations into a single structure.

Nzimande said Sana had indicated it would dissolve only if certain demands were met. Sana members also sought guaranteed positions within the unified nursing body, she said. - Sapa.

Exodus of Gauteng nurses since '93

SPECIAL CORRESPONDENT

JOHANNESBURG: Nearly 3 500 nurses have resigned their posts from public hospitals in Gauteng since 1993, mostly to enter the private sector for better salaries and working conditions.

Health MEC Mr Amos Masondo said this yesterday in reply to a question in the Gauteng legislature from Mr Jack Bloom of the DP.

Altogether 3 411 nurses resigned,

of which 1 935 were professional nurses, 630 were staff nurses and 846 were nursing auxiliaries.

Masondo said "natural attrition" was responsible for only eight to 10 percent of the resignations.

"The Department of Health at provincial and national level in collaboration with the Public Service Commission has made a concerted effort with the trade unions and personnel associations to address the issue of remuneration and improved

working conditions," Masondo replied to a question on what was being done to stop the resignations.

He said the first step of a three-year improvement plan would be implemented in July when a new grading system based on 16 salary levels would be introduced.

The new system would offer staff better career opportunities. It would also improve salaries. Those of professional nurses, for instance, would be increased by 44,5%, he said.

(95)

(95)

ET 29/5/96

Nurses resign in their thousands, legislature hears

Star 29/5/96 (95)

Department of Health announces 3-year plan aiming to stop the drain of skilled medical staff to private sector employment

By Karin Schimke
Gauteng Reporter

Close on 3 500 nurses have resigned from public hospitals in Gauteng since 1993, mostly to go to the private sector for better salaries and working conditions.

These figures came from an answer given by Health MEC Amos Masondo to a written question in the Gauteng legislature by Jack Bloom of the Democratic Party.

The total figure for resignations was 3 411, of which 1 935 were professional nurses, 630 were staff nurses and 846 were nursing auxiliaries. Masondo said only 8 to 10% of the total resignations could be blamed on "natural attrition".

"The Department of Health at provincial and national level, in collaboration with the Public Service Commission, has made a concerted effort with the trade unions and personnel associations to address the

issue of remuneration and improved working conditions," he said, in response to a question on what action was being taken to stop resignations.

He said the first step of a three-year improvement plan would be implemented in July when a new salary grading system would be introduced.

"The new system will offer staff better career pathing, thus increasing upward mobility. It will also improve earnings and reduce salary differentials, for instance, the salaries of professional nurses will be increased by 44,5%," Masondo said.

He said vacant posts, especially at hospital management levels, had been advertised and were being filled.

In response, Bloom said: "Whilst new gradings and salary levels will hopefully stem the flow to some degree, working conditions and patient loads per nurse also need to improve dramatically at state hospitals."

Gauteng nurses' resignations shock

SHOCK figures for resignations of nurses from Gauteng hospitals were revealed by Gauteng health MEC Mr Amos Masondo yesterday.

Replying to questions from Democratic Party MP Mr Jack Bloom, Masondo said 3 411 nurses had resigned from Gauteng hospitals in the last three years. Most of them joined the private sector for better salaries and working conditions.

"This exodus is particularly alarming among the more skilled professional nurses, 1 935 of whom resigned in the past three years and 780 last year alone," said Bloom, DP health spokesman for Gauteng.

A total of 630 staff nurses and 846 auxiliary nursing staff have resigned since 1993. Bloom said the figures revealed a crisis which

imperiled the ability of state hospitals to continue providing acceptable levels of service.

"The new grading and salary levels to be introduced from July 1 this year will hopefully stem the flow to some degree," he said. "But working conditions and reasonable patient loads per nurse will also need to improve dramatically at state hospitals," he added. — *Sapa*.

Lawejan 29/5/96 95

Gauteng nurses quit govt hospitals

SHOCK figures for resignations of nurses from Gauteng hospitals were disclosed by Gauteng health MEC Amos Masondo yesterday.

Replying in the legislature to questions from DP member Jack Bloom, Masondo said 3 411 nurses had resigned from Gauteng hospitals in the past three years. Most joined the private sector for better salaries and working conditions.

Bloom, DP health spokesman for Gauteng, said: "This exodus is particularly alarming among the more skilled professional nurses, 1 935 of whom resigned in the past three years, 780 in the past year alone."

A total of 630 staff nurses and 846 auxiliary nursing staff had resigned since 1993. Bloom said the figures showed there was a crisis which imperilled the ability of state hospitals

to continue providing acceptable levels of service. **BD 29/5/96**

"The grading and salary levels to be introduced from July 1 will, it is hoped, stem the flow to some degree," he said. "But working conditions and reasonable patient loads for nurses will also need to improve dramatically at state hospitals."

Masondo said there had been a blanket lifting of the moratorium on entry grade level posts in social work, healthy therapy, orthotics and prosthetics, intensive care, theatre and primary health care services.

Vacant posts, especially at management level, had been advertised and were being filled.

Short courses in labour relations and conflict management began in November last year to equip staff for management positions. — Sapa.

Developers blamed for non-delivery of housing

Farouk Chotia

MARITZBURG — Housing delivery in KwaZulu-Natal had been bogged down by the failure of 69 developers to initiate funded projects, provincial housing and local government MEC Peter Miller said yesterday.

Miller said that after funding had been approved for the developers, they had failed to sign contracts.

Developers did not seem "anxious" to proceed and inspectors had been sent to each of them to find out why they were holding back.

Provincial housing board vice-chairman Mike Mabuyakhulu said the board had established a technical task team which was working full time to unlock problems.

Miller and Mabuyakhulu were reacting to claims by the KwaZulu-Natal Institute of Land Surveyors' outgoing president John Goosen that the province had failed to spend R640m out of R700m allocated to it by government over the past two and a half years.

Goosen said only R57m had been paid out to conveyancers to be held in trust until developments reached the required stage, while only R2,5m had been paid to developers.

Disputing the total sum given by

Goosen, Miller said about R150m of the R700m allocated to KwaZulu-Natal since the 1994/95 financial year had not been spent. This was because all housing projects on land falling under the Ingonyama Trust Act had been effectively frozen.

However, R233m was with conveyancers and R833m had been committed to housing development.

Mabuyakhulu said developers were not "moving" with approved projects.

A progress payment system had been introduced, but did not "go nearly far enough" to address the risk exposure of developers. The board had proposed a simple loan guarantee system, with the developer securing bridging finance from banks. However, this had still not been approved by government.

Miller said the private sector seemed to "lack motivation" and could not be depended on too heavily to deliver homes. "We as a province will begin acting as developers."

Among other problems were backlogs in deeds offices and the fact that land registration was not co-ordinated under a single body, while draft legislation on provincial planning had been delayed because the legislature had been "totally focused" on the provincial constitution and elections.

ADELE BALETA
Staff Reporter

SENIOR Western Cape health workers have been warned that receiving a severance package is a "privilege" and not a "right", and that packages will not necessarily be given to all applicants.

Provincial Health department head Tom Sutcliffe sounded the alarm amid fears of a collapse of the health system as senior staff including specialists, nurses, and clinical technologists stampeded to apply for the voluntary severance packages.

The timing of the arrival of the offer of voluntary severance packages at Western Cape health outlets this week has placed doctors - specialists, junior and senior registrars and medical officers - in a dilemma.

Dr Sutcliffe said doctors could not be expected to make informed decisions when they had not yet received official notification of salary increases.

The overtime allowance, which was expected to push salaries up 65 percent in some cases, is a crucial issue and could tip the balance. The salary hikes are effective from July 1.

He said there was a paradox in that doctors were being wooed to the service by offers of higher salaries and now they were being

Health workers

rush for packages

offered severance packages.

Dr Sutcliffe, who will make the final decision about severance packages for the provincial health department, said everyone had the right to apply and these applications would be assessed by the department.

The granting of severance packages would have to be at the discretion of management.

"If not, it would be suicide for health delivery in the province".

His department would assess the impact of the severance package on the different components of the service by the end of July when final decisions would be made.

Most applications were expected to be received before then. He told SATURDAY Argus the

■ Alarm bells are ringing in the public health sector as experienced clinical staff "stampede" to apply for severance packages. The health department has warned that not all who apply will receive the package.

voluntary severance package had been "designed as a conduit of right-sizing in the public service. The purpose is to freeze posts.

"If intensive care unit nursing sisters who manage ventilators or machines that assist breathing at Red Cross Children's Hospital get the package, for example, their posts will be frozen. The machines stop and the children die. How am I to explain that? We cannot allow that to happen.

"There needs to be discretion and flexibility to turn insanity into sanity and to provide for those

who are the most eligible for package."

Dr Sutcliffe said that banning employees from ever returning to the civil service if they take the package was "constitutionally unsound and would probably be tested in court."

If an individual was unhappy with Dr Sutcliffe's decision on their application for the package, they could appeal to the cabinet. They would then either be given the package, or turned down, or they could be asked to stay in service for a further 18 months.

He said there was a moratorium on filling posts and in any given month only 62.5 percent of posts could be filled. The remainder would become available the following month.

"If you add posts left vacant through severance packages then it becomes a management nightmare".

But he believed that health services were inflexible to being tampered with to that extent. "A surgeon cannot operate on two people at once," he said.

The department's chief director of administrative services, Jocelyn Kane-Berman, could not say how many applications and from what categories of staff had been received so far. However, she said she was con-

cerned about losing highly qualified staff, including doctors, nurses, paramedics and clinical technologists.

"The department has to manage the balance between its major priorities - which is the effect the trimming of the public service will have on our ability to deliver health care and the needs of our employees."

Dr Kane-Berman, who is also the president of the Medical Association of South Africa, said the timing of the severance package was unfortunate.

"We are trying to persuade doctors that the salary packages would be of significant benefit to them although we have not (yet) received official confirmation.

"There was no deadline date for the voluntary severance package and this had created anxieties. There is only a number limit and this has made the process indefinite and caused delays for some. They are now going to have to wait and see."

She said the particular circumstance of those who had made alternative arrangements either in the private sector or overseas would be considered.

Dr Kane-Berman confirmed that it was illegal for staff who had been granted a severance package to continue to work in the public service.

(95) ARLT 22/6/96

Application for SABC: Self-help FM relay stations:

Station Name	PGM	Lat(S)	Long (E)	Chan	Freq MHZ	ERP	Pol	Company Name	Station Code
Calendon	RSG	34°13'03	19°25'32	114	89.6	5W	V	Municipality	B192
Calvinia	2000	31°27'00	19°46'34	15	89	50W	V	Municipality	A127
Kakamas	2000	28°47'06	20°37'30	1	87.6	5W	V	Municipality	B213
Kenhardt	2000	29°20'50	21°09'50	28	90.3	5W	V	Municipality	B381
Kenhardt	RSG	29°20'50	21°09'50	59	93.4	5W	V	Municipality	B381
Pella Mission	2000	29°02'00	19°09'00	68	94.3	5W	V	Transitional Council	B364
Somerset East	2000	32°42'45	25°34'41	25	90	10W	V	Municipality	B45
Tshikondeni Venda	2000	22°31'31	30°55'41	124	99.9	5W	V	Tshikondeni Name	B343
Tshikondeni Venda	RSG	22°31'31	30°55'41	159	103.4	5W	V	Tshikondeni Name	B343
Tshikondeni Venda	SAFM	22°31'31	30°55'41	195	107	W	V	Tshikondeni Name	B343

HANSARD

Mr A E VAN NIEKERK: Mr Chairperson, arising out of the Minister's reply, I just want to know whether he is aware of the fact that there are certain communities which have been trying since 1994 to get permission to switch on the relay stations that they had paid for to help the SABC.

If he is aware of this, I want to know if he is going to do anything about it in order to help the communities; and if not, why not.

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING: Mr Chairperson, I accept the points made by the hon member. It has been brought to my attention now, and we do intend doing something to make those programmes and television accessible to communities.

If Government policy that we should, as far as possible, ensure accessibility and universal broadcasting services, and I intend to take this matter up with the IBA. As he is aware, in terms of the Independent Broadcasting Authority Act and in terms of Government policy, the issue of taking decisions on these matters rests with the IBA and not with Government. This is in terms of our policy of separating policies of Government from regulation, which is the role of the IBA. However, I undertake to take up these issues with the IBA Council and to forward more definitive answers to the member concerned.

Mr Chairperson, I hope I do not have a reputation of having my hand on too many telephones, but I am here to communicate a message that the Minister for the Public Service and Administration has asked for this question to stand down.

The CHAIRPERSON OF THE NCOP: Order! Is he coming?

The MINISTER: No, he has asked me to offer his apologies and has asked for this question to stand over till the next sitting.

*9. Dr G W KOORNHOF - Public Service and Administration. † [Question standing over.]

Nursing Amendment Bill: consultation with provinces (95)

*10. Dr G W KOORNHOF asked the Minister of Health:

(1) Whether any consultation took place in the nine provinces prior to introducing the Nursing Amendment Bill [B 4 - 97]; if not, why not; if so, (a) when, (b) who was consulted and (c) where did such consultation take place;

(2) whether she will make a statement on the matter? C148E

The MINISTER OF HEALTH:

(1) What was presented in Parliament was the Bill proposed by the South African Interim Nursing Council. I presume consultation took place during the drafting. The Bill was gazetted on 24 May 1996 (Gazette No 17194, Notice No 596) and the public was given an opportunity to submit their inputs.

(2) No.

Dr G W KOORNHOF: Mr Chairman, arising out of the hon the Minister's reply, could the Minister give us an indication whether she is aware of the fact that health services fall under Schedule 4 as a concurrent function of the provinces, and whether, according to her knowledge, the provinces - the nine provincial MECs - were consulted on this Bill before it was tabled.

The MINISTER: Yes, the nine MECs had a discussion with me before the Bill was debated in the National Assembly.

*11. Mr D M MALATSI - Public Enterprises. [Withdrawn.]

Registration as doctor of certain person

*12. Mr D M MALATSI asked the Minister of Health:

(1) Whether a certain person, whose name has been furnished to her Department for the purpose of her reply, can be registered as a doctor to practise in South Africa; if not, why not; if so, when:

(2) whether she will make a statement on the matter? C150E

Nehawu 'rolling mass action' to improve nurses' conditions

Star 27/6/96 (95)
BY GOBA NDHLOVU

The National Education, Health and Allied Workers' Union (Nehawu) has announced it will start "rolling mass action" on Monday to accelerate the nursing restructuring and transformation process.

Nehawu assistant general secretary Fikile Majola and national co-ordinator Lungiswa Maqaqa told a Johannesburg press conference yesterday that the union had identified nurses' working conditions as a priority. This follows two days of deliberations last weekend by Nehawu's 40 000-strong national nurses' substructure.

While admitting that progress had been made in the nursing field, Ne-

hawu said it had identified specific problems which needed urgent attention.

The union said it had succeeded in raising nurses' salaries by 45%. But this was the only recent success and much still remained to be done. There were still too many nursing councils, which led to a fragmentation of the profession, causing more suffering.

The curriculum content of nursing education and training had to be "thoroughly transformed" and a single, four-year national training programme for all nurses introduced.

Another important issue was the unification of all health professionals.

Marches planned to change nursing

(95) 27/6/96

OWN CORRESPONDENT

JOHANNESBURG: The National Education, Health and Allied Workers' Union (Nehawu) has announced it will start "rolling mass action" on Monday to accelerate restructuring in the nursing profession.

Nehawu officials said at a news conference here yesterday the union had identified nurses' working conditions as a priority.

The decision to start the action follows two days of deliberations last weekend by Nehawu's 40 000-strong National Nurses Substructure.

Although progress had been made to bring about changes in nursing, Nehawu said it had identified problems that needed urgent attention.

The union said it had succeeded in increasing the salaries of nurses by 45%. But this was the only recent success and much remained to be done.

There were still too many nursing councils, which led to a fragmentation of the profession. The South African Nursing Council had to be done away with and nurses would no longer pay the obligatory annual subscriptions, Nehawu said.

Tensions between doctors and

nurses also had to be addressed.

At old-age homes there was a mixture of levels of grades among nurses. Sometimes qualified nursing sisters did the work of doctors and the lack of proper classification could not be allowed to continue, Nehawu added.

The shortage of nurses also had to be addressed.

On Monday, there will be marches in Johannesburg, Bloemfontein and King William's Town.

Marches in Cape Town, Durban and Kimberley will be held on Monday, July 22.

Health chief quells fears

AR 29/6/96

Over severance packages

ADELE BALETA

Staff Reporter

THE head of the Western Cape Health Department, Tom Sutcliffe, has moved

to allay fears of a collapse in health delivery following the offer of voluntary severance packages to health staff.

There were fears that medical superintendents, specialists, doctors and nurses would be granted voluntary severance packages leaving few experienced and highly trained staff to run the service.

To date only 250 applications for the severance package have been received out of a possible 37 000.

Dr Sutcliffe, who will make the final decision on the issuing of severance packages, sent circulars to the chief directors, directors and chief medical superintendents informing them that the department was determined to manage the process effectively.

Only 250 applications for voluntary severance packages from a possible 37 000 health staff members have been received by the Western Cape Health Department.

It would not permit the implementation of the packages to disrupt the delivery of health care in the Western Cape. "The cardinal objective is to maintain the service."

In the circular he said: "While it was not possible to impose an absolute ban on severance packages for any category of personnel, no approval will be given unless the head of the component certifies that the integrity of the service is not threatened."

The 250 applications had been sent back to heads of institutions to enable them to review them along with any others received before July 25, the cut-off date for applications to be sent to Dr Sutcliffe.

Dr Sutcliffe said anyone had the right to apply, but those who did would not necessarily receive the package. The heads of institutions are required to review all applications with the relevant supervisors to determine whether each individual applicant complies with the criteria for key personnel.

The circular notes that in many instances this could only be determined once all applications had been received, as "the departure of one senior professional nurse from an intensive care unit would not have 'serious humanitarian implications', whereas the departure of five such nurses could be catastrophic."

Institution heads are asked to bear in mind that the posts of those who

take the severance package will be abolished.

Dr Sutcliffe said if an individual was unhappy with the final decision on her application, she could appeal to a cabinet.

Dr Sutcliffe confirmed yesterday that salary increases for doctors would be in pay packets on July 15.

Although doctors would be getting time and third for 16 hours overtime up to 56 hours, negotiations on remuneration for overtime beyond 56 hours had not yet been finalised.

The Medical Association of SA's chairman of Fulltime Practice Dave Morrell said the association was "90 percent certain" that doctors would get 16 hours commuted service at the basic rate (time and a third), which would translate into as much as 50 to 65 percent for some doctors. He confirmed that overtime after 56 hours had not been negotiated.

Parents lost savings and pension money to give children a career

By KARIN SCHIMKE

Edward Dihele has lost R2 760 of his parents' savings trying to become a nursing auxiliary.

That is just in fees and deposits handed to illegal nurses' training institutions that have promised him an education and a good chance of obtaining employment on completion of his exams.

"It is dark in front of me. My parents were trying to give me a light for my future and they can't help me anymore," said Dihele.

Fellow student Freda Chiloane had to ask her pensioned mother to help her with fees. "My mother gets R360 a month for pension. I registered at a college in April and paid a deposit of R560. After that I had to pay R200 a month."

Both students are victims of the unscrupulous activities of a nurse who established a training college on the corner of Mooi and Kerk streets in Johannesburg without obtaining a licence from the Nursing Council.

The Gauteng health department yesterday issued a list of 53 students who enrolled at the Contemporary Nursing Academy in April this year.

Health MEC Amos Masondo said yesterday the institution had operated under different names at various times.

At first, the organisation ran its training operation under the name of the Charles Hurwitz TB Hospital. In April

(95) Star 11/7/96
this year it began operating a second institution, the Contemporary Nursing Academy, at premises in central Johannesburg.

It appears that the organisation (which called itself the Nurses League of Southern Africa) had more than 100 students at each establishment.

Masondo said accreditation had been applied for in the case of the Charles Hurwitz facility but it was not granted and the South African Interim Nursing Council had warned in writing that training could not begin there.

Masondo said the Nursing Council would bring criminal charges and assist in police investigations.

"Where registered nurses appear to be involved in such activities, (the council) will also take the matter up with its professional committee."

In the case of "Charles Hurwitz" students, the council would consider whether there was some way it could enable those who had been registered for a year to sit council exams later this year.

"However, the council has made it clear that it cannot compromise standards. In order to write, the students must satisfy minimum training requirements.

"Furthermore, this exception to council procedures is being made purely on humanitarian grounds. It will not be repeated," Masondo said.

Nursing hopefuls face sickening scam

Star 11/7/96 (95)

Illegal colleges offer inferior training, tricking families out of money and shattering dreams

By **KARIN SCHIMKE**
Gauteng Reporter

Hundreds of Gauteng students seeking nursing education have been cheated out of money by nursing colleges operating illegally and offering sub-standard training at a high premium.

Health MEC Amos Masondo said yesterday there was evidence the problem was not limited to Gauteng alone, and appealed to the media and the public to help clamp down on unscrupulous people.

He said it was a criminal offence to conduct nursing training without recognition from the Nursing Council, but so-called nurses training institutions continued to mushroom around the province without first acquiring licences.

These institutions took thousands of rands from students desperate for training, usually suggesting students would find jobs easily after completion of their exams.

However, because the institutions were not accredited, students were not eligible to write the Nursing Council exam and obtain qualifications.

Masondo said the institutions often

advertised in the media and he appealed to advertising sections of newspapers to check whether the institutions were legally registered before accepting the advertisements. He said some of the institutions operated under different names at different times.

"The tragedy is that the authorities become aware of this type of serious damage once it has been done - only after families have been tricked out of their hard-earned money and once the dreams and self-confidence of young people have been shattered."

Masondo urged members of the public to approach the health department or the Nursing Council whenever they had doubts about the legitimacy of an institution undertaking nursing training. "If the institution is genuine, it will be simple to establish and no harm will be done. If, on the other hand, the institution is operating illegally, you will be saving yourself and others from being cheated and humiliated."

He said that without the co-operation of the public, the department was powerless to stop this type of fraud "which trades on the desire of our people to uplift themselves and become part of a respected profession".

(95)
**Anti-council nurses
march on Parliament**

KTAW 23/7/96
Cape Town - About 600 nurses and other health care workers marched on Parliament yesterday to demand the abolition of the "racist" interim Nursing Council.

Marching under the banner of the National Education, Health and Allied Workers' Union, they said their profession was a microcosm of a sick society and needed healing.

In a memorandum presented to Health Director General Dr Olive Chisana, they said a single

national council should be established for all health professions.

Audits should be undertaken as a first step in addressing the acute shortage of nurses and in ensuring rural areas were properly served.

Chisana said her department was holding discussions with the provinces on some of the problems raised, and talks between Health Minister Nkosazana Zuma and Nehawu would continue.- Sapa.

Putting role of health nurses in perspective

Multi-disciplinary teams of occupational hygienists, doctors and engineers should be formed to deal effectively with illnesses linked to the workplace

with illnesses linked to the workplace

Star 23/7/96 (96) (copy)

By DAVID ROBBINS
Health Writer

Occupational health nurses should be playing a vital role in safeguarding the health of the nation's workforce. Instead, they are often seen by employers as being able to provide little more than a "band-aid and panacea" service.

This is the view of senior representatives of the South African Society of Occupational Health Nurses (SASOHN) which believes that nurses should be put to more comprehensive use in the fight against occupational disease.

"Many South Africans get ill because of where they work and what they work with," says Beverly Hoggin, chairman of the Gauteng Central branch of SASOHN.

"No one can argue that this constitutes a major health problem. Yet, not a lot is being done about it."

Hoggin points out that in 1996 there were only 14 accredited occupational hygienists working in Gauteng, and nationally, according to recent research, at least 75% of health professionals employed in industry have no special occupational health skills.

"Many enrolled nurses (staff nurses) are employed," Hoggin

explains, "rather than registered nurses (professional nursing sisters). We're not saying that the enrolled nurse doesn't have a role to play."

"But this category has no special occupational health knowledge. They're very often used in- correctly by companies wishing to be seen to be doing something - especially after the introduction of the 1993 Occupational Health and Safety Act.

"Enrolled nurses are often unable to make much impact on the occupational health environment of the workers under their charge."

Meanwhile, workers continue to suffer from work-related ailments. Just how many of them are affected is difficult to determine, but various forms of dermatitis, lead poisoning, lung fibrosis or cancer, and byssinosis (caused by exposure to cotton) are on the list of occupational diseases which are compensated for each year.

The Government, too, is taking occupational health seriously.

A task team has been formed which brings all the various occupational health and safety agencies together to work out a proposal on how a national Occupational Health and Safety Council could be established. And the national Health Department's National Centre for Occupational

Health is currently undergoing a major restructuring.

Now the SASOHN is adding its voice to the general clamour.

"We're not trying to become quasi-doctors," says the society's national president Penny Mead.

"We're really not trying to become quasi-anything. We're simply trying to fill an urgent need by pressing for occupational health teams of which the nurse would be a member.

"We can't, and don't want to, work in isolation from doctors, occupational hygienists and engineers. On the other hand, these people need our input too."

The SASOHN has developed a three-point plan to promote the nurse as a legitimate member of the occupational health team.

■ Improve the training of occupational health nurses: Occupational health has formed only a small component in the "community nursing" qualification. There are also certificate and diploma courses. But the SASOHN believes that a new training approach needs to be pursued.

"We've developed our own curriculum for nurses, which focuses much more on actual occupational health issues," says Mead, "and we're in the process now of taking



At risk ... many South Africans get ill because of where they are employed, but 75% of health professionals in industry have no special occupational health skills.

it to the Nursing Council for approval."

■ Change management attitudes to occupational health: "We need to raise awareness of the problems and the solutions," Mead explains. "It's imperative that managers understand the links between occupational health and productivity. It's obvious that high absenteeism and low morale doesn't help in the pursuit of profitability. It should be equally obvious, as well, that if in-house primary health-care programmes, including specific occupational health measures, were properly run they could have a marked beneficial effect on the financial viability of company medical aids."

For these reasons, the SASOHN recommends that occupational nurses have direct access to top decision-making machinery, and be entrusted with managing the in-house health service, with doctors acting as expert advisers.

■ Prepare occupational health

nurses for a decision-making role. "Too many South African nurses have trained and worked in a highly autocratic environment," Hoggin says. "The maxim has been: don't think too much, just do as you're told. Occupational health nurses can't afford to adopt this approach. For this reason, the new training which we propose is designed to change this attitude.

The emphasis will be on decision-making and communication. And we're planning a system of accreditation for those who pass the course.

"This will encourage companies to employ SASOHN nurses knowing that they will be getting people capable of working on their own, and yet as part of the occupational health management team."

What should be the typical duties of an occupational health nurse?

In reply to this both Hoggin and Mead speak of the ideal, rather than what all too often exists: the nurse sitting in her clinic

at the edge of the factory, but with no power to translate what she sees in the clinic to the procedures followed on the factory floor.

The nurse, Mead and Hoggin say, should act primarily as "gatekeeper" or first contact for the multidisciplinary occupational health team. Daily clinics and frequent access to the factory floor would detect health problems and be able to pinpoint the area in the factory where these are happening. Statistics derived should be used for the planning of interventions (improved ventilation or the use of customised safety equipment, for example) and to influence other managerial and engineering decisions.

In addition, the occupational health nurse would be responsible (with the team) for the risk analysis and biological monitoring now required by law for some substances (lead, for example). The nurse would also be in charge of employee assistance pro-

grammes that cater to the mental and social well-being of individual workers. It's now something of a truism to say that mental disorders like depression often have a greater negative impact on productivity than does physical illness or injury.

"Our role, as you can see, is a multi-faceted one," says Hoggin. "We are health professionals on both the physical and psychological sides. We are the collectors and interpreters of statistics. And we must also perform as managers, not only in maintaining the service we provide, but in making an input into the multidisciplinary occupational health team."

"That's the ideal," Mead says. "In all but a few of the largest factories, however, the ideal does not pertain. Our task is to get the message down into the medium and small firms where, at the moment, the most blatant holes in the national occupational health initiative are to be found."

■ A multidisciplinary approach is the best way of coping with occupational disease, says the South African Society of Occupational Health Nurses (SASOHN). Instead of the current compartmentalised system, with occupational hygienists and engineers often working in isolation from doctors, who, in turn, leave nurses to do their own thing, multidisciplinary teams should be formed to tackle the often complex health problems classified under the occupational health umbrella.

And the SASOHN isn't just talking about inter-disciplinary co-operation. They've joined forces with the South African Society of Occupational Medicine (a doctors' organisation) to produce the country's first occupational health journal.

Occupational Health Southern Africa is already in its second year of publication and is aimed at being of practical use to both doctors and nurses working in the field.

For subscription details, telephone (011) 886-1050.

Nursing needs 'urgent' care

ANEÉZ SALIE
HEALTH WRITER

(95)

CT 23/7/96

NURSES have taken to the streets to demand an end to apartheid in their profession, which they say is delaying transformation.

About 700, mostly off-duty nurses moved in a colourful procession to hand over memoranda at Parliament, the provincial administration buildings and the private City Park Hospital.

In the memoranda they state that nursing is but a microcosm of a broader, sick society, in need of urgent healing if it is to succeed in providing the care the nation so desperately needs.

"Without a fundamental transformation of nursing the whole health restructuring initiative will not realise its full potential," the memo said. "This transformation process must deliberately affirm those who were disadvantaged in the past.

"This effort must range from the upliftment of our people at the bottom end of the ladder to the creation of access to senior positions in nursing."

The marchers were led by Mr Vusi Nhlapo, president of the National

Educational Health and Allied Workers Union (Nehawu). He said that although the union was engaged in attempts with the health department to resolve grievances, the mass action was necessary to "add speed" to the process and to highlight the urgency in finding a final resolution.

Health director-general Dr Olive Shisana, who accepted a memorandum on behalf of Health Minister Dr Nkosazana Zuma, said the government was aware of problems, but that these had been inherited from the last government and there had not been enough time to resolve the issues.

All aspects of a nurse's life had been marked by apartheid — from recruitment, training, remuneration and deployment to promotion and general organisation, said Nhlapo.

Nurses were forced by law to belong to the SA Nursing Association (SANA) and the SA Nursing Council (SANC).

Nurses are demanding that the SANC be replaced by a national health council for all health professionals, failing which they will refuse to pay further subscription and registration fees.

Nhlapo added that nursing educa-

tion and training should be the responsibility of the education department, and recognition should be given to prior learning when staff were assessed for training or promotion.

Other points covered in the memo were: bridging courses for all staff nurses and nursing assistants should form part of a fast-track programme; and an immediate end to the dismissal of student nurses because of pregnancy.

Nehawu also demanded an immediate audit of nursing staffing levels and of resources, as a major step to addressing under-staffing at most state health facilities, and redistribution in favour of poorer communities.

Health workers complained they had to bear the brunt of patient and community anger over delays, so nurses were demanding improved security measures.

At City Park Hospital, part of Clinic Holdings Limited, workers demanded an end to professional indemnity cover, which Nehawu claimed was a guise to favour SANA. The same applied at another private health provider Medi Clinics.

The union also demands centralised bargaining in the private sector.

500 nurses protest against discrimination

(95) (152) ARG 23/7/96

Staff Reporter

MORE than 500 nurses from the National Education, Health and Allied Workers Union (Nehawu) have marched to parliament to protest against alleged discrimination.

Cosatu members also marched in support of yesterday's protest.

The marchers were in high spirits as they sang and chanted slogans under the watchful eye of the police.

The march primarily focused on nurses' issues but was also attended by other workers who

submitted a memorandum calling for "an end to unfair, racist dismissals" and for the implementation of affirmative action in the public service in the Western Cape.

Demands included the transformation of workplaces and an end to corruption.

Nehawu also called for the reappointment of 11 members dismissed from the Oasis in Ravensmead, allegedly because they joined the union.

Marilyn Alberts, who runs the 1199 organisation in New York, was on hand to support the health care workers and

urged the marchers to continue to defend their rights.

Mrs Alberts, a New York nurse, is involved in fighting for nurses' rights in the United States.

Newly elected Cosatu chairman Elias Maboee said that hospital conditions were extremely bad.

Nurses were being shot at and abused by patients.

"We won't stand for such nonsense any more," he said.

He called on the government to do something about the situation immediately.

Nehawu president Vusi

Ntlapho said overcrowding in hospitals was becoming a major problem, and also alleged skin colour affected promotion chances for nurses.

"If you are not a white person, you simply won't get promoted," he said.

Olive Shisana, Director General of Health Services, accepted the memorandum on behalf of national Health Minister Nkosazana Zuma.

Dr Shisana said: "We know what the nurses are going through and we will do everything in our power to resolve these problems."

Nurses in protest action 'to heal a sick society'

(95) BD 23/7/96
CAPE TOWN — About 600 nurses and health care workers marched on Parliament yesterday calling for the abolition of the interim nursing council.

The marchers claimed their profession was a microcosm of a sick society, and needed urgent healing.

In a memorandum to the health director-general, they demanded a single council for all health professions.

Nursing education should fall under the education ministry, with a revised training programme for all nurses.

Audits should be undertaken to address the shortage of nurses and ensure rural areas were properly served.

In Durban, more than 1 000 nurses took part in a similar protest, demanding the restructuring of the SA Nursing Council. — Sapa.

PRETORIA. - The South African Interim Nursing Council would do all in its power to stamp out illegal nursing schools throughout the country, acting registrar and executive officer Frank Germishuizen has said.

He said the council had been getting a lot of letters from students and prospective students enquiring about the status of schools which offered training and gave the impression that, after completion of training, they would be able to obtain employment as nurses.

In terms of the Nursing Act, it is a criminal offense for any person or institution, excluding universities and technikons, to offer training intended to qualify people to practice nursing or midwifery unless the train-

Nursing authorities plan action against illegal training schools

ing has been approved by the council.

Mr Germishuizen said the bogus nursing colleges were springing up throughout the country, but most were in Gauteng and KwaZulu-Natal.

He appealed to students who suspected their colleges were not registered with the council to approach him so that action could be taken.

"Although there is not much

(95) ARG 27/7/96
we can do because of our limited powers, we will report the illegal schools to the police if we have enough evidence and if students come forward to testify," he said.

Mr Germishuizen said members of the public had been made aware since February that bogus colleges were defrauding students of thousands of rands.

The council had urged

prospective nursing trainees to verify with the council whether or not a particular school had been approved.

"The council has subsequently discussed the problem a number of times, particularly with a view to assisting pupils exploited by the bogus schools," he said.

"One possibility being investigated is to allow an approved nursing school to take over the pupils and then to evaluate the training they have received from the illegal school."

Mr Germishuizen said the council was also collaborating with Gauteng health MEC Amos Masondo in an effort to stop the bogus schools.

Two weeks ago, Mr Masondo disclosed his department was working on ways to eradicate these schools. - Sapa.

Illegal nursing schools

(95) Star 1/8/96

A number of nursing schools are still operating illegally in the country, the South African Interim Nursing Council has warned.

Acting Registrar for the council, Frank Germishuizen, said these schools were offering training under the pretext that trainees would be qualified nurses on completion of their courses.

The law decrees that it is a criminal act for any person or institution, excluding technikons or universities, to offer training in nursing or midwifery without the approval of the council.

Several warnings have been issued urging the public to ascertain the legal status of a school before enrolling.

The council has enlisted the help of the Gauteng Department of Health to eradicate these schools. But, says MEC health spokesman Popo Maja, "it is not for us to close down these institutions, the SA Nursing Council has to take legal action against them". - Staff Reporter

SANC to shelter students

sowetan 2/8/96
(95)

By Themba Sepotokele

THE South African Nursing Council (SANC) plans to accommodate student nurses who will be stranded when the Gauteng government clamps down on bogus nursing colleges.

SANC acting registrar Mr Frank Germishuizen said yesterday that the council would place the student nurses in registered institutions when it closed down the illegal and fly-by-night colleges. It has been given the go-ahead by the Gauteng health department.

Germishuizen said there had been repeated appeals to the public to contact the council in advance to ascertain the legal status of a nursing college before paying tuition fees.

Cape nurses rush to quit

GLYNIS UNDERHILL
Chief Reporter

THE flood of applications for voluntary severance packages at Western Cape provincial hospitals has convinced the provincial Department of Health to try to stem the tide by staggering departures.

About 2 000 applications for the packages at Western Cape provincial hospitals have been sent to the Department of Health.

The department's chief director of administrative services, Jocelyn Kane-Berman, said too many nurses had opted for the packages, first offered six weeks ago.

Hospital superintendents expressed grave concern after the voluntary retrenchment packages were offered, in line with the move to downsize the public service.

The move, on the back of the moratorium on the filling of hundreds of essential posts, gave rise to fears of a potential collapse of the local provincial health services.

Following the publication of an article in SATURDAY Argus outlining their fears, all the original applications were returned to the hospital heads for review and resubmission.

■ Top nurses with a wealth of experience have been first in line to apply for voluntary severance packages from Western Cape provincial hospitals.

The Red Cross Children's Hospital chief medical superintendent, Fahed Hassim, said all applications for the packages had been returned to the hospital for re-evaluation.

It was still too early to assess the effect on the hospital as all applications had not been processed.

"Where staff whose posts are critical to the functioning of the hospital have requested the severance package, it is imperative that these posts not be frozen or abolished and that the hospital be allowed to start recruiting immediately.

Should this not happen, services may be adversely affected," he said.

But Dr Kane-Berman said there was no official cut-off date for applications for the voluntary severance packages.

"We wanted to get an overview by July 25 to see who had applied and to get a feeling of how badly we will be affected," said Dr

Kane-Berman.

The department was still battling to wade through the applications, as it had turned out to be an "immense task".

The balance of interests of the individual and the requirements of the health service had to be weighed up, said Dr Kane-Berman.

Where it would obviously impact on the service, as in the case with the nurses, careful consideration would be given to all departures and dates would be staggered.

A decision has not been taken on whether the posts will be abolished after being vacated by people who opt for retrenchment.

If all the posts which were vacated were abolished, this would have an affect on the implementation of the provincial health plan, said Dr Kane-Berman.

But one "absolute" was that those who

took the severance packages would not be allowed back into the health service.

"People applying for the package will not ever be able to come back into the public service."

They would have to sign an understanding of this fact.

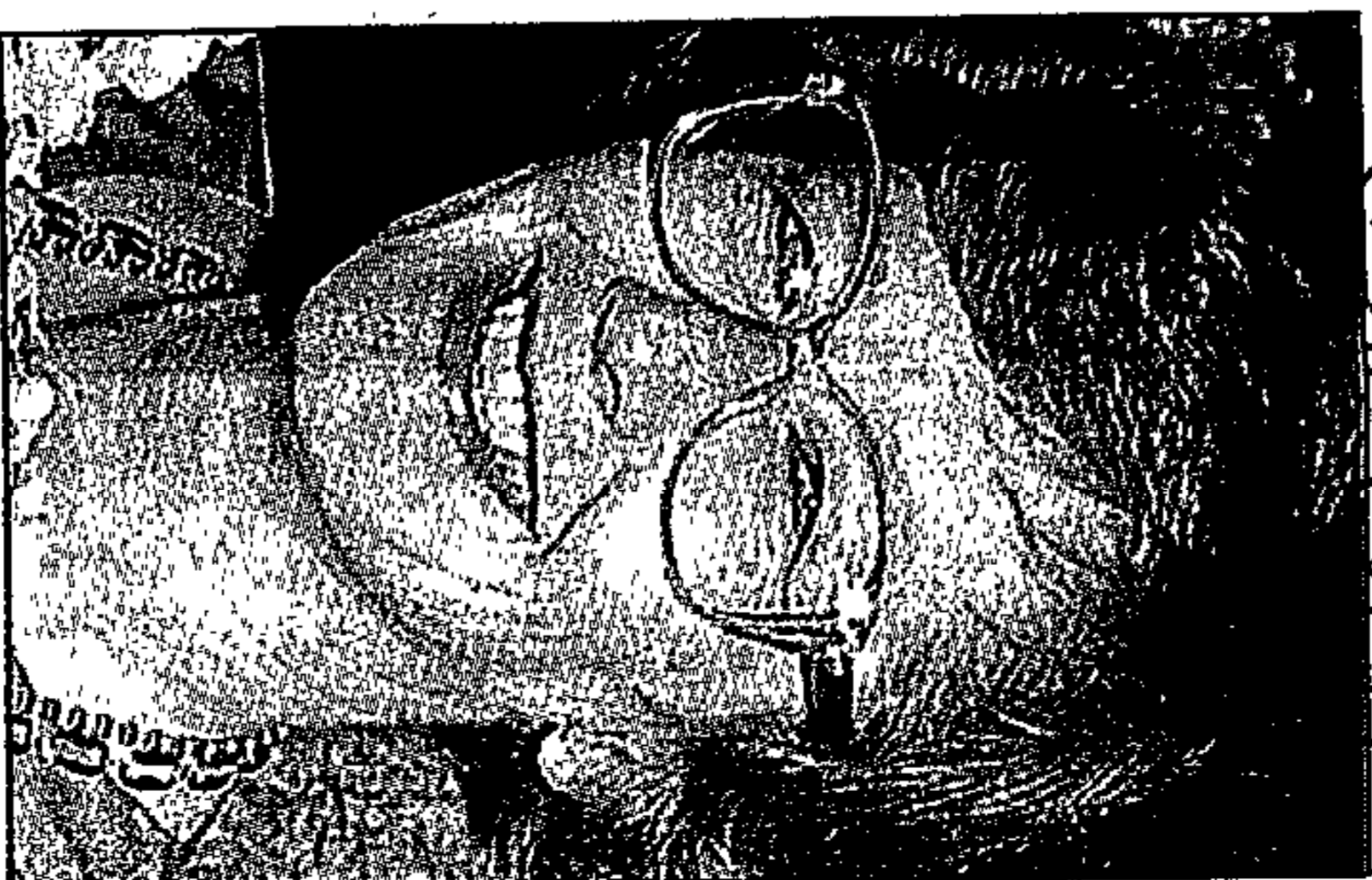
Dr Kane-Berman said there had been "remarkably few doctors" who had applied for the severance packages. But other specialist skilled staff opting to leave included clinical technologists and others with special expertise, she said.

The budget constraints of the provincial Health Department was that R46 million had to be saved and the severance packages would help towards this goal, said Dr Kane-Berman.

Groote Schuur Hospital said it had planned for staggered departures to allow for continuity of service.

"By staggering applications we will allow for the recruitment of suitable replacements," said senior medical superintendent D J Adams.

Applications for packages had been received from all categories, he said. Groote Schuur has had 365 applications to date.



Dr Jocelyn Kane-Berman

95(95)ARR 3/8/96

LEADER PAGE

All should do community service

CT 8/8/96

(95)

THE plan to force young doctors to do an extra two years' work in state hospitals before they can go into private practice has been clumsily presented, yet it embodies an important idea that should be expanded rather than abandoned in the face of the students' protests.

Where the medical authorities erred was in disguising the proposal as a practical training requirement, instead of presenting it as what it so obviously is — a plan to make the young doctors repay some of the state expenditure on their training by doing community service in rural areas where there is a desperate need for medical care.

The duplicity is the problem. It leaves the medical students with a feeling that they are being conned, so that even those who may have been willing to do community service feel resentful.

The fact is that community service of this kind is badly needed, and should be introduced for all young people on leaving school or university, as well as for the shoals of unemployed.

What we need in fact is a combination of John Kennedy's Peace Corps and the public works projects of Franklin Roosevelt's New Deal that pulled America out of

the Great Depression of the 1930s.

We need to get our young graduates and school-leavers out into the rural areas and the squatter camps to heal and build and teach. And we need to put our millions of unemployed to work building national infrastructure and learning new skills that will make them employable when the projects are completed.

There should be no qualms about this. Young whites were required to do two years' national service during the apartheid era. Most went off quite willingly, often with patriotic zeal, to answer a call supposedly to defend the fatherland against communism, but which was in fact to fight a civil war against their own fellow countrymen to prolong an evil system of racial oppression.

Surely they can now answer a call to redress that terrible wrong. A call, moreover, that does not require them to kill and destroy and put their own lives and personal integrity at risk, but to build and serve.

Nor is this simply a matter of sappy morality and do-goodism. If the new SA is to succeed we have to lift it up by its own boot straps,



and that requires a change of national culture — away from the greed of a consumer society, which is what we became during the apartheid years and the colonial society that preceded it, and towards a more caring society that is prepared to build and invest in the future.

We are living on the cusp of a new era in which the ideologies of the past are dying even as the can-hurry they dominated draws to a close. Communism has collapsed, but capitalism is in no great shape either as first World unemployment increases, the gap between rich and poor widens, and public disillusionment is everywhere.

The pendulum is about to swing back, away from the greedy individualism of the 1980s and 1990s towards a greater sense of communalism.

At the very least a new form of

capitalism has to emerge, as the forces of the global market make skills and knowledge instead of physical capital the critical assets of national advantage.

Human capital will be the key to success in this new era. Tomorrow's winners will be those nations that make long-term social investments in skills, education, knowledge and infrastructure.

All of which have been grossly neglected in SA. If apartheid was a crime against humanity, as I believe it was, surely its most criminal feature was the way it deprived the bulk of our people of knowledge, education and skills.

Bantu education, job reservation, the ban on black people forming companies or even partnerships, and the prohibition of black trade unionism which meant black people could not be apprenticed and become skilled tradesmen, crippled the skills base of this nation.

White South Africans voted for that system for nearly half a century. Thanks to them we now enter the new era of the global economy as a crippled nation.

There is a wrong to be righted here, a frightful backlog to be made up, and a programme of service to the nation in place of the old national service may be a good starting point.



EMERGENCY CALL: A lot more doctors will be available to attend to the needs of rural communities if the call for two years' service to the State by young doctors goes through.



President Nelson Mandela with one of the babies at the polio campaign launch in Johannesburg on Friday. Picture: AP

'Africa to conduct mass immunisation projects'

Kathryn Strachan

(95)
BD 5/8/96

PRESIDENT Nelson Mandela called on all African nations to conduct mass immunisation campaigns against polio at the weekend launch of the "Kick polio out of Africa" campaign.

Polio remains a major problem in Africa, crippling more than 12 000 children every year, although due to weak surveillance systems, less than a tenth of these cases are reported.

The disease is most prominent in West Africa and the four biggest African countries — Angola, Ethiopia, Nigeria and Zaire — UN World Health Organisation (WHO) regional director Ebrahim Samba said.

With more than 150 countries having been declared free of polio since eradication efforts began two decades ago, the focus has fallen on Africa which is furthest from this goal.

In 1994 only half of all African children under one year were immunised with the polio vaccine. Serious outbreaks of polio occurred last year in Namibia, Central African Republic and Zaire.

The new initiative aims to immunise all children under five on two national polio immunisation days each year for the next three years.

While the last case of polio in SA was reported in 1989, Mandela said it was essential to increase present immunisation efforts to ensure the disease was eradicated completely.

Health Minister Nkosazana Zuma said 76% of one-year-old babies in SA were reached through routine immunisation at clinics, leaving more than 20% unprotected. However, last year's

campaign reached 89% of those below the age of five years.

This year's mass immunisation campaign in SA will be held next week with army medical services helping the health department to reach children in the most remote corners of the country. The polio campaign will be linked with measles immunisation.

On the rest of the continent, nations have heeded the WHO call for mass immunisation, and 29 countries in sub-Saharan Africa will be conducting polio campaigns this year.

As there would still be children who would not be reached, governments needed to focus on educating women, particularly in rural areas, to look out for signs of polio in their children, such as weakness of the limbs.

With the high-profile political support given to the campaign, it was hoped that polio would soon be eradicated altogether — as smallpox was in the 1970s. The efforts made so far in Africa as a whole have been encouraging with incidents of polio in children decreasing from more than 4 000 in 1990 to less than 1 000 in 1993.

"But our aim is not merely to reduce the numbers afflicted," said Mandela. "It is to eliminate the disease completely. No country can be safe from this disease until the whole world is rid of it, for it can cross borders with ease."

Zuma said that as well as eradicating polio from SA completely by 1998, other goals of the health department were to reduce measles to less than 4 000 cases a year over five consecutive years, and to increase immunisation coverage to 90% for all the vaccines in the primary childhood series.

Body is bitter about pills

(95) (178)

Health Department strikes back at criticism of its plans to cut back on doctors dispensing drugs instead of pharmacies

MEDICAL CORRESPONDENT

The Health Department has hit back at criticism of its moves to clamp down on dispensing doctors by detailing the alarming problems endemic in the sector.

New regulations for dispensing doctors were gazetted for comment on July 12.

Medical practitioners have accused the department of robbing them of their right to dispense and preventing about 3 million patients from getting one-stop services.

Problems with dispensing doctors were uncovered during Medicines Control Council inspections, and were one of the reasons why the National Drug Policy (NDP) was formulated, the department said in a statement.

More than 60% of practices did not have suitable medicine containers, which meant medicines could be adversely affected by humidity and light.

More than half the practices inspected allowed dispensing by untrained people, in some cases

Star 12/8/96
even the receptionist.

Other problems were:

- Inadequate storage and dispensing facilities. In 39% of practices, medicines which were supposed to be stored under cool conditions were not, running the risk of their being rendered ineffective or dangerous.

- Medicines were stored in unhygienic conditions.

- In a third of practices, capsules and tablets were hand-counted, and therefore possibly contaminated.

- Paediatric antibiotics were sometimes dispensed in powder form, rather than being correctly reconstituted before being dispensed, which meant children could be given the wrong concentration of a drug.

- Almost a third of practices had no suitable labels: patients were given inadequate information on how to take the medicines and there were no expiry dates, or batch numbers on the labels.

The department said it recognised the vital service dispensing doctors played in townships and rural areas, and intended to regu-

late, not disrupt, these services.

The NDP meant that only registered practitioners, whose premises had been registered and licensed, would be allowed to dispense, and only where there were no separate pharmaceutical services.

Bada Pharasi, chief director, registration, regulation and procurement, said the department believed its regulations were "well considered", but was prepared to debate factual comment.

"The doctors' views are inconsistent and confusing, they've made a 360-degree shift in attitude over the past year, and their contribution to last week's meeting was disappointing," he said.

Doctors' claims to a right to dispense was not valid, he added.

"The most qualified professional must do the task. We move from the premise that medicines and health care are not ordinary commodities of trade," Pharasi said.

An alliance of groups representing some 18 000 practitioners was to meet in Port Elizabeth at the weekend to prepare a response to the regulations.

ADELE BAILETA
Staff Reporter

NURSES unqualified to dispense medication have been handing out drugs to Western Cape prisoners even though they are legally liable if patients suffer as a result.

Contrary to regulations of the South African Nursing Council, assistant nurses have dispensed low-schedule drugs such as antibiotics and anti-inflammatories to prisoners without a doctor's prescription.

A nursing assistant, previously known as a medical orderly, is a custodial officer with either six or 12 months' nursing training.

The assistant nurses, who have no pharmacological knowledge, say they are concerned about the medical and legal implications of working beyond their job descriptions.

They are worried about infringing the rights of their patients and have decided to send drugs back to the dispensary. They will refuse to issue them in future.

They say they have had to give out drugs because there is no-one else around to do it.

Health services at Pollsmoor Prison are "critical" with only one assistant nurse caring for up to 300 patients at any time. There is no full-time doctor.

The head of health at the

Prisoners get medication from 'unqualified' nurses

Assistant nurses are flexing their muscles and refusing to dispense medical drugs to inmates in understaffed Western Cape prisons because they are not trained to do so.

prison's maximum security section, Anthony Joseph, confirmed that there was only one nurse and a standby nurse on night duty for the entire prison, which has about 6 000 inmates.

Mr Joseph chaired a recent meeting of 28 representatives of nurses from prisons in the Western Cape at Victor Westler prison in Paarl, where it was decided that assistant nurses would in future refuse to act beyond their specified duties.

Nurses from as far afield as Ceres, Caledon and Worcester gave shocking accounts of poor working conditions and lack of staff and facilities. They vented their frustra-

tion at reaching "a dead end" with their managers, who "refused to take responsibility" and instead continued to "pass the buck".

A nurse who attended the meeting told SATURDAY Argus that nursing services staff would consider striking if managers continued to ignore them.

The nurses said, at the meeting they wanted the scrapping of the B-order which gave the head of any prison the right to issue drugs and to authorise non-medical personnel to dispense medication.

Their concerns included the fact that there was no accountability or routine checks on

the dispensing of drugs. Mr Joseph said the South African Nursing Association and the South African Nursing Council would be briefed on the situation in prisons.

Meanwhile the SA Nursing Association's acting executive director, Eileen Brannigan, confirmed that assistant nurses should not be delegated the responsibility of handing out drugs. They were only allowed to do so under the supervision of a registered nurse.

"We do not condone assistant nurses having to work outside their scope of practice. They would not be able to assess the patients' needs or be aware of the side-effects of drugs."

Nurses complained that there was no definite affirmative action policy in place at prisons.

He confirmed that the situation had deteriorated since details of the health crisis in prisons was revealed in Parliament earlier this year. At that time it was reported that Pollsmoor Prison had only one trained nurse on call for up to 54 patients at night.

The nurses are also "sceptical" of a proposed police commission of inquiry into allegations of torture and assault of prisoners because they say the police do not have a "good record". Instead they are calling for an independent commission headed by Amnesty International.

by wardens. The disgruntled staff also want to be able to perform their duties independently of the Department of Correctional Services and have recommended they be employed and managed by the Department of Health so that they can do their jobs properly.

The chairperson of the Parliamentary Portfolio Committee on Correctional Services, Carl Niehaus, has said that for health care to be properly administered in prisons, health staff should report directly to the Health Department instead of forming part of the custodial or security personnel.

Nurses said little or no confidentiality existed on medical records and they believed the heads of prisons were allowed too much influence on medical issues.

ARG 19/8/96

Although the government had given the green light for the distribution of condoms in prisons - in view of the spread of the HIV - nurses said virtually no education or counselling on Aids was given.

The nurses complained that equipment was outdated and, in cases where it was new, it was left unpacked because no one was trained to use it.

The Correctional Services Commissioner of the Western Cape, Stephen Corabie, was unavailable for comment.

The Regional Nursing Services Manager, Japie Kamiga, said the department was aware of the nurses' grievances and the head office in Pretoria had been informed. A new commission had been set up to look into the matter.

National Correctional Services Department spokesman

Barry Eksteen said good medical care for prisoners was of prime importance to the department, which had to operate with budgetary constraints and limited personnel.

He said the department was aware of the nurses' complaints and the newly-appointed Director of Physical Care was visiting medical staff countrywide and would be in the Western Cape at the end of the month.

He agreed that nursing staff could only issue schedule three and four drugs as prescribed by the doctor and dispensed by the pharmacist.

Understaffing was not confined to medical personnel, but throughout the department. "The department copes with the situation in spite of a very bad staff-to-prison ratio countrywide."

In terms of the B-order, he said heads of prisons often gave out medication prescribed by doctors where no medical staff were employed. This happened mainly at "very small" prisons.

He said affirmative action was a negotiated process which could not happen overnight but to which the department was committed.

Mr Eksteen said allegations at Pollsmoor that doctors were involved in covering up cases of assault and torture were being investigated by police.

Nurse shortage causes crisis in cardiac unit

Star 19/8/96 (95) (2)

Hope that competitive new salary
packages will attract ICU
staff back to public medicine

By JANINE SIMON
Medical Correspondent

A critical shortage of ICU nurses has all but crippled Johannesburg Hospital's highly specialised cardio-thoracic surgical unit, which serves patients from all Johannesburg hospitals as well as from elsewhere in Gauteng and South Africa.

The crisis has prompted the hospital to appeal to private sector ICU nurses to re-examine the advantages of the new salary structure, benefits and overtime rates and consider returning to the challenge of public medicine.

Johannesburg's cardio-thoracic unit has lost all but three of its 14 ICU nurses in the past few years, the most recent over the confusion regarding the new salary packages.

It runs about half of the 10 ICU beds needed to cope, and has no high-care facility to treat patients between intensive care and the wards.

Bottlenecks in ICU stopped surgery for three days this month, forcing doctors to transfer an emergency case to Morningside Clinic at an estimated cost to the state of more than R100 000, according to head of cardio-thoracic surgery Professor Fanie Cronje.

The unit conducts about 850 heart operations a year on children with congenital heart defects, adults with heart valve problems due to poverty-related childhood conditions, and other heart diseases.

"The children in outlying areas worry me the most. They have correctable heart lesions, but they aren't being treated," said Cronje.

Medical superintendent Dr Warrick Sive said Johannesburg Hospital could take a large number of ICU-trained sisters immedi-

ately, but he could not give an exact figure.

Nurses should be aware that new salary packages now competed favourably with those in the private sector.

"By encouraging ICU sisters to return we could break the cycle of resignations and increasing workloads that have characterised state ICU facilities for more than a decade," he added.

Sive said nurses who qualified for the entry-level senior professional nurse category would earn a total package of about R75 000.

Depending on individual needs, the basic salary of R50 868 could rise to a package of R65 612 when medical aid, pension and 13th cheque were taken into account.

"Add the housing loan, and the package is worth R74 984," he said. Those at professional nurse level would qualify for packages of between R68 000 and R74 000.

"State nurses also get a minimum of 42 days of paid leave a year, paid maternity leave and 120 days' paid sick leave per three-year cycle," he said.

Sive said proposals had been submitted to the national Health Department which would help to relieve difficulties in ICUs and other areas of the hospital.

"We're confident that by transforming the way we manage our assets we can make a quantum change to the level and quality of service that we deliver to our patients," Sive said.

Gauteng's deputy director-general for health Dr Eric Buch said the province was working on new overtime strategies.

"Previously, overtime rates were capped. Now nurses can be paid hourly at their salary rate, and we're aiming at structuring packages taking this into account," he said.

**'Children
in outlying
areas
worry me
the most'**

Hansard

The MINISTER OF HEALTH:

Cabinet approved that the 47th Session of the WHO Regional Committee for Africa be held in South Africa. Tenders were invited by the Department of Health for the said conference and the tender was subsequently awarded to Sun International, trading as Sun City, as the lowest tenderer.

(a) The WHO Regional Committee for Africa is held at its head office in Brazzaville every other year which is budget year. That meeting tends to be longer. During the alternate years which are not budget years the meeting is hosted by one of the member states.

In 1994, it was held in Brazzaville, 1995 in Gabon, 1996 in Brazzaville, 1997 in RSA. In 1998 it will be held in Senegal (because of the war in Brazzaville), and in 1999 it will be held in Namibia.

(b)(i) as the meeting closed on 5 September 1997, the actual cost of proceedings, per item, is not yet available. The estimated expenses could amount to R2,9 million.

(ii) R125 000,00.

(c) Vote 15, Health, R268 000,00 was from sponsors.

For written reply.

Provincial hospitals: out-patients treated

684. Mr M J ELLIS asked the Minister of Health:

- (a) How many (i) out-patients were treated at and (ii) persons were treated in the casualty section of each provincial hospital in (aa) 1995 and (bb) 1996 and (b) what amounts did the (i) out-patient and (ii) casualty section of each provincial hospital spend in (aaa) 1995 and (bbb) 1996?

The MINISTER OF HEALTH:

The information requested is not readily available at the National Department of Health. Since this matter is administered by the Provincial Departments, it is advisable to refer the hon member to the Provincial Legislatures for a complete and

adequate reply.

Teenage pregnancies in Western Cape

995. Mrs P W CUPIDO asked the Minister of Health:

How many teenage pregnancies were recorded in the districts of (a) Paarl, (b) Worcester, (c) Ceres, (d) Stellenbosch, (e) Cape Town, (f) Calvinia, (g) Malmsbury, (h) Vredenburg, (i) Clanwilliam, (j) Vredendal, (k) Wellington, (l) Somerset West and (m) George (i) in (aa) 1994, (bb) 1995 and (cc) 1996 and (ii) during the period 1 January to 30 June 1997?

N1702E

The MINISTER OF HEALTH:

I would like to urge the hon member to table this question in the relevant Provincial Legislature.

Nursing colleges in SA

1006. Mr T C NTSIZI asked the Minister of Health

(a)(i) How many nursing colleges are there currently in South Africa, (ii) what is currently the cost of training each nurse and (iii) in respect of what date is this information furnished and (b) how many nurses were trained at each such college during the period 1 May 1994 up to the latest specified date for which information is available?

N1713E

The MINISTER OF HEALTH:

(a) (i) 27.

(ii) The cost of training a student nurse through a four-year course leading to registration as a nurse and midwife is more than R193 629. This excludes the costs of subsidized accommodation, ward's staff supervision, medical examinations, uniform and transport.

(See the attached Annexure as an example for how the costing was worked out)

(iii) 1 May 1994 to 30 May 1997.

(b) The table below reflects the situation in this regard:

College	Number of nurses trained (During 1 May 1994 - 30 May 1997)
Ann Linsky	1 004
Chris Hanu Baragwanath	1 567
B. G. Alexander	1 932
Bonleedi	754
Bophuthatswana	319
Carnius	493
Cokeri	81
Coronation	407
Eastern Cape	784
Enderdale	374
Excelsus	664
Free State	1 701
Free State	1 701
Ga-Rankuna	700
Hannetia Suckdale	624
Kangwane	751
Lebotse	100
Lebotse	535
Mangungu	339
Natal	1 352
Newetzana	243
Nico Malan	87
Northern Province	413
Olio du Plessis	719
Sancti Delfie	145
S G Lourens	1 361
South African Medical Services (SAMS)	280
Trankler	140
Total Number of Colleges 27	Total number of nurses trained 17 989

Luhewini locality: applications for clinic facilities

1045. Mr J Z KATI asked the Minister of Health:

- (1) Whether she or her Department has received any applications for clinic facilities in the Luhewini locality in the Engcobo magisterial district; if so, (2) whether she or her Department has taken any action in response to such applications; if so, what action; if not, how does she or her Department intend assisting the community in the area in this regard;

- (3) whether she or her Department intends taking any steps to improve the situation in this regard; if not, what is the position in this regard; if so, what steps.

(4) what health services are currently rendered in the above-mentioned area? N1756E

The MINISTER OF HEALTH:

(1) Yes, the Regional Office in Umlata has received an application from Luhewini.

(2) The application is being investigated by the Regional Office in Umlata and once this has been completed it will be prioritised in consideration with all other applications received.

(3) This will depend on the Eastern Cape's overall assessment after the investigation is completed. This department remains fully committed to providing equitable access to comprehensive PHC services in the shortest possible time to all our citizens.

(4) The community consists of 8 schools and 4 locations with a total population of 11 258. At present a mobile clinic visits the area every fortnight. Statistics of the services provided by the mobile clinic are as follows -

January to August 1997

Minor ailments	685
Ante-natal	2
Child health	322
TB	10
Chronic ailments	25
Family planning	58
Psychiatry	67

Immunisation

Polio	1 year - 28
	2 years - 26
	3 years - 19
DPT	1 year - 30
	2 years - 14
	3 years - 19
HBV	1 year - 20
	2 years - 12
	3 years - 8

Measles	9
BCG	4
DT	2

New nurses' group formed

CT 10/9/96 (95)

SEVERAL nursing organisations, including the Democratic Nursing Organisation of SA and the SA Nursing Association, have merged to form the Democratic Nursing Organisation of South Africa.

The new body and the SA Nursing Association said in a joint statement yesterday that the new organisation would look after the interests of nurses and the nursing profession. It was determined to make a significant, positive impact on the delivery of health services.

Nurses set to join umbrella body

By CHRIS HLONGWA (95)

CP 15/9/96

ABOUT 100 000 nurses are expected to become members of one body next month – with the two main nursing organisations reaching the final leg of unification talks in Durban this week.

The three-year unity talks have already seen the merging of eight

groupings, some of which were based in the former homelands.

The management committee of the Democratic Nursing Organisation of South Africa (Denosa) and the South African Nursing Association have met to iron out differences that could see one organisation being formed as early as October 1.

The new body, to be called Denosa, is the result of three years

of transformation which saw several nursing organisations all over the country coming together.

Denosa has already brought under its wing the Ciskei Nursing Association, Concerned Nurses of South Africa, KwaZulu Nurses' Organisation, Democratic Association of South African Nurses, Venda Nursing Association and the Bophuthatswana Nursing Association.

Nurses declare salary dispute

Kathryn Strachan

(95)

DD 2/10/96

NURSES declared a dispute with Clinic Holdings yesterday over an offer of a 3.71% general salary increase.

The Democratic Nursing Organisation, which represents about 75 000 nurses countrywide, has been conducting annual negotiations with Clinic Holdings, which has 22 hospitals and clinics in SA.

Clinic Holdings offer was rejected after five days of negotiations.

Denosa was launched recently after existing black and white nursing organisations were amalgamated.

Denosa spokesman Eileen Brannigan said: "We had placed many demands on the table, including issues like allowances, uniforms, housing, overtime and leave. But the real issue was a general salary increase for all the nurses of 12.63%."

"When it was clear the employer was not prepared to move beyond 3.91% we declared a dispute," she said.

Mediation is scheduled for October 18 and it could go to arbitration if deadlocked.

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IN BRIEF

Hospital union declares a dispute on wage deadlock

THE Hospital Personnel Trade Union (Hospersa) had declared an official dispute with Clinic Holdings after wage negotiations in Pretoria ended in deadlock last week, a spokesman said yesterday. Mediation through the Industrial Court will begin next week.

If mediation fails, Hospersa has vowed to embark on an industrial action campaign. The union is demanding a 16,5% across-the-board increase and Clinic Holdings is refusing to go higher than a 3,71% increase.

Meanwhile, the Democratic Nursing Organisation (Denosa) declared a dispute with Clinic Holdings last week after an impasse was reached. Denosa is demanding a 12,63% increase.

Hospersa general secretary Rod McFarquhar said Clinic Holdings nurses demanded similar increases to those in state hospitals. They also did not get the same benefits as state nurses, such as housing subsidies and promotion opportunities.

Nurses to receive 12,25% pay rise (95)

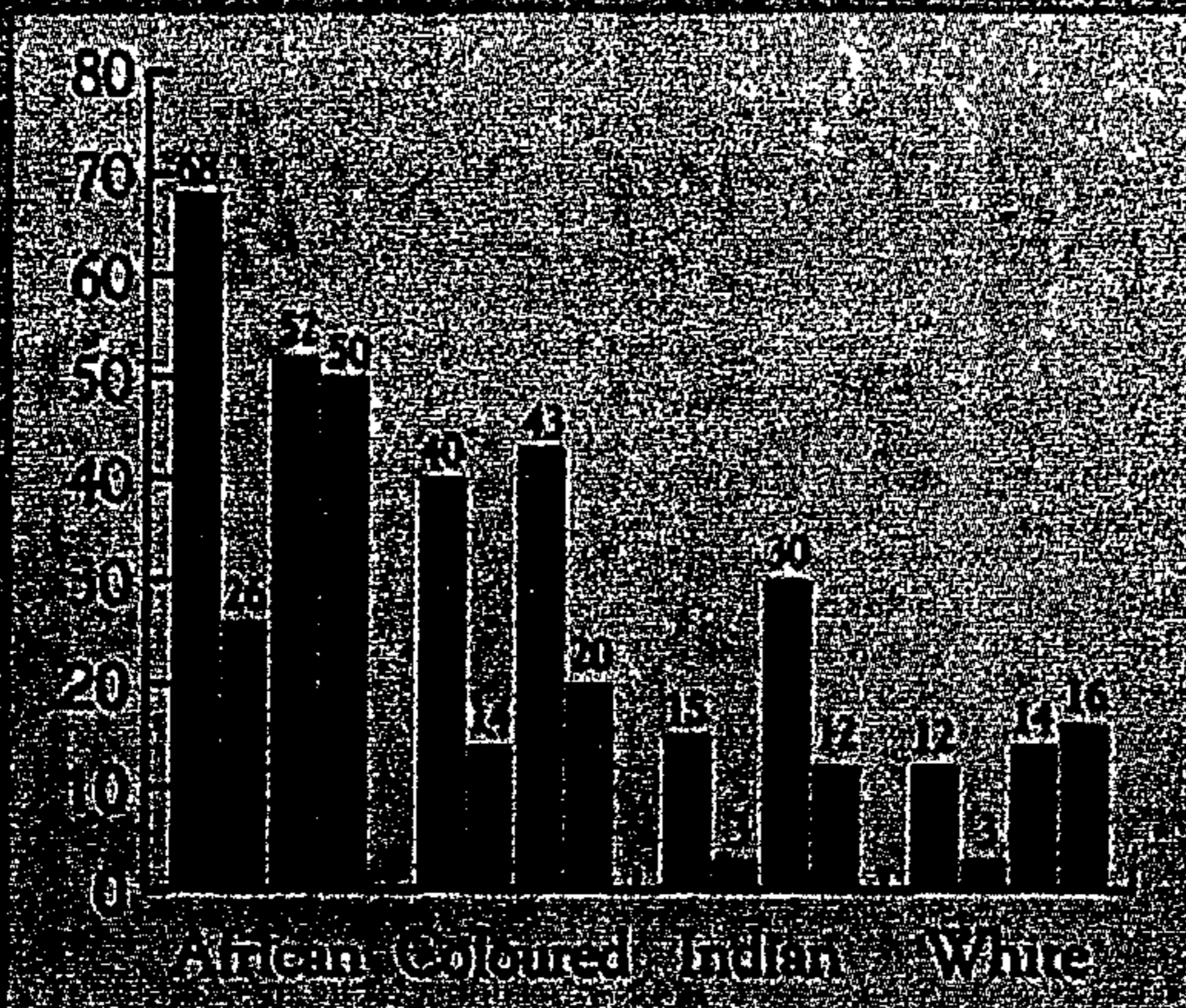
ABOUT 5 100 nurses at private hospitals countrywide would receive a 12,25% pay increase with effect from November 1, the Democratic Nursing Organisation of SA said yesterday.

This was in terms of an agreement reached between the organisation and Clinic Holdings, the country's largest private hospital group, after two weeks of mediation. BD 29/10/96

Organisation joint acting executive director Eileen Brannigan said the agreement included adjusting Clinic Holdings nurses' minimum salaries and improving their uniform allowance.

NEWS

Access to Health Care



- Percent for whom public health service is usual source of care
- Travel more than 1 hour to nearest point of care
- Waited more than 2 hours to see health provider
- Length of consultation was 5 minutes or less

Source: Health Systems Trust, *South African Health Services 1996*

Health worker spread acutely uneven

ET 5/11/96 ~~93~~ 95 ~~97~~

HEALTH WRITER

THE uneven distribution of health professionals in South Africa is so acute that only 953 pharmacists out of about 16 000 work in the public sector, says the 1996 South African Health Review, produced by the Health Systems Trust.

Of the 953, 773 work in the Western Cape, Gauteng and KwaZulu-Natal, and the rest work in the remaining six provinces.

Jointly published by the trust

and the Henry J Kaiser Family Foundation, the review, an independent source of information about health, provides a critique of policy developments and helps to clarify an agenda for research, says Dr Peter Barron, research director at the trust.

The review was released in Johannesburg yesterday, and listed several advances and setbacks.

Areas of improvement were the move to primary health care, a national drugs policy and the cre-

ation of health departments from fragmented apartheid structures.

Lack of progress, however, was reported in information systems, human resource development and deployment, the HIV/Aids pandemic, legislation and the national health insurance scheme.

Coupled to the uneven distribution of professionals was the unequal spread of the eight medical schools, with two in the Western Cape and three in Gauteng.

This human resource problem

was compounded by poor morale and the lack of a caring ethos, said Barron.

There was an increase in cases of HIV/Aids from 7,6 to 10,4% among pregnant women treated at state antenatal clinics. But the Sarafina 2 scandal had diverted attention from this, Barron said.

On the positive side, the move to primary health care saw a shift in resources from tertiary institutions and from more developed provinces, he said.

TRC to examine health care sector

~~200~~ CT 13/11/96 ~~4~~
HEALTH workers, particularly nurses, doctors and psychologists, will soon know whether a special truth and reconciliation structure is to be established to probe human rights abuses in the medical profession. (95)

The Truth and Reconciliation Commission announced yesterday it would be holding a consultative workshop on November 23, at which it was hoped consensus could be reached on how the health care sector should examine the role it played, or failed to play, in the human rights abuses of the past.

The workshop will be convened by TRC commissioner Dr Wendy Orr, deputy chairperson of the Commission's Reparations and Rehabilitation Committee.

A successful outcome would assist the TRC in making recommendations on institutional, educational and other measures which could be implemented to prevent human rights violations. — Health Writer

Patients 'forced to work' at hospitals

~~95~~ 95

By Charity Bhengu

PATIENTS at psychiatric hospitals in Germiston were forced to scrub floors and clean wards following a wildcat strike by 200 nurses and health workers yesterday.

The patients, some of whom suffer from epilepsy and tuberculosis, are from the Knights Hospital and Waverley Care Centre in Germiston.

The chairperson of the National Education Health and Allied Workers Union at the hospital, Miss Penelope Pretorius, said: "Psychiatric, epilepsy and TB patients are on their feet trying to fend for themselves. They are washing linen in the laundry, cooking in the kitchen and cleaning the hospital."

She also said that the strike had made the hospital filthy and patients were not getting their medication.

When *Sowetan* arrived at the hospital, some patients were seen pushing big trolleys with dirty linen to the laundry. *Sowetan* learned that only nine nurses who were non-union members were attending to about 500 patients. One nurse was taking care of about 100 patients.

Many patients had not been fed, cleaned and their linen had been unchanged yesterday.

Union members remained adamant that they were not going back to work until the management attended to their demand of a 14 percent increase which they said should be backdated to June.

In response, the hospital management said the patients were voluntarily "involved in specified daily chores as part of a programme of occupational therapy that has been in place for years.

"We do not, under any circumstances, use patients as cheap or unpaid labour to do the hospital work or to look after themselves," said Dr Louis Moolman, managing director of Lifecare Special Health Services in a statement.

Sowetan 18/12/96

Nurses refuse to pay R80 fee

OWN CORRESPONDENT

CT 13/1/97
DURBAN: More than 40 000 nurses may not be able to continue practising because they have refused to pay their compulsory licensing fees to the interim Nursing Council.

The R80 annual fees are due at the end of the month, but the nurses — all members of the National Education Health and Allied Workers' Union (Nehawu) — have refused to pay unless the government addresses their grievances with the council.

Nehawu acting provincial secretary Mr Sithembiso Shezi said the nurses are demanding the "transformation" of the council, which they believe is not representative of all race groups.

They also felt aggrieved at being forced to pay the fees when they were not told what the funds were used for, he said.

Nursing legislation, education and training also needed to be transformed, as well as the Nursing Council structure, he said.

A statement from Nehawu said: "We do not believe that the number of circulars, threats and the victimisation — attempting to force nurses to pay licensing fees — will resolve the matter."

Shezi said the nurses had warned the Health Ministry since July that they would not pay this year's fees unless these problems were addressed.

AIDS DIRECTOR APPOINTED

Top health official out to undo Sarafina 2 damage

AS PRESIDENT Mandela admits that the government made mistakes with Sarafina 2, a fresh start is expected with the appointment of a new Aids director, reports ANEEZ SALIE

CT 13/1/97
THE new director of the national Aids programme, Ms Rose Smart, is determined to undo the damage done by the Health Department's Sarafina 2 scandal.

Smart has pledged that 1997 will mark the beginning of an entirely new, accountable and inclusive approach.

She took up office last month to replace Ms Quraisha Abdul-Kareem as national head of the department's Sexually Transmitted Diseases and HIV/Aids Directorate.

Abdul-Kareem quit after relations soured badly last year between the health department and Aids organisations over the Sarafina 2 corruption and the government's handling of it.

Both the government and non-governmental organisations now recognise the debacle over the play as the biggest blunder since the demise of apartheid.

At an ANC 87th anniversary

rally in Botshabelo in the Free State yesterday, President Nelson Mandela admitted the government had made some very fundamental and serious mistakes in its handling of the Sarafina 2 issue.

The bigger issue, however, was whether the ANC-led government had been prepared to learn from its mistakes, Mandela said.

Finding a replacement for Abdul-Kareem took a long time.

Aids activists, who had originally accused the department of acting unilaterally, complained later in 1996 of a paralysis that had set in once the Sarafina 2 scandal had been exposed.

The department settled on Smart as Abdul-Kareem's replacement only after a second call for applicants.

The impasse had created much despondency in the struggle against the pandemic.

Smart says: "Reviewing the achievements of the past year,

there are few reasons to mourn the end of 1996, but rather an imperative to welcome the new year as a fresh beginning, full of challenges and opportunities.

"In South Africa the directorate is the lead agency responsible for coordinating and guiding not only the government's response (to Aids), but also that of all other sectors, namely business, non-governmental organisations and communities.

"This requires that we be both leader and servant. I have a vision of what this means ... to which I commit myself and the (directorate) for the duration of my two-year tenure."

Smart has pledged that 1997 will be a year of:

- Growth and expansion.
- Participation and the building of partnerships.
- Consultation.
- A new human rights culture that unequivocally exposes discrimination and abuse.
- Accountability to — and by — all involved, especially those with HIV/Aids.

About two million South Africans have HIV/Aids.

Red Cross to give specialist care only

NASREEN SERIA

CT 13/1/97
CHILDREN with minor ailments will not be treated at Tygerberg or Red Cross Children's Hospital from next month because of a scaling down of primary health care services there.

The hospitals will only treat children who have been referred to them by a doctor, clinic or day hospital. Community health centres

have been upgraded to provide improved services for children.

This move takes effect from Monday, February 3, and is in line with the national health plan to make Red Cross and Tygerberg hospitals referral centres where children can receive specialist care.

There are 13 primary health care centres in the city which will provide services for children. Six of these — Mitchells Plain, Khayelit-

sha, Elsie's River, Hanover Park, Guguletu and Retreat day hospitals — will remain open 24 hours a day.

"These changes bring us in line with the national health plan," said Professor David Power, head of Ambulatory (outpatient) Paediatrics at Red Cross.

"Health centres will be able to deal with minor ailments. If the problem cannot be dealt with there, the patient will be sent to a

first referral or regional hospital.

"For cardiac and other serious problems, patients will be referred to Red Cross or Tygerberg hospitals," said Power, who has been working with the Department of Health and local authorities to coordinate the process.

Red Cross and Tygerberg children's department will still be open 24 hours a day to deal with emergencies and referrals.

Rival groups take fight for control of nurses' council to Parliament

JENNY VALL
HEALTH REPORTER

Registered and less-qualified nurses are locked in a struggle for control of the new SA Nursing Council.

Pensions in the nursing profession came to the fore yesterday when groups representing nurses made submissions on

proposed changes to the composition of the new nursing council to the parliamentary portfolio committee on health. The committee's African National Congress study group proposed the changes in a bid to give more representation to less-qualified enrolled and auxiliary nurses.

The new council should be more democratic, said committee chairman Abe

Nkomo of the ANC. The original proposal contained in the Nursing Amendment Bill, giving a majority on the council to registered nurses, was supported by several nursing bodies, including the Interim SA Nursing Council and the Democratic Nursing Organisation of SA.

The nursing bodies, as well as the forum of university departments, say registered

nurses should have majority representation because of their expertise.

But some groups, representing less-qualified nurses, say they were not properly consulted on the make-up of the new council.

They support new proposals giving nurses with less training more say. They believe the situation in South Africa is the

11/3/77

result of the old council, which kept black nurses at a low level of expertise.

There are 88 764 registered nurses, 33 302 enrolled nurses and 51 676 auxiliary nurses in South Africa.

Of the registered nurses, 54 percent are not white, whereas 79 percent of enrolled nurses and 81 percent of auxiliary nurses are not white.

(95) ARG

Parliament

Nurses walk out on Zuma in council debate

Anger as reform Bill is approved

ARLT 15/3/97

(95)

After a chaotic two-and-a-half hour debate, the National Assembly has approved legislation to transform the SA Nursing Council into a non-racial, representative body.

Nurses in the public gallery applauded opposition speakers who accused the African National Congress of ignoring concerns of nursing professionals, then walked out in protest as Health Minister Nkosazana Zuma rose to reply to the debate.

"We walked out in desperation ... we are angry about the way the whole issue has been misrepresented," said Rosalie Thompson, head of the University of Cape Town's nursing department.

A string of interjections and points of order by opposition parties stretched the debate to more than twice its scheduled 99 minutes.

Opposition MPs said the Nursing Amendment Bill would lead to lower standards because it allowed representation on the council for all categories of nurses, including auxiliary and enrolled nurses and community representatives.

Speaker after speaker said the minority representation of registered nurses on the council would harm the profession, and accused the ANC of pandering to its union ally, the Congress of South African Trade Unions, and its affiliate the National Education, Health and Allied Workers Union. Democratic Party health spokesman

Mike Ellis said there was a strong danger that the council, which was responsible for establishing and maintaining standards of health care, training and ethics in the nursing profession, would become a trade union of sorts. His concerns were echoed by MPs from Inkatha, the National Party, the African Christian Democratic Party and the Freedom Front.

Patricia de Lille of the Pan Africanist Congress welcomed transformation of the council into a non-racial body, but aligned herself with the concerns of other opposition parties about the lack of representation from the medical and pharmaceutical sectors.

Sarel Gous (NP) accused Dr Zuma of having no concern for the nursing profession. He said that after changes pushed through by ANC members on the health committee, the council would now have only 18 elected members as opposed to 18 appointed by Dr Zuma and one lawyer appointed by the Association of Law Societies.

But health committee chairman and ANC MP Abe Nkomo accused the opposition of "grandstanding" and racism.

The old nursing council had been a divisive and unrepresentative institution which had expended its energy on disciplining black, coloured and Indian nurses, he said. The Bill allowed for transformation of the council and control of the profession by "nurses themselves".

On minority representation of registered nurses, Dr Nkomo said the ANC wanted to ensure that another élitist body like the council of old was not established.

Concerns about the lowering of professional standards were a thinly veiled form of racism.

In her response, Dr Zuma accused opposition MPs of hypocrisy, saying that the former NP government had been responsible for establishing the category of auxiliary and enrolled nurses which now had representation.

"They are professionals and they will have a say," she said. "You have to accept transformation. For the rest of the year you'll be dealing with transformation issues."

Professor Thompson, speaking on behalf of several of the 50-odd nurses who attended the debate, said their walk-out had been an act of desperation, not an emotional reaction. She said the National Assembly's health committee had completely disregarded the profession's submissions on the Bill, which guaranteed professional nurses only 35 per cent of seats on the new council. "It's not an issue of race," she said. "The issue is that the profession be able to maintain its professional standing."

The nurses delegation included representatives of Denosa, the largest nursing union, and Hospersa, a major health sector union. - Sapa

Where are the nurses?

By SIFELANI MLAMBO

THE LUCRATIVE severance packages offered by the Gauteng Health Department have sunk the already reeling Johannesburg Hospital deeper into staff shortages as hungry nurses – looking for greener pastures elsewhere – scramble for the packages.

City Press has learned that nine senior matrons and an unspecified number of nursing sisters have rushed to grab the lucrative offers.

The hospital is now left with only three matrons in the same category as those who have left.

It is understood that some of the nine matrons who opted for severance packages have joined private hospitals, while others have gone overseas.

□ The hospital's chief matron, Nelly Lange, confirmed that the matrons and some nursing managers had left in recent months.

"This hospital has lost very experienced staff recently and many more may be leaving the hospital soon," she told City Press.

"Nursing managers have been granted a voluntary severance package and there probably will be more in the future."

Lange could not give details of the packages, which have attracted in-

– They've left
the hospital
for greener
pastures

terest from many staff members.

"The amounts received differ with regard to years of service and is of course a private matter concerning individuals," she said.

□ However, sources at the hospital said the packages ran into hundreds of thousands of rands.

Some nurses complained they were discriminated against because their applications had been rejected.

Nelly said the hospital had refused to extend the package to staff working in critical areas of the hospital.

"People working in critical areas such as the intensive care units and theatres have not all qualified for the package because of their skills and experience," she said.

□ As a result of the resignations, the hospital is said to be heading for an ever deeper crisis – as more patients are expected to flock into its casualty department when the nearby Hillbrow Hospital is scaled down.

The government recently annou-

(95) CP 6/4/97
ned plans to scale down the operation of the Hillbrow Hospital and most of its patients will be referred to the Johannesburg Hospital.

The increase in patients would tax the staff and resources to the limit, sources at the hospital said.

The private sector continues to snap up highly skilled nurses from government hospitals.

A nurse at the Johannesburg Hospital told City Press nurses were leaving as soon as they had completed specialised training to join private hospitals and clinics because of better pay.

"Nursing staff from the hospital are leaving in droves for the double pay-packets offered by private clinics and hospitals," said the nurse.

Many are leaving for overseas countries such as Britain and Saudi Arabia where they get better pay.

□ Gauteng Department of Health spokesman, Popo Maja, said the department was scrapping redundant and ineffective administrative posts at some of its hospitals.

The severance packages were mainly targeted at posts occupied by white senior matrons, Maja said.

He said the recent resignations at the Johannesburg Hospital would have little effect on the hospital's services.

He said scrapping the administrative posts was in line with the government's initiative to streamline the public service.

Nurses set to go on strike over new legislation

ARGUS CORRESPONDENT

ARG 8/16/97

Johannesburg - Thousands of nurses are set to join a country-wide protest against new legislation transforming the Nursing Council.

The protest will include a week of picketing and a march to Parliament in Cape Town.

The Hospital Trade Union (Hospersa) has called on nurses and the public to support the picketing to oppose the amendments to the Nursing Act affecting the composition of the Nursing Council.

According to the new act, the council will no longer consist of a majority of registered nurses, while medical practitioners and pharmacists will be removed.

A spokesman said the union strongly objected to the way in which the portfolio committee consulted the nursing community.

Meanwhile, the change was welcomed by the National Education, Health and Allied Workers Union (Nehawu), but was rejected by the Democratic Nursing Organisation of South Africa (Denosa).

Philda Nzimande, Denosa chairwoman, said it was "totally unacceptable that only 13 of the 37 members would be registered nurses".

The new council will consist of 12 registered nurses, three enrolled nurses and three auxiliary nurses elected by nurses. The minister of health will appoint a representative from the department and nine of the community, an attorney and six others.

Picket plan to oppose changes to the Nursing Act

By PRISCILLA SINGH
Health Reporter

Nurses are expected to turn out in force for a national protest and picket campaign next week to oppose changes in the Nursing Act, but have given assurances that their action will not affect their duties.

The campaign organisers, the Hospital Personnel Trade Union (Hospersa) and its allies, have stressed that the nurses will not be ignoring their jobs and their obligations to their patients, and that they will protest during their lunch breaks only.

Only off-duty nurses will join picket marches for the entire day, national nursing co-ordinator Maylene Dankers said on Monday.

The protest, from April 14 to 19, will be in the form of a march to Parliament and a week of picketing outside provincial legislatures.

The Hospersa organisers said the union opposed amendments to the Nursing Act proposed by the parliamentary portfolio committee on

health on the composition of the future South African Nursing Council.

Dankers said according to the new Act, the council would no longer consist of a majority of registered nurses, and medical practitioners and pharmacists would also be removed from the council.

When the portfolio committee discussed the proposal submitted by the SA Interim Nursing Council (SAINC) in February, they made radical changes and drew up a counter-proposal.

Frank Germishuizen, registrar of the SAINC, said they had approached the portfolio committee last month to request that no alterations be made to the original proposal.

However, the committee's proposals were submitted to the National Assembly three days later and accepted.

The portfolio committee insisted on the admission of sub-professional nurses to the council, thus reducing the number of registered nurses.

Sub-professional nurses include nurses with only two years' experi-

ence and auxiliary nurses with only a year of experience.

The council then sought an interview with Health Minister Dr Nkosazana Zuma to motivate its objections to the changes.

According to Germishuizen, Zuma said she understood the council's concerns, but explained that she could not influence Parliament to change the wording of the Nursing Amendment Bill.

"She did, however, give the assurance that of the six nurses of any category she appointed, at least four would be registered nurses," Germishuizen said.

Dankers said they objected strongly to the way in which the portfolio committee handled the proposal and would not bow to "politicians making autocratic decisions".

"As a statutory body, the nursing council ensures that the interests of nurses and the community they serve are not compromised. That is why it is essential that the council be governed by professional or registered nurses," she said.

Star 9/4/97

(95)

Nehawu details objections to Nursing Council's 'restrictions'

ARG 12/4/97

JEAN LE MAY
STAFF REPORTER

(95)

THE National Education, Health and Allied Workers Union (Nehawu) is planning an umbrella health council with other bodies, such as the nursing council and the dental and medical council, as executive sub-councils.

Nehawu spokesman Fikile Majola said the new body was to be based on a principle of equal representation, which meant that "all professional representative bodies had to be brought on board regardless of the number of people in the profession."

"There are those who regard themselves as elite in the nursing profession," he said. "Our chief purpose is to put an end to professional rivalry between nurses and doctors."

Nehawu's nursing policy was laid out in a document drawn up by L Maqaqa and distributed in June 1996.

The document claimed the nursing council insisted on matric for a trainee registered nurse and refused entry to people with a Standard 8. In practice, both staff and enrolled nurses are accepted with a Standard 8 pass.

The document claimed pre-entry tests demanded a pass mark of 60 percent and that there were age restrictions and language restrictions.

It claimed the present curriculum "did not mentally liberate the student" but instead indoctrinated the student through "subjects like Ethos which clearly indoctrinated the student throughout his/her training".

"The end product," the document claimed, "is therefore a nurse who cannot define herself as a worker and who is submissive and loyal to the prescribed rules that control her throughout".

The document recommended the formation of task teams to transform the old SA Nursing Council and nursing curricula. Nehawu was to be involved in the curriculum committee of the nursing council.

The document also suggested that "Ethos" should be dropped as a subject and political science taught instead. Books from Cuba and other countries should be prescribed "so as to integrate the thinking of other countries with our thinking".

Nurses incensed about new Bill

They claim portfolio committee 'ignored' submission

JEAN LEMAY
STAFF REPORTER

Nursing organisations have warned that politicians and trade unions, instead of nurses, could have the final say over nursing standards and training in South Africa if a bill amending the Nursing Act becomes law.

The organisations are angry that a formal submission made by the statutory South African Interim Nursing Council (SAINC) for a new nursing council was totally ignored by the Parliamentary portfolio committee on health, allegedly with the support of Health Minister Nkosazana Zuma, in spite of a year-long consultation process between the Department of Health, the SAINC and various nursing organisations.

Amendments to the Nursing Act pushed through the parliamentary portfolio committee have packed the new nursing council with community representatives and other ministerial nominees who need not be trained nurses, and has reduced the number of registered nurses on the council to a minority.

The nursing council sets and maintains professional nursing standards. Control by non-nurses could have "a calamitous effect" on nursing, according to some nursing bodies. They warn that even more highly-qualified nurses will join the thousands who have already emigrated should the amendments become law.

Members of the Hospital Personnel Trade Union of South Africa (Hospersa) and the South African Democratic Nurses' Union (Sadnu) will stage a picket at Parliament this week to protest against the amendments and to present a petition to Minister Zuma.

The Democratic Nursing Organisations of South Africa (Denosa), the biggest nursing union, will not take part in the picket, but spokeswoman Thembeke Gwagwa said they fully supported the SAINC submission.

The independent Health Workers' Union (HWU), responsible for damaging strikes in the early 1990s, had by yesterday not committed itself to protest action. But

HWU general secretary Norman Maraj told *Saturday Argus* that the negotiation process had been "a facade - no consideration at all was given to our submissions".

The HWU's Norman Maraj claimed the ANC's action has compromised the credibility of the new nursing council.

"In a regulatory council, members must represent the people they are regulating. What we have here is a council in which the nurses' position has been severely diluted.

"Unless the council has the support of all nurses, it will have exactly the same credibility problems as the old apartheid-driven council," he said.

The nursing organisations want to know what happened in closed health portfolio committee meetings on February 17 and 18 which amended the Bill introduced by the Minister of Health - amendments which threw out the recommendations made by her own department.

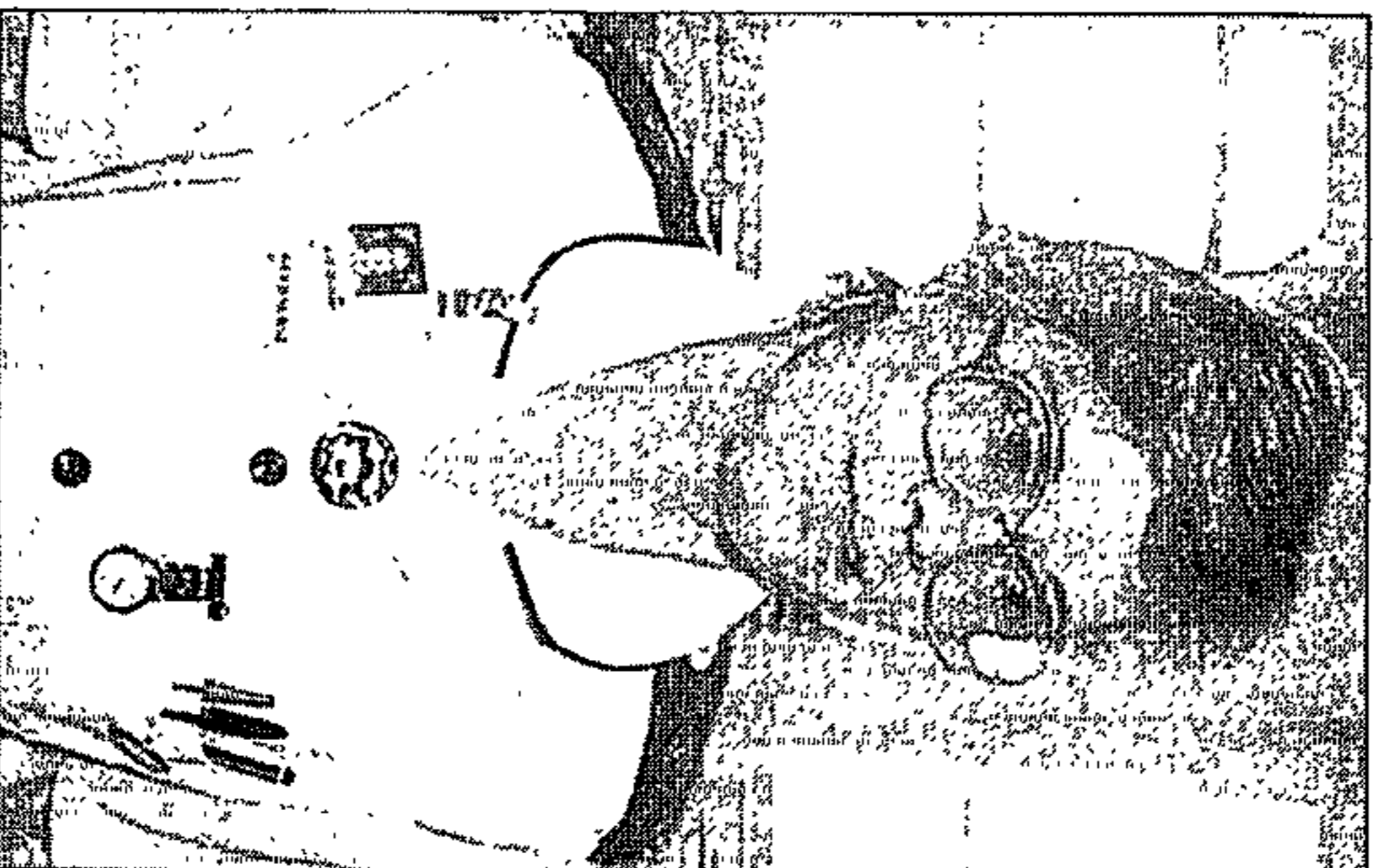
"We heard that the amendments came from the African National Congress parliamentary study group on health," said Frank Germishuysen, registrar and chief executive officer of the SAINC, who made the organisation's submission to the portfolio committee.

People who were at the public hearing of the portfolio committee on March 10 told the *Saturday Argus* that ANC committee members met representatives of the National Education and Health Workers Union (Nehawu) during adjournments.

It was also claimed that Minister Zuma had her own agenda for the future of nursing. It was claimed she aimed to "de-professionalise" nursing by wresting control from what has been referred to as "the old nursing elite".

The *Saturday Argus* was unable to reach any ANC members of the portfolio committee, nor officials of the Department of Health. Many of them, including committee chairman A B Nkomo, were overseas. Attempts to contact Dr Zuma or Department of Health chief director Olive Shisana also failed.

The Bill will now go to the Council of Provinces, where it is expected to face tough opposition from Gauteng and Western Cape members.



OHED ZUMA
Impatient: Andrea Schär of Groote Schuur Hospital organised a petition

Registered nurses occupy all 26 seats on the existing council. The SAINC proposed retaining 22 seats for registered nurses in the new council. But the amendments to the bill have reduced the number of seats for registered nurses to 13 out of a total of 37. This means that recommendations made by the nurses can be out-voted by the remaining members.

The SAINC also proposed that one doctor and one pharmacist should have seats on the council, as at present, but the parliamentary committee took them out altogether.

The SAINC further proposed that six community representatives who were not nurses should be appointed. The committee raised the number to nine which, together with an amendment to another category of appointees, means there are now 15 community representatives on the council - as opposed to only 13 registered

nurses.

Mr Germishuysen told *Saturday Argus* that the SAINC expressed its concern at the amendments to Dr Zuma soon after the meeting. "She undertook to make sure there were at least four registered nurses among the six nurses she was entitled to appoint. She also agreed to ask the provinces to include a doctor and a pharmacist among the nominees for appointment," said Mr Germishuysen.

At least two provinces have objected to Dr Zuma's offer to the SAIC.

"The minister's promise is not good enough," said Robert van der Ross, a National Party member of the Western Cape legislature.

"The council is a statutory body, constituted by law. Its composition cannot be left to the discretion and goodwill of an incumbent minister.

"Moreover, the minister is not entitled to dictate to the provinces. Ministerial actions like this do not make for good government. It is totally unacceptable."

The Gauteng Democratic Party's Jack Bloom said he intended putting up a fight about the bill in the Council of Provinces.

Mr Germishuysen said he was disturbed by the degree of hostility in the portfolio committee during his submission for the SAINC.

Mr Germishuysen said committee chairman A B Nkomo referred to the old nursing council as a racist body which picked on black nurses for disciplining.

"I invited him to examine disciplinary records in my office which would prove him wrong, but I've heard nothing more from him," said Mr Germishuysen.

Rosalie Thompson, a professor at UCT's department of nursing wrote to the portfolio committee saying that her staff were "outraged" at the committee's apparent disregard of the original proposal contained in the Nursing Amendment Bill published in May last year.

"The committee's disregard of the fact and its failure to inform the profession of the proposed drastic changes and give us due opportunity to present our views, is entirely contrary to the democracy entrenched in our constitution," she said. Regulation and accountability made the

AKS 12/14/94

(96)

social contract between the professions and society binding, said Professor Thompson.

Moreover the presence of only 13 registered nurses on the council would make its committee work logistically impossible. Professor Thompson said the portfolio committee's decision to increase community representation from six to nine places indicated that it was assigning representatives geographically to provinces and had overlooked "the fundamental tenet of a statutory council, that members were appointed not on a basis of representation but on a basis of expertise".

The National Party's Willem Odendaal, a member of the health portfolio committee said: "What happened in the portfolio committee was just a stepping-stone to Nehawu getting control of the profession.

"The debate had nothing to do with health or nursing. It was a bad day for patients in South Africa. It was apparent that the portfolio committee was being dictated to by Nehawu. The ANC members had to caucus with Nehawu before they could decide anything.

"There were ANC committee members who disagreed with the decisions taken - but they had to toe the party line", said Dr Odendaal.

Andrea Schär, sister in charge of the neuro-surgical ward at Groote Schuur Hospital and a member of Denosa, felt so strongly about amendments to the Bill that she collected nurses' signatures for a petition to the portfolio committee and for a letter to the *Saturday Argus*.

The letter demanded that "any professional body that is setting and controlling the standards of a profession must consist predominantly of leaders of the profession - in our case, registered nurses."

Nehawu has claimed that about 45 000 of the 184 000 nurses in the country are union members. However more nurses are said to support other bodies. At least 131 000 are members of the Denosa, Sadnu and Hospersa. These figures exclude membership of the independent Health Workers' Union. All these bodies co-operated in preparing the submission turned down by the portfolio committee and are opposed to the shape of the new council.

Sowetan 17/4/97

Hospital union slams Government

THE South African Nursing Council has for years been predominantly white because of the Nursing Act's provision that the body should consist of a majority of registered nurses.

The amendment by Parliament of this provision this month has drawn strong criticism from the Hospital Personnel Trade Union, formerly called Hospersa.

Hospersa nurses coordinator Maylene

Dankers accused the Government of structuring the Nurses Act in favour of its "trade union alliance partners".

The union has now embarked on a week of protest action demanding that the Government should justify disregarding Hospersa's view.

It also demands that the initial proposal about the composition of the future Nursing Council be legislated for.

(95) (95)

Nurses protest against Bill

Sowetan 22/4/97

A GROUP of nurses who unfurled placards in the Gauteng legislature yesterday to protest against the Nursing Amendment Bill were informed by the Speaker Trevor Fowler it was against the rules.

The nurses put their placards away after an objection was raised from African National Congress benches.

Fowler told them they were in the legislature as observers and the appropriate forum for their objections was the standing committee on health.

In debate on the Bill, the Freedom Front,

National Party and Democratic Party registered their opposition to clauses on the composition of the Nursing Council which put registered nurses and elected members in the minority.

Mr Jack Bloom (DP), responding to a health committee report on the Bill, said it was the first real test of the National Council of Provinces (NCOP).

"Unfortunately, the ANC in Gauteng has failed miserably to assert a distinctive provincial perspective, choosing instead to rubber-stamp the Bill in line with their parliamentary

(95)

masters," he said.

The Bill comes before the NCOP early next month.

Bloom added: "Whereas registered nurses were previously in a guaranteed majority of 22 out of 37, only 13 of the 36 members of the revised council are now guaranteed to be registered nurses.

"The number of members appointed by the Minister of Health has been increased to 18, as opposed to the negotiated proposal which envisaged 19 elected members and only 15 ministerial appointees." - *Sapa*.

Shortage of doctors worse than expected

Kathryn Strachan

AN AUDIT by the health department of the distribution of its doctors and nurses shows the balance is far worse than it had estimated.

The results show desperate shortages of staff in the Northern Province and the North West.

The Northern Province has one doctor per 10 000 population, while Gauteng has 9,3 doctors for the same number of people. North West has 21,2 nurses per 10 000 population, while the Western Cape has 47,6.

"Yet these pictures don't show us the real picture of a place as the personnel may be concentrated in the cities, so we need to go to districts to get a more detailed picture," said health department human resource director Stephen Hendricks. This second phase of the audit has begun.

The audit was conducted to provide information on which a human resource strategy could be planned.

Hendricks said creating a workforce in line with the new vision was a pivotal factor in transforming the health services. The department had begun working with the education department on reviewing training and developing new curriculums.

Propelled by the primary health care approach, the new system required all the categories of health professions to work in a team, said Hendricks. Curriculums would be reviewed so that students were equipped with the broader range of skills they would need in a primary health-care setting.

The department was drawing up a strategy which rested on planning a human resource strategy, reviewing education and training, building capacity, changing managerial styles to a

more open participatory approach, affirmative action and restoring an ethos of care. "This means that even though the queues are longer with free primary health care, we still need to do our best for patients and create a caring, compassionate ethos."

The breakdown of human resources, including public and private sectors, but excluding medical specialists, is: Eastern Cape: 2,3 doctors per 10 000 people, 29,2 nurses; Mpumalanga: 2,1 doctors, 22,3 nurses; Gauteng: 9,3 doctors, 40,2 nurses; Kwa-Zulu-Natal: 4,5 doctors, 41,2 nurses; Northern Cape: 7,4 doctors, 28,3 nurses; Northern Province: 1 doctor, 30,6 nurses; North West: 1,8 doctors, 21,2 nurses; Free State: 3,4 doctors, 34,4 nurses; Western Cape: 7,7 doctors, 47,6 nurses.

BD 29/4/97

See Page 9

Rural nurses taught to take different view of patients

Kathryn Strachan

BD 6/5/97

(95)

AS HEALTH authorities battle to find ways of getting doctors to work in rural areas, the task of redirecting the training of rural nurses so they can play a more pivotal role is emerging as an equally critical task.

In rural areas nurses make up the frontline of health services, yet their training is usually hospital-based.

An innovative way of dealing with the problem is demonstrated by a training programme based at Tshildzini Hospital in Northern Province. Through the programme, run by Dr Claire van Deventer, nurses learn a new approach to patients.

The unit takes trained nurses, and during a year-long, primary health care diploma course, they move away from approaching patients from the perspective of a long list of possible diseases. Instead they look at the situation of the patient.

"It is, for example, about seeing a woman in her own life, looking at her family and whether her husband has lost his job," says Van Deventer.

The nurses work directly with people in the villages.

"Instead of coming in as the expert to diagnose and to treat, our approach is about linking up with the community and picking up much deeper things about what is happening with the patient," she says.

For example, a nurse found a high suicide rate at high schools in the area. She set up boxes at the schools into which children could place the reasons they thought the suicide rate was so high. Acting on the results, she is setting up meetings with teachers and parents to discuss what to do.

With the need to train many more nurses across the province, the unit is working on a distance learning programme with Tintswalo Hospital in Bushbuckridge.

Van Deventer says community health workers are an important link, particularly in the most remote areas. Yet, like other provinces, the Northern Province has put this question on ice.

Through all the efforts around the country to reorientate medical training there runs a common thread — that of reorientating health workers to the specific needs of women.

Strengthening this thread is the task of the Wits University women's health project, which is providing technical assistance to improve reproductive health services in the Northern Cape, the North West and the Northern Province.

An illustration of how health services are experienced by women and how they need to change is contained in the example of STD (sexually transmitted diseases) clinics.

STD clinics are more frequently attended by men, says project researcher Khosi Xaba. For them having a sexually transmitted disease is less of a stigma than for a woman. At these clinics, an infected woman is treated rudely by health workers. She is given the same advice as a man; to discuss it with her partner and to use a condom.

The question is why health workers give this advice when they know women can rarely speak to their partners about it, and condoms often are not an option. As sexually transmitted diseases in women are often asymptomatic, it means they are left untreated. The consequence is infertility.

"Nurses have to accept that there are differences, and so they have to look at their service from a new perspective. They have to look at the alternatives for women, discuss with their patients whether they can speak to their partners, and if not how they can approach it," says Xaba.

The Women's Health Project addresses these problems through workshops which encourage health workers to be more reflective and to look at what they can do to improve health services for women. Each workshop comes up with a plan of change, which is relayed up to the province.

The task for this year is to look at how the curriculum in nursing colleges deals with women's health, and whether it is seen as wider than simply reproductive health.

Govt offers nurses, teachers 7% raise

Reneé Grawitzky

NURSES and teachers might receive increases of only 7,04%, while the lowest paid of other public servants could receive 22% if a government proposal was accepted by all unions negotiating in the numerous public service chambers, a union source said last night.

During negotiations this week, government tabled this as an example of how the R6,5bn (full-year cost) or R4,8bn (over nine months) could be used in granting increases for the second year of the three-year agreement.

Union sources said if government's latest proposal was endorsed in the bargaining chamber, it could lead to a repeat of the 1995 nurses strike. This occurred after nurses were granted only a 5% increase while general assistants, who constituted just more than 20% of the public service workforce, re-

ceived much higher increases.

All teachers unions walked out of negotiations in the Education Labour Relations Council yesterday and have threatened a dispute over government's alleged failure fully to disclose relevant information on how savings from rightsizing had been calculated.

The walkout by the unions was the third since the start of negotiations this year. The SA Democratic Teachers' Union (Sadtu) said a dispute could also revolve around government's attempt to finance a R230m payout from the R4,8bn set aside for wage increases. A recent arbitration award ordered government to distribute this amount to 170 000 workers as an increment.

Sadtu said the three-year agreement required government to be transparent and disclose how savings would be used. Labour questioned government's commitment to this.

BD 8/5/97 (95)
Another union source said, however, that it was doubtful whether additional savings existed. At the start of negotiations government indicated that savings amounted to R323m.

Those unions which represent more skilled workers did not support government's proposal, which intended using the savings to raise the minimum wage. If government's example of how to implement increases this year was accepted the minimum wage would be increased to R1 750 a month.

Hospital Personnel Trade Union of SA official Albert Wöcke said government's proposal could cause problems for those in the level above general assistant as an increase in the minimum wage to the proposed level could result in a wage differential of only 1,8% between the two grades.

Government negotiators were not available for comment.

Nurses face ban on giving drugs

~~(15)~~ ~~(14)~~ (95) AR 28/5/97

Durban - Nurses will not be able to administer or dispense drugs at ward level if a medicines bill is passed in Parliament - a move that health workers fear will seriously hinder hospital services and their ability to deal with emergencies.

The Hospital Association of South Africa (Hasa) warned that the proposed Medicines and Related Substances Control Amendment Bill could have dire consequences for patients.

Hasa's Anette van der Merwe said that according to the bill, nurses would no longer be able to administer six particular medicines nor would they be able to dispense drugs. She said the bill implied that at least 20 000 nurses would have to apply for licences and complete a supplementary course before they would be able to administer these drugs. - Argus Correspondent

of the Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), up to the latest specified date for which information is available and (b) what is the average age of the women whose pregnancy was so terminated;

(2) whether she or her Department is envisaging any action against physicians who refuse to perform abortions; if not, what is the position in this regard; if so, what are the relevant details? C56E

The MINISTER OF HEALTH:

(1)(a) The information requested cannot be released because we do not think it fair to release information about each individual hospital. However, the total number of terminations till the end of April is 5 242.

(b) Under and up to 18 years:

Above 18 years: 3 774

Total: 5 242

(2) No.

Doctors/pharmacists/nursing staff/dentists/psychologists registered

*2. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 51]

How many (a) doctors, (b) pharmacists, (c) nursing staff, (d) dentists and (e) psychologists were registered with the Interim South African Medical and Dental Council as at 31 January 1997? C57E

The MINISTER OF HEALTH:

(a) 28 381

(b) The Interim South African Medical and Dental Council does not register pharmacists, so the answer is 0*

(c) The Interim South African Medical and Dental Council does not register nurses, so the answer is 0**

(d) 4 235

(e) 4 050

Provinces: shortage of social workers

*3. Mr R J MOKOTJO asked the Minister for Welfare and Population Development:† [Written Question No. 79]

(1) Whether there is a shortage of social workers in any province; if so, what is the extent of the shortage in each province;

(2) whether steps have been or are to be taken in this regard with a view to eliminate this shortage; if not, why not; if so, what steps;

(3) (a) what is the average salary in each category currently being paid to social workers in the service of the State and (b) when last were such workers' salary structures reviewed? C83E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT:

(1) In view of the absence of reliable data and the fact that the Department is in the process of developing a new welfare financing strategy, it would be impossible to determine a shortage of social workers in provinces at this point in time. Social workers in the provinces comprise not only those in State service. The projected figure for the Northern Province for 1994 was one social worker to 20 000 people.

(2) The new welfare financing strategy will determine minimum norms and standards for service delivery and personnel, including social workers, needed to implement the envisaged welfare programmes. In view of these developments this question cannot be answered at this stage.

(3) (a) The average salary per rank for social workers in the service of the State is as follows:

- Social Worker R 43 344

- Chief Social Workers R 53 487

- Assistant Director R 83 949

- Deputy Director R 123 386

(b) The salaries of social workers have been reviewed in July 1996 as part of the personnel structure of the Government.

Mr W F MNISI: Chairperson, arising out of the hon the Minister's reply, seeing that we are experiencing a shortage of social workers in South Africa, is the department in the process of training so-called community workers to assist with problems?

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT:

Chairperson, this is indeed a new question, and since the hon Mr Mnisi and I have a special relationship, I would appreciate it... [Laughter] - I was talking about our relationship as Minister and member of the NCOP. I would appreciate it if he would put the question in writing.

However, I can just say that auxiliary workers are currently being trained and there are also development workers that are involved in community development work.

However, as I have indicated, we would like to respond in a more holistic manner to this question, because it deals with the human resources component required for welfare and welfare services.

The CHAIRPERSON OF THE NCOP: Order! The Minister does not appear to be here Mr Makgothi, what is the position? If there has been no communication from the office of any Minister who is supposed to answer questions, I must insist that we get in touch with that Minister's office and get a response. It is a provision that questions must be answered.

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr Chairperson, I am sorry, I am actually the acting Minister for Posts, Telecommunications and Broadcasting. Because of all the bantering in the House, I was thrown off course. It seems as though Premier Kriel feels a bit envious that I might want to be an eleventh wife to one of the NCOP members, and not second wife to him! [Laughter.]

With reference to the question, I would just like to ask that this question be allowed to stand over.

The CHAIRPERSON OF THE NCOP: Order! This question will then stand over.

Mr A E VAN NIEKERK: Mr Chairperson, this question was a written question that was not answered. It stood over, according to the Rules, to be answered today. I just want to bring that to your attention. This situation is unsatisfactory.

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr Chairperson, the point is taken.

The CHAIRPERSON OF THE NCOP: Order! Other than bringing that situation to my attention, does the hon member have any suggestion to make with regard to this matter?

Mr A E VAN NIEKERK: Mr Chairperson, I do have a suggestion. It would be appreciated, if the answer to the question could be tabled before the winter recess.

The CHAIRPERSON OF THE NCOP: Order! May we be honoured with a written response before the recess, please?

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr Chairperson, I will definitely facilitate that.

The CHAIRPERSON OF THE NCOP: Order! It is the only reasonable thing to do.

[Question replied to as Question No. 84 on 17 June 1997.]

Provincial/academic hospitals: bed occupancy rate

*5. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 96]

(1) What was the average bed occupancy rate in each specified (a) provincial and (b) academic hospital under the control of her Department in (i) the Free State, (ii) the Western Cape and (iii) the Northern Cape during the period 1 March 1996 to 1 March 1997; C101E

(2) whether the bed occupancy rate in respect of any of these hospitals does not correspond with the capacity of such hospitals; if so, why, in each case? C101E

The MINISTER OF HEALTH:

The National Department of Health does not control any hospitals; at the moment they are all controlled by the Provincial Governments. The information should come from the Provinces and I urge the member to table the question in the appropriate Provincial legislatures.

Cuban doctor: contract terminated

*6. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 97]

(1) Whether the contract of a certain Cuban doctor in the Northern Province was

2 850 health posts abolished in W Cape

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LINDSAY BARNES
STAFF REPORTER

The cash-strapped Western Cape health service is to abolish almost 3 000 frozen posts in an efficient spending in a "logical and rational" way.

A task team lead by Western Cape Director-General Niel Barnard is to assess which of the 4 000 vacant posts are critical and should be filled. The remaining 2 850 will be scrapped, provincial Health Minister Ebrahim Rasool said today.

He said 850 crucial positions for nurses, specialists and doctors at primary and secondary health care institutions, and 300 more at academic hospitals, would be filled.

Yesterday the Western Cape Cabi-

ARG 12/6/97

net discussed the danger of scrapping frozen posts indiscriminately, he said.

Almost 5 000 health care workers have applied for voluntary severance packages and 3 500 have left in the past few months.

Almost three-quarters of the province's health budget is spent on its 32 000 health workers.

The majority of those who accepted packages were general assistants such as cleaners, drivers and porters, which meant the province had not saved as much as it hoped, Mr Rasool said.

"If we are going to rationalise, academic health centres have to start losing staff at higher levels," he said.

In the past three years the number of health care workers had dropped from 39 000 to 32 000 through voluntary severance and natural attrition.



'Labour law powerless against globalisation'

René Grawitzky

INTERNATIONAL experience had shown labour law was becoming almost irrelevant in the face of globalisation, Harry Arthurs, professor and president emeritus at York University in Canada, said at the weekend.

He told the 10th annual Labour Law Conference in Durban the capacity of law to transform society was close to zero. Globalisation, he said, was shaping the relationships and culture of societies.

As the world came to terms with the negative effects of globalisation, there was a growing realisation, even among "its enthusiasts", that their interests would be best served by growth of democracy and decent working conditions in the Third World.

Investors, he said, were "disquieted by repeated scandals in unregulated international financial markets", while governments

were "defeated because they have presided over a period of declining salaries, employment benefits, job security and workers' rights".

Ultimately, Arthurs said, strategies to achieve a "more benign version of global capitalism" could well depend more on self-interest than on idealism.

It was the responsibility of states to ensure globalisation was more humane, responsible and worker-friendly. Governments had "some margin of choice" not to be locked into regressive labour market policies, and to try to carefully manage and "marginally diminish the potential harm wrought by globalisation".

This margin could be achieved by building social partnerships and consensus-seeking. But people should not deceive themselves. "The margins for choice are not very great ... and there will probably be more sharing of pain than of gain."

BD 14/7/97 (115)
SA was in a unique position in relation to other developing countries in that its economy was largely dominated by major SA companies and had not yet experienced the deep penetration of global capital. This provided the country with a small window of opportunity for the social partners to negotiate the terms of its entry to the global economy.

This had to be achieved within a corporatist structure, but it appeared that the parties were not yet able to take that leap of faith required to enter such a process. Government, he said, could only pay a limited price to preserve social partnership.

Arthur said the social partners in SA had to make an internal deal, giving the country a sense of solidarity, before SA entered the global economy fully. SA, he said, was acting correctly by approaching globalisation with a commitment to minimum standards.

Staff shortage of 13 500 in health services 'no crisis'

BISHO — The advertisement of more than a thousand jobs in government health services does not indicate a staff crisis, say health service officials.

Nursing posts alone, ranging from enrolled nursing assistants to chief professional nurses, accounted for 850 of the recently advertised posts.

Meanwhile health department spokesman Khulekile Bata said the department was short of 13 500 staff but this was no crisis.

BD 14/7/97 (95) (93)
"The services have problems but they are not insurmountable".

"The health facilities are there, but not with 100% of their staff, maybe 60%."

The Eastern Cape health and welfare departments have never hidden their staff shortage.

In MEC Dr Trudy Thomas' 1996/1997 annual report, presented in April, she said of the 52 100 posts in the sector, only 38 640 were filled.

Thomas said some backlogs

were "critical" and in some cases there was "not a single doctor in an isolated rural hospital, no pharmacist in big ones, no social worker to visit an abused child".

The Eastern Cape has one doctor for every 4 000 residents. Other provinces have a ratio of 1 doctor for every 700 residents.

Bata said the long term solution was for the province to produce its own doctors and nurses and a limited number of bursaries were available for this. — ECN.

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BD14/7/97 (95) (3)
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Thousands of students will suffer if bogus nursing colleges are closed

Star 22/7/97 (95)

BY THEMBA SEPOTOKELE

Thousands of aspirant student nurses enrolled at bogus nursing colleges would soon find themselves on the streets if 28 of these colleges now under investigation by the South African Interim Nursing Council (SAINC) were shut down, The Star has learnt.

SAINC spokesman Elizabeth Pretorius said the council

had received 28 complaints about bogus nursing training colleges since the beginning of last year. The council suspected that more colleges might be mushrooming and were robbing would-be nurses of thousands of rands, even though the council's investigating committee was doing its best to clamp down on the unregistered schools.

Pretorius said Gauteng was

the worst for complaints about bogus colleges, followed by KwaZulu Natal. The SAINC received few complaints in other provinces.

She said A M Mothoe Nursing College in Temba, Hamanskraal in Pretoria and Quest Nursing School in Pietermaritzburg, KwaZulu Natal were shut down last year, adding that the A M Mothoe case was being heard in court.

However, the council was not at liberty to divulge the names of other colleges because that might jeopardise the investigations.

Attempts to track down students who had registered at the schools drew a blank because those who reported the matter had done so anonymously for fear of intimidation.

The SAINC can be contacted at 012 343-0121.

Some angels of mercy have become angels of dread (95)

Star 28/7/97
By JANINE SIMON

Nurses say pride in their profession has evaporated.

One senior nurse, who asked not be named for fear of violent reprisal, says she has seen colleagues in a private Johannesburg clinic cover up drug disappearances by falsifying details on patient records.

Last month she saw nurses falsify a record that an insulin injection had been given to a patient so that they would not be picked out by the doctor for not doing their work. She refused to name the private clinic.

In another instance, she says, she was told that a patient had "refused" to have his drip reinserted.

She later found the patient had five puncture marks on his arm where nurses had failed to find the vein. "He refused the sixth attempt."

The nurse says her attempts to improve standards resulted

in extreme hostility. She left the job after a sleeping pill was slipped into her coffee, and now fears for her life. "Honesty has been erased and dedication doesn't exist," she says.

Another senior East Rand nurse says she saw colleagues bedding down for the night in a busy surgical ward of a private hospital - grounds for instant dismissal according to the nursing code of conduct.

Sylvia Modiselle, human resources manager of Clinix Health Management, says: "The caring culture is gone.

"They take six months maternity leave and spend it working for agencies doing double shifts at different hospitals to make money for a new car, or whatever.

"Then they sleep standing up on duty," she says.

"Here we have to drill the service culture into them, that their salaries are based on our profits, which come from patient care."

Nursing standards on

Mercenary attitude developing in hospitals, as arrogance and apathy rule in the wards

By JANINE SIMON
Medical Correspondent

Private hospitals are battling each other for quality staff as emigration, lucrative Far East posts and the sliding stature of the nursing profession strip the ranks of good nurses, particularly intensive care and theatre-trained nurses.

Pockets of excellent care exist, but the skills shortage is worsened by a new work-for-money ethic in the profession, falling levels of competence due to 1986 changes in nursing college curricula, and lack of post-basic training, say hospital groups.

Staff difficulties are becoming more acute as nurses are poached out of the profession, says Clinic Holdings executive director Graham Anderson.

As of December 1996 there were 173 742 nurses on the nursing council register, of

whom 84 976 had two or fewer years of training, and 16 200 qualified under the revised college curriculum. The remainder were trained under the previous curriculum or had degrees.

Numbers are sufficient, but it is very apparent that training is a problem, says Afrox Healthcare planning manager Brian Davidson.

Rosemary Ayre-Smith of Johannesburg medical placement agency Medstaff says she can fill only 10% of permanent positions offered at private hospitals. "Matrons are desperate to find good staff, and reluctant to hire people they're not sure of because it is very difficult to get rid of someone who isn't suit-

able."

A mercenary attitude is developing where nurses will job-hop for R100, and arrogance and apathy rule in the wards. Outstanding senior staff who try to improve standards are victimised, she says.

Ben Rust, manager of Morningside Medi-Clinic, says South African nurses earn between R3 800 and R7 000, but could get R10 000 to R15 000 tax free in the Far East. "I would be very happy if I were inundated with quality nursing staff, which I'm not," he says.

Internal training schools, now run by at least three private hospital groups, maintain standards, Rust says. But at Morningside they push staffing costs per bed 40% higher than average.

Sylvia Modiselle, human resources manager for Clinix Health Management's new Naledi-Nkanyezi Hospital in Sebokeng, says she filled its 45 positions with experienced nurses who had taken provincial retrenchment packages.

Founder and past chairman of the Association of Nursing Agencies, Leslie Nunen, says hospitals, particularly those with large intensive-care units, are increasingly using agency staff. "Nursing is on the down," she says.

Gauteng's director of professional services, Mary Grace Msimango, says the curriculum is being revised. Current training gives students a broad perspective, but less actual experience. The South African Interim Nursing Council has closed two bogus nursing colleges in the past year and is investigating 28 others.

“
**They can
double their
money in
the Far East**
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STW 28/7/97
the slippery slope
(95)

Nurses' council studies training needs ⁽⁹⁵⁾

Comprehensive project under way to revise basic and post-basic education programmes

By **JAVANE SANON**
Medical Correspondent

The regulatory body for nurses' training, the South African Interim Nursing Council (SAINC), says it should be training for local needs, and cannot ignore the problems being experienced by local employers.

It was responding to complaints from private clinics that they are battling to get quality ward staff, reported in The Star on Monday.

However, the council added, the private sector had a responsibility to both contribute to revisions of nurse-training programmes, and to build capacity by budgeting for continuing education for nursing staff. These views were expressed by SAINC registrar and chief

executive officer Frank Germishuizen.

The Star reported that private hospitals faced a shortage of nursing staff for intensive-care and operating theatres because the ranks had been depleted by emigration, lucrative posts overseas and the falling

Broad curriculum blamed

stature of the nursing profession.

The situation was compounded by changes in the nursing-training curriculum and lack of post-basic training, the report said.

The SAINC, which regulates both the practice and training of nurses in South Africa, said

local nurses had always ranked among the best trained in the world.

The public sector used to focus on post-basic training of public-sector nurses, only to lose them to the private sector where better salaries were offered, Germishuizen said.

Nursing college curricula were changed from three to four years in 1986 because the country recognised the need to produce comprehensively trained nurses, able to render integrated care.

Fields often neglected in the past, such as psychiatry and community nursing, were included in the training.

The result was not a lack of post-basic training, but rather an exposure to more fields, and a broader scope of "self-actualisation", he said.

Emigration was a continuation of the trend of people leaving the public sector for better opportunities in the private sector and evidence that South African nurses have always ranked among the best trained in the world.

The SAINC was in the first

Skills must be honed on the job

phase of a comprehensive project to revise basic and post-basic education programmes.

It was important that any institution or individual who had not been consulted contact the SAINC to make their recommendations, he added.

Gauteng's director of pro-

essional services Mary Grace Msimango said. colleges had tried to include aspects of nursing such as psychiatry and community nursing in the curriculum changes.

In the process, training became fragmented rather than integrated - a deficiency which had been recognised by all role-players.

"Newly qualified, registered nurses are beginning practitioners who need to develop their skills and knowledge during their careers," she said, and it was unrealistic for employers to think they would not have to invest time and money in their staff.

■ The professional development section of the SAINC can be contacted on (012) 343-0121, or at 602 Pretorius Street, Arcadia, Pretoria.

'Nurse grading keeps costs down'

BY JANINE SIMON
Medical Correspondent

(96)

MAY 5/8/77

Hospitals would have to pay twice as much for nursing staff if the skills levels of nurses were not differentiated, says Professor Leana Uys, of the University of Natal's Department of Nursing.

Uys was reacting to a report in *The Star* in which private hospitals said they were battling to find skilled nursing staff. The shortage was most severe in the fields of theatre and intensive-care sisters, due to emigration and nurses taking up lucrative Far East posts.

But it was worsened by a new work-for-money ethic in the profession and falling levels of competence

due to the 1986 changes in the curricula and lack of post-basic training, the report said. It also pointed out that of the 173 742 nurses on the nursing register, 84 976 had two or fewer years of nursing education.

A total of 16 209 qualified under the four-year comprehensive nursing curriculum, which was introduced in 1986. The remainder had college qualifications prior to 1986, or a degree.

Uys said it was true that about half of the nurses in the country had only a two-year nursing education.

However, far from reflecting poorly on the quality of nurses, a workforce with differentiated skill levels was an international phenomenon, without which nursing budgets of hospitals would double.

Health care in crisis as more take packages

Nurses in firing line

ARC 18/8/97

JENNY VIALL
HEALTH REPORTER

Nursing is in crisis as growing numbers of health workers in the Western Cape take voluntary severance packages, and nurses are forced to take on extra work.

At the same time nurses are first in the firing line for abuse from people who expect free, friendly and immediate care.

This emerged at a two-day conference in Bellville, where senior nursing managers, heads of hospitals and the health department identified problems and looked at solutions to the crisis.

Task teams were formed to investigate and report back on proposals.

Poor working conditions, lack of resources, crisis management and outdated regulations have led to a situation nurses say cannot continue.

"We are struggling with fewer hands," said Rachel Basson, deputy-director of nursing at Tygerberg Hospital.

"But now nurses are determined to be heard. We realise the government has no money, but something has to be done. The situation is very serious."

It is estimated that 40% of nurses' time is spent on non-nursing tasks, and nurses are often required to clean, porter, act as messengers and even wash nappies.

In some cases nurses are forced to do medication rounds because there is no-one else to do it.

The bosberaad proposed that non-nursing tasks be taken away from nurses.

Cuts to the provincial health budget have resulted in a reduction of posts from 30 202 in March to 28 800 this month.

More posts are to be abolished, and by March next year the number of posts will be further reduced to 21 600.

On July 13, referred to as "Black Friday", all vacant posts were abolished – a severe blow to nurses' morale. The bosberaad proposed that vacant nursing posts be seen as hypercritical.

Numbers of health workers have been reduced mainly through voluntary severance packages, with more administrative than nursing staff leaving.

This has led to a distorted staff complement, and nurses are having to take on administrative tasks.

Meanwhile the provision of free primary health care, free abortion, free care for pregnant women and for children has also increased nurses' load.

Voluntary severance packages have resulted in a high proportion of senior nurses leaving the service, taking with them their expertise and experience.

This has also left a vacuum in senior management staff – 30% of senior nurses have left, 29% of enrolled nurses and 21% of enrolled nursing auxiliaries.

The chronic shortage of nursing staff has increased the risk of medico-legal action, a lack of discipline as managers leave, increased absenteeism and burnout.

Nurses have asked that they be given back their authority to manage their wards. Doctors need to realise they are part of the health team and not guests to be served by nurses. Nurses are responsible for what happens in the ward but have no authority to discipline, for example, cleaning staff.

Conditions of service also came under fire, and nurses are asking for better pay, 24-hour after-care facilities for children, transport after hours and overtime pay.

The need for acute nursing and demand for hospital beds is increasing, but nurses' skills are not. Nurses say they also need psychological support.

Private-clinic nurses fall foul of red tape

Star 10/9/97

(95)

Practitioners alleged to have flouted regulations by supplying scheduled medicines without permits

By JANINE SIMON
Medical Correspondent

Nurses who run private "well-baby" clinics are knee-deep in regulatory chaos as the state tries to work out if they may prescribe, store or administer vaccines or supply contraceptives.

The nurses are registered as private practitioners with the Representative Association of Medical Schemes, and get vaccines and contraceptives free from local authorities in exchange for collating statistics.

They also buy and store vaccines not on the state programme, such as for meningitis, and administer them if a mother presents a prescription.

The Interim Nursing Council of South Africa has requested 21 nurses to reply to allegations that they flouted regulations by supplying scheduled medication without a permit.

Registrar Frank Germishuizen says permits are required under section 22A of the Medicines Control Act, a special exemption issued by the director-general authorising nurses to store and administer medication if a doctor or pharmacist is unavailable.

But nurses have battled for more than two years to get the section 22A permits, says Debbie Regensberg, vice-chair of the Private Nurse Practitioner Society.

"We want to be legal, but no one has wanted to take responsibility for issuing them," she said.

Some of the 21 cases included cases where penicillin injections, syrup, antihistamine cream, and flu medications

Mothers are tired of waiting in queues

were handed out, says spokesman Anna Mashilo.

Nurses may prescribe drugs only if delegated to do so because a doctor or pharmacist is unavailable, according to section 38A of the Nursing Act.

But this covers only nurses working for the state. The society has been asking for clarification on how section 38 applies to private nurses for years, says Regensberg.

The council investigation was sparked after medical aid

administrator Medscheme detected cases of overcharging, including a Gauteng nurse who claimed R200 000 for home visits. Director of public affairs Gary Taylor says practitioners have now been told they will be paid only if they are registered under section 38A.

Bada Pharasi, chief director of registration, regulation and procurement, says the nurses are technically operating illegally, and that they should initiate discussion through the council, or the Democratic Nursing Association of South Africa. Nurses have been advised to reapply for their permits through the local authorities, says the association's acting deputy director Nelouise Geyer.

Nurses say their services have developed because mothers are tired of waiting in queues at municipal clinics.

"We have a contract with the local authority and are its agent," says a Benoni nurse practitioner who immunises 200 children a month.

"It's illegal because I don't have the permit, but there is such a need," says a Kempton Park colleague who has been running a service for the past two years.

One training centre for W Cape nurses

(95)

Four colleges to be rationalised

ARL 1/10/97

JENNY VIAL
HEALTH REPORTER

The Western Cape's four nursing colleges are to be amalgamated into a single training centre at the Nico Malan Nursing College in Heideveld, a further step in the rationalisation of health services.

Health Minister Ebrahim Rasool said the controversial decision of where the single college would be sited was made by his health managers and a feasibility team led by Jaap Durandt, former vice-rector of the University of the Western Cape.

The other three colleges are Otto du Plessis and Sarleh Dollie at Tygerberg, and Carinus at Groote Schuur Hospital. A work group was set up in 1995 to inves-

tigate the future of the racially divided colleges. Mr Rasool said rationalising them into one college would take them off their "racial axis".

The new college would not be tied administratively or clinically to any hospital. It would have a changed curriculum, which would produce nurses to serve the new primary health-care system.

Mr Rasool said the cost of upgrading and modernising the Nico Malan College to a "reasonable standard" would be calculated and if the amount was manageable, the new school would be established within 18 months.

The college will be headed by a deputy director and assistant director until a director's post is available.

The number of nurses to train there

will vary according to the needs of the Western Cape and other provinces.

This year about 180 nurses started training, about 25 of them from other provinces.

This figure is down from the average of 230 in past years when there was an oversupply of nurses.

Mr Rasool said the future of other three nursing campuses would depend on the hospitals.

"It is difficult to work out savings initially, but we are not losing staff.

"I am very happy we have reached this point in the history of nursing education. The new school will make a decisive break from the apartheid past and give dignity and greater worth to nurses who remain a valuable and indispensable part of the health system," he said.

Call for nurses to fight for rights

(95) *Sowetan 3/10/97*

SOUTH Africa's nurses were being exploited, suppressed and ignored, the first national congress of the Democratic Nursing Organisation of South Africa (Denosa) heard yesterday.

Opening the event in Pretoria, Denosa president Ms Philda Nzimande said nurses should stand up and fight in unity to improve their lot in the public service.

"Nurses, I believe, are discriminated against, are ignored, are suppressed and exploited," she told the congress.

Clerks in the civil service were recently granted a better working dispensation than professional and other nurses.

"We need to strengthen our lobbying and campaigning for our rights," Nzimande said.

She said Denosa's views were being passed over when it came to the drafting of new legislation on topics such as abortion and basic conditions of employment.

"When Denosa made submissions, our positions are not taken seriously.

"Government and the legislature need

to understand that they are accountable to us, since we voted them into their positions," Nzimande said.

"Matters affecting nursing in this country should be discussed with us."

Nzimande cautioned Denosa against rushing into affiliation with one of the three labour federations to gain more influence on Government policy.

Sway policy

The Congress of South African Trade Unions (Cosatu) appeared to be the only federation able to sway government policy, she said.

"There is one big problem with Cosatu as well: it has an alliance with a political party, the African National Congress, which goes against the spirit of our constitution," Nzimande said.

She said Denosa might reconsider if Cosatu decided to terminate its alliance with a political party.

Denosa was launched last December to unite the country's nursing bodies into one organisation. Its congress will decide which forms of industrial action will be acceptable to members. - Sapa.

Special

MPHOTO

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DANGER: SMOKING CAUSES HEART DISEASE

15 mg tar 1,4 mg nicotine As per Government agreed method

alcohol limit to 0,05.



CP 12/10/97 (95)

Hospital care in jeopardy as enraged nurses claim unfairness

By PHALANE MOTALE

MEDICAL care in three major hospitals in Gauteng and Northern Province is on the brink of collapse following threats of disruption by striking student nurses in Pretoria.

More than 500 trainee nurses at Lebone Nursing College in Atteridgeville have stopped working and threatened to spread their action to other hospitals if two tutors did not resign.

The students downed tools on Tuesday, accusing the two tutors of being responsible for the "high failure rate."

They said that unless their demands were met, they would "make their presence felt" at the Kalafong, Tembisa and Pietersburg hospitals. The students serve their practicals at these hospitals.

But the health department said the two tutors would remain on duty at the college, while an investigation regarding the allegations by the students gets underway.

Patient care and services at the hospitals were not affected this week because the students were not scheduled to do their practical sessions in the wards. They were attending theoretical classes at the college.

Student Representative Council (SRC) president Lawrence Mabunda told City Press that the tutors were intimidating the students by saying the decision to issue a diploma in nursing was in their hands and they would pass or fail students no matter what their examination results.

Mabunda said they had reported the problem to the Gauteng Health Department on several occasions, but each time the department replied with threatening letters.

"The other worrying factor is that they write threatening letters to us while the negotiations are on. They are not fair negotiators," Mabunda said.

But it seems the students were also using threatening language in their memoranda. In a memorandum which was handed in on September 10, they said: "If our demands are not met within 30 minutes, we shall resort to a very, very violent action which if possible may cause physical and possibly mental trauma to anyone who intervenes."

Last week the department issued a letter threatening to dismiss the students and close the college with immediate effect if the students did not report to classes and resume their hospital services by 7.30 am on Friday.

"The principle of no-work-no-pay will be enforced. In addition, disciplinary action will follow which may result in dismissal from the service," read the letter.

But the students told City Press that the same rule should apply to the tutors who have allegedly not performed their duties since the strike started.

But by Friday afternoon, the students were not yet formally dismissed. Instead, they received a letter giving them the opportunity to provide the department with a written explanation within three days, giving reasons for not attending classes and performing their duties.

When City Press visited the college, students were blocking the entrance to the college and toying.

"We plan to cause real disruption by occupying offices, emptying dustbins and if possible taking staff members hostage," added another SRC member.

The students are to start their examinations tomorrow.

"As long as the authorities are not interested in our demands, we are not interested in exams. Our future does not entirely depend on the examinations," said a SRC member.

A meeting between the SRC, college management and senior officials of the Gauteng Health Department is scheduled for tomorrow at the college.

Free ride ends for student nurses

MICHAEL SCHMIDT

ST9/11/97

(95)

FREELADING student nurses have cost taxpayers millions by abusing a scheme that pays their fees and a salary while they study.

Their method to remain in the money has been simple — fail.

Some students have deliberately failed year after year in order to continue ripping off the system.

But tomorrow the Kwazulu Natal government will crack down on the abusers when it boots 80 student nurses out of colleges and universities.

It has been costing taxpayers up to R50 000 a year for each student — while hospitals are desperately understaffed and qualified nurses receive pitiful salaries.

One student has failed repeatedly for 11 years, while the government continued to pay R24 000 a year for her tuition fees and monthly salary.

For the past decade, taxpayers' money has been used to keep Thakasile Hlope, 30, at university and pay her a student salary of at least R1 200 a month.

The scam will be brought to an abrupt halt in the middle of exams tomorrow when the provincial health department expels the students. Nursing exams end only next Monday.

Students rioted last month at the Ngwelezana Nursing College, near Empangeni, when they received letters telling them they faced the chop unless they could provide good reasons why they should continue to be subsidised.

For a decade the health department asked no questions as it paid the bill for "career" students: an R18 000-a-year

starting salary for apprentice work at hospitals and R6 654 a year in tuition fees. The state also pays the bulk of students' board and lodging. And if they managed to make it to the fourth year, the students could earn a salary of up to R33 600 a year.

A similar scam operated in the Eastern Cape, but authorities cracked down and put a six-year study limit on student nurses. Gauteng has a limit of five years.

Ngwelezana Nursing College head Sizakele Seme said a third-year student was allowed to handle high-schedule medicines and to work in critical-care areas of the hospital, like the operating theatre.

"It is easy to rattle off the symptoms of asthma, but these students don't recognise an asthma sufferer when they meet one," she said.

But Dr Amy Glover, medical superintendent at the Benedictine Hospital, which hosts one of Ngwelezana's campuses, said the 13 of her student nurses who had received letters from the health department were not career students but only in their first or second year.

"I shall be distressed if they are dismissed," she said. "But it's right in this political climate to challenge people who are given opportunities when so few have them."

Ngwelezana medical superintendent Peter Haselau said the college was trying to get the health department to introduce performance-based bursaries.

Provincial health spokesman Dave McGlew said: "We are clamping down on it."

"When students are pushing eight years to complete a four-year course, that's crazy."



HANNES THURAT

Dim hope: nursing graduates at last night's ceremony in the City Hall face a bleak future in the face of massive health budget cuts which will limit their chances of putting their training into practice

Nursing graduates today, jobless tomorrow

BEAUREGARD TROMP
STAFF REPORTER

(95) AKC 12/11/98 12/97

After the thrill of getting their diplomas last night, Carinus Nursing College graduates will soon have to face the agony of job-hunting - with no posts available in the province.

"Very few of them will actually be able to get jobs in the Western Cape and next year

there will be a further downsizing of about 2 000 to 3 000 more staff," warned Logan Wort, a spokesman for outgoing provincial Minister of Health Ebrahim Rasool.

This would add to the 11 000 staff who had been axed as part of the health department's downsizing plan, many taking voluntary severance packages, he said.

For some time the posts of people who resigned were frozen and in June the depart-

ment abolished these jobs. This was part of an attempt to reduce health budget deficit expected to reach R692-million by the end of next year, which will mean a further reduction of the health budget for 1998.

Mr Wort said the ministry was doing "the best with what they had", with the diminishing budget allocated by the provincial government.

We can either go the Martha Olckers (outgoing Minister of Education) way by playing a political game and blaming the Government or we can see how best we can deliver health care to the people with what we have," he said.

Last night's graduation ceremony was the last for Carinus as it and other colleges will be incorporated into the Western Cape Nursing College to save costs.

HEALTH & DISEASE

- NUBES -

1998-1999

'Inhuman' city midwives beat women during labour

Researchers unveil abuse at obstetric unit

JENNY VIALI
HEALTH REPORTER

Women attending a Cape Town midwife obstetric unit say they were beaten, slapped and scolded by midwives during pregnancy and labour.

Mothers interviewed for a research study at the unit said midwives spoke to patients as if talking to children and many reported that "nobody showed any kindness".

They described midwives as "inhuman", "not caring", "silly", "rude", "ridiculous", and "not kind".

The report of the study, published in the Urbanisation and Health Newsletter, said the patients' accounts were of great concern.

One woman said she was slapped in the face when she was found squatting next to a bed because she could not climb up. Another said she was repeatedly beaten on the thighs during delivery.

A woman who delivered her baby on the

ARG 2/21/98
floor was beaten, scolded and told to clean up the mess herself and the midwife refused to pick up the baby, the report said.

The research by Rachel Jewkes, Zodumo Mvo and Naeema Abrahams of the Medical Research Council's women's health division found midwives felt justified in scolding patients who were seen as "morally deviant", such as pregnant teenagers.

Hitting was part of the routine management of women who panicked during delivery and closed their legs, said staff. But cases of women being beaten for sitting or delivering their babies on the floor were clearly cases of violence being used as punishment, said the report.

There was also evidence that some staff regarded their patients as "stupid" or "like children" who were not worth the time and effort of proper explanations.

Most pregnant women indicated they had expected problems at the unit, in particular being shouted at, beaten or neglected. These

(95)
expectations were largely based on personal previous experience or that of friends.

All but one of the 17 women interviewed reported shouting, scolding, rudeness or sarcasm in some form which they found unpleasant or hurtful.

Some women resisted the treatment, leading to arguments. Others avoided the unit as long as possible or tried to book elsewhere. Others tried to find help from other patients or cleaners.

The study findings suggested that part of the problem might lie in communication skills of staff and deficiencies in training about information sharing and support for patients, said the report.

Health managers and the Nursing Council needed to take a firmer line on what constituted unprofessional, unethical and unacceptable behaviour from nurses and seek evidence and use disciplinary action to ensure violence against patients was stopped.



LEON LESTRADE

We care: Gay Harris, Cilla Mallhem and Marlene Langman who have been raising funds for new medical equipment at Victoria Hospital

Victoria's nurses fight back against budget cuts

JENNY WALL
HEALTH REPORTER
(95)
9/16 2/12/98

Budget cuts are biting deep in the health service, but nursing staff at Victoria Hospital are not sitting back and bemoaning the lack of money.

When an expensive piece of equipment broke last year, the hospital's theatre sisters took the initiative and started raising funds to buy a new one.

A new video laparoscope, used for sterilisation procedures, will cost R7 800.

Gay Harris, sister in charge of theatre at Victoria Hospital, said the hospital had applied for funds for a new laparoscope but were told by the health department that there was no money for a new one. The old laparoscope cannot be fixed.

Nursing staff decided to pitch in and raise the money themselves. One nurse put together a hamper to raffle, others were

making and selling sandwiches and fudge to patients and visitors. Others are arranging a Bingo evening in March.

"It's unfortunate that there's no money available," say Ms Harris. "But we need to replace the laparoscope as soon as possible before prices go up. Not having it means we can do fewer tubal ligations (sterilisations). We need it soon."

■ Anyone who can help is asked to contact Sister Harris 799 1169.

Denmark gives R1-m to SA nurses

(95) GAW 11/2/98
South African nurses are to receive nearly R1-million from the Danish government to boost transformation in their profession, the Democratic Nursing Organisations of SA announced in Pretoria yesterday.

Denosa said it would use the money to strengthen the nursing profession and improve quality health-care in South Africa.

The grant was announced by International Council of Nurses presi-

dent Kirsten Stallknecht on a visit to South Africa.

On her tour, Stallknecht visited several hospitals, primary healthcare clinics and the Department of Health.

She said South African nurses should be realistic in their expectations. They should remember that the country was in a transition period.

On striking, she said: "A nurse never lets her patients down." - Sapa

As nurses act on racism...

MF 13-19/2/98

(95)

Lynda Gledhill

While a nurse's job is to heal the sick, mending the profession's racial wounds is proving difficult.

The recently formed Democratic Nursing Association of South Africa is struggling to overcome the still-prevalent problem of racism, especially in private hospitals.

"These places are still predominantly white," said the association's president, Philda Nomusa Dudu Nzimande. "The majority of the administration is white and the lower workers are black."

The association has pledged to confront management. "If government policies say so many people must be employed in management of a certain colour, we should be checking to make sure this happens," Nzimande said.

One nurse, who claims she was fired from a private clinic because she is black, said the all-white management will not stand up for the rights

of black employees. "They would agree I was right, but do nothing about my problems," she said. "I just want to be treated like a professional and a human being."

Nzimande admits that the organisation is also fighting racism internally. "Whenever you have people of different backgrounds, there are going to be problems," she said. "The nursing profession has not been in harmony with what has been going on in the country." The association is an umbrella organisation formed to absorb more than 10 nurses' unions.

This week the association hosted Kirsten Stallnecht, president of the International Council of Nurses. She expressed hope that South African nurses will bridge the racial chasm. "Of course there are still many hostile feelings," she said. "I think it's very important they don't give in to that."

While in the country, Stallnecht announced a R1-million funding project for the unions from the council and the Danish government.



Struggle continues: Nelouise Geyer, of the Democratic Nursing Association, and PF Mohlammé, deputy director of Chris Hani Baragwanath Hospital, address nurses on the issue of racism. PHOTO: RUTH MOTAU

4 nurses' training colleges to be closed (95)

By ANSO THOM
Health Reporter
BD 26/3/98

Gauteng's nursing sector is facing major restructuring. Four training colleges are to close in the next two years, and post-graduate nurses have agreed to a form of community service once they have completed their training.

Director of professional services in Gauteng's health department, Mary Grace Msimango, said the factors which prompted the rationalisation of colleges included gross underutilisation, the high cost of training (R11 164 a year per student) and marked inequities whereby ratios varied from nine students per tutor to 26.

The four campuses which will close are B G Alexander and Corona in Johannesburg, Bona Lesedi on the West Rand, and Lebone in Pretoria.

New colleges with corporate identities will be established on the remaining four sites at Chris Hani Baragwanath and Anne Latsky in Johannesburg, and Gankuwa and Lourens in Pretoria.

Msimango said the process was being phased in. She said that in the past, nurses had not been required to make any contribution to the public sector in return for their fully funded studies, which could amount to R175 664 per student for a four-year basic-training course. This had prompted the health department to introduce a system of "bonding" students.

If each nurse who started the basic course this year had signed an agreement to work for the department for two years, the agreement would be broken, the nurse would be liable for half the cost of training.

Gauteng director of professional services Mary Grace Msimango encourages nurses to work in the public sector.



Big shake-up of nursing field

Sowetan 30/3/98

(95)

By Claire Keeton
Feature Writer

THE backbone of the healthcare system, the nursing profession, is being aggressively manipulated into shape to serve the needs of a non-racial South Africa.

For the first time nursing training has become fully integrated in Gauteng province and resources are being re-prioritised to build a more efficient, equitable service, with no loss in training capacity.

Another significant first is the decision to "bond" student nurses into service agreements after they have qualified in Gauteng, since the province bears the cost of the training and pays student nurses a salary during the four-year course.

The pattern of amalgamation and rationalisation in the Western Cape is similar to that in Gauteng, though severe cost-cutting in the Cape health department could result in a shortage of trained nurses in the public sector.

The transformation of the nursing system will inevitably have a major impact on all provincial health departments as roughly 30 percent of their employees are nurses. Despite this, nursing colleges turn away thousands of applicants every year.

Gauteng and Western Cape have centralised their application process, a move which reduced the total number of applications in Gauteng from about 300 000 to 80 000 annually (by removing duplications). Only about one percent of all applicants are accepted into the course in Gauteng.

Gauteng director for professional services Ms Mary Grace Msimango says the debate around whether nursing education is a national or provincial competency has not yet been resolved, but the province could not wait to implement structural transformation.

The amalgamation and closure of nursing colleges is the most visible sign of rationalisation in Gauteng. The health department has closed four of the eight campuses as part of the painful process of restructuring, while successfully integrating teaching, staff and students on the remaining four.

Gross underutilisation of the colleges, the high costs of training, racial segregation and inequities were problems which prompted the mergers of colleges.

The mergers will eliminate duplication without reducing the training capacity of colleges, since stocktaking showed that Gauteng

‘The greatest area of need is for well-trained hospital nurses in both the public and private sectors. Nurses should be competent.’

needs about 900 more nurses than it presently employs.

It costs over R9 000 to train a student nurse annually, plus the salary of over R34 000. Gauteng has already cut the cost of training individual students by about R2 000 a year and anticipates further savings when the rationalisation is complete.

The deputy director of nursing education, Ms Sue Armstrong, said the overall training budget for the 2 800 students has dropped from about R42 million annually to R40 000, even though the salary bill included in this amount rose substantially in that time.

Now the four amalgamated colleges, including Chris Hani-Baragwanath in Soweto, will develop new identities and will be reserved for different types of training.

Upgrading

Gauteng has identified a need for more nurses with advanced training, particularly intensive care and primary healthcare, and has made provision for the upgrading of existing skills in the restructuring process.

"We have a much bigger problem with lack of expertise than lack of money," said Armstrong.

This is not the case in the Western Cape where cutbacks have been the driving force behind rationalisation. The project manager of rationalisation, Dr Peter Vurgarellis, said the health department accepted fewer student nurses this year "for financial reasons".

Asked whether there would be enough nurses in the long-term, he replied: "We are doing a balancing act at this stage. It would be irresponsible to train nurses and not accommodate them." The colleges have less than 1 000 student nurses altogether this year.

Vurgarellis said the Western Cape planned to amalgamate its four colleges into one over the next few years. "We are still under four roofs until this decision is finalised.

It will be a financial and political decision.

"We will save through rationalisation and once we have consolidated under one roof, with one principal and management, there will be further cost savings."

He said the colleges had already rationalised their four curricula so that all students, except those in final year, shared common curricula and staff. "We are also in the process of finalising which universities will supervise what subjects at the colleges," Vurgarellis said.

Post-basic tutor at Carinus Nursing College, Ms Denise Auchterlonie, said they received trainees from all over the country including Northern Province and Eastern Cape, and from as far afield as Namibia and Kenya.

The department is concentrating on primary health care training at all levels. The chief director of administration in the Western Cape, Dr Jocelyne Kane-Berman, agreed that training was increasingly community-based, adopting a primary healthcare approach that used resources for preventative and promotive care.

But she warned: "We could swing too far. The greatest area of need is for well-trained hospital nurses, in both the public and private sectors. We must be sure that nurses who qualify are equally competent in community-level care and hospital-level care."

Kane-Berman said she hoped that the rationalisation would result in better nursing training, although she found the large number of nurses who had taken voluntary severance packages from the public health sector as a result of rationalisation "an alarming trend".

"There are never enough nursing staff (in public hospitals) and we are short of funds," she said.

Gauteng's decision to bind student nurses to two years' service when they complete their basic, or else make them liable for half the cost of their training, is an attempt to retain nurses in public hospitals.

"As the public sector we will never compete equally with the private sector or with overseas countries like Saudi Arabia. But there has been an improvement in salaries since 1996," said Msimango.

"We are prepared to release 4,5 percent of our full-time staff for study leave at any time," she said. "Wider opportunities have opened up with the new health department (for nurses) to apply for posts in management."

Nurses complete advanced course

BD 7/5/98 (95)

Josey Ballenger

AN ADVANCED nursing training centre in Pretoria, born of the "desperate" need to augment primary and emergency skills in the public sector and the military, has seen more than 100 nurses graduate.

"The rural areas of SA are crying out for experienced health care practitioners," said Kobus Nel, CEO of SA Druggists' Pharmacare division.

"The project aims to alleviate national shortages and provide a real qualification and career opportunity for many South Africans," Nel said.

The centre is sponsored by Pharmacare, which has committed R2,5m over

a five-year period since 1996, in partnership with the health department and the SA National Defence Force's SA Medical Service in Pretoria.

The advanced programme is one of two such public-private partnerships in the country, the other being the Gold Fields Foundation-sponsored St Elizabeth Hospital in the Eastern Cape.

Nurses from across the country are eligible for the 12-month "post-basic" course covering patient care, paediatrics, gynaecology, family planning, pharmacology and emergency care.

So far 146 students have enrolled, with 106 having completed the course which incorporates practical, theoretical and distance training modules.

Nursing schools set to merge

JENNY WALL
HEALTH REPORTER

ARC 30/7/98

Cape Town's four nursing colleges will become one, as a task team recommended, but will have two campuses.

Health Minister Peter Marais said it would not be practical at this stage to have only one campus, because the Health Department did not have the R16-million needed to upgrade the Nico Malan Nursing College for this purpose.

Mr Marais said his decision was a practical, not political one. The new

college, the Western Cape College of Nursing, would be established by January. It would have a campus at Nico Malan, to be renamed the Athlone campus, and at Tygerberg Hospital, where the two existing colleges, Saleh Dollie and Otto du Plessis, would merge.

"This would be an interim measure until the appointment of a new college council, which would advise Mr Marais on a single site for the college, while the Health Department would investigate the financial implications of having more than one campus.

UCT's new heart disease hope

JENNY WALL
HEALTH REPORTER

The heart research unit at the University of Cape Town is on track to develop an implant which will revolutionise the management of heart patients around the world.

A R23-million collaborative agreement between UCT's cardiovascular research unit and Medtronic, a medical device company,

will make it possible for researchers to spend the next five years seeking ways to trick the body into regrowing diseased heart valves and arteries.

"We hope to offer the body an artificial scaffold which includes specific signals that allow the body to do what it did as an embryo - grow heart valves or arteries," said the director of the unit, Peter Zilla.

Professor Zilla developed a similar method of regrowing arteries,

combining molecular and cell biology with polymer science, while working in Austria.

About 3 000 South Africans a year have heart valves surgically replaced because of such diseases as rheumatic heart disease.

Ideally, replacement valves are made of titanium and outlast patients. But they work successfully only if patients are on lifelong anti-coagulation medication, which is potentially life-threatening.

20

Move to up lodging fees angers nurses

Sowetan 4/9/88 (95)

By McKeed Kotlolo

HUNDREDS of student nurses at provincial hospitals in North West are up in arms over a decision by the authorities to increase boarding and lodging fees by more than 300 percent from the beginning of last month.

Student nurses at Jubilee Hospital in Temba, near Hammanskraal, said their fees had increased from R80 a month for boarding and lodging to R389,90 from August 1.

The students said they were not consulted when the decision was taken and that each of them was already in arrears of about R309,90.

Attempts by *Sowetan* yesterday to contact Jubilee Hospital's super-

intendent and the liaison officer for health and welfare in Mmabatho were unsuccessful.

The students said R324 of the total amount was for meals only and they were not allowed to cook their own food.

"Whether we eat in the dining hall or not, the hospital is deducting the amount for meals from our salaries because it is compulsory that we eat the hospital food," said a spokesperson for the Jubilee Hospital students representative council.

"As a result we are boycotting the dining hall and we demand the introduction of a coupon system for meals with immediate effect," she said.

The boycott started on Tuesday.

She said they only became aware of the increased fees on September 2 after individuals were informed by hospital clerks about the hikes, implemented on August 1.

The student representative council then demanded a copy of the circular from the hospital's secretary who refused to hand it over.

They approached the matron but she had received the circular only on Tuesday from the secretary.

The circular was accompanied by a letter in which the secretary asked for the personal numbers of all student nurses to enable the hospital to deduct the new fees plus arrears from their salaries.

Cape nurses 'flee poor pay'

GENKRAYA MBESI

SPECIAL CORRESPONDENT

96
ART 29/10/98

Professional nursing sisters who have served Khayelitsha Day Hospital for more than 15 years are leaving for more lucrative opportunities overseas.

The number of nursing sisters being lured overseas is increasing almost every week, according to a recruiting agency in Cape Town.

Some of these professional staff members claim they are fleeing arduous working conditions at Nonkqubela Day Hospital.

They are also being attracted by high salaries which are paid to contract nurses in Saudi Arabia – more than R10 000 a month, tax free, they say.

Nobulali Mbilini, 34, has decided to take up a five-year contract in Saudi Arabia.

"The main thing that attracts me is the money, better working conditions and to be able to learn more.

"We are working under very bad conditions and we are understaffed,

We are not paid according to our experience. If the doors open up, we should grab the opportunities with both hands," she said.

Ms Mbilini believes that leaving the country to work in another is a great challenge.

"You don't know what you will meet abroad. We are taking a risk but I am happy because I will still be doing the same job that I do now."

Ms Mbilini is about to write examinations at the Peninsula Technikon, but says she has no time to study over weekends because she has to work.

She likes her work, but she cannot cope with the poor working conditions and long hours, and she sees little sign of change, she says.

Ms Mbilini treats between 60 and 80 patients a day, and says the nurses see more than 1 000 patients a day at Nonkqubela Day Hospital.

She was persuaded to become a nurse by her father, who nursed in the Eastern Cape.

She hopes to stay in Saudi Arabia for five years, and wants to concentrate on improving her education.



Flying out: nursing sister Nobulali Mbilini is taking up a contract in Saudi Arabia in the hope of better pay and working conditions.

LIBRARIAN MBASA

Fed-up nurses joining brain drain in droves

Star 16/1/99

(95) (100)

By ELLIOTT SYLVESTER

In the last three months of 1998 about 150 nurses tendered applications to leave South Africa to take up positions in foreign countries.

Medi-link International, a British-based nursing placement agency, successfully placed more than 200 local nurses in positions in the UK last year and reports up to 30 inquiries a week.

Later this month a further 48 local nurses will leave for Britain to tend to the sick and suffering battling under the strain of a rampant flu virus laying hundreds low.

More and more South African nurses are selling their services on the international market for more lucrative compensation. The Britain-bound nurses were offered salaries of up to R160 000 a year when they were recruited in November.

Because of their strong, stable currencies, Britain, along with Saudi Arabia and the United States, have become the most popular foreign destinations for SA nurses.

"It is a matter of seeking greener pastures," says Democratic Nursing Organisation of South Africa deputy director in charge of industrial relations, Thembi Mngomezulu. "Our nurses are trained to the highest standards and can compete competently at an international level."

One such nurse seeking better working conditions is 40-year-old Kedibone Moromoholo. The Pimville, Soweto, single mother of two is hoping a position in Saudi Arabia will be the answer to her financial predicament. "Many nurses can't cope with what we are earning now," she says. Her potential Saudi Arabian employers would pay the casualty-ward nurse between R12 000 and R16 000 a month - four times her current salary.

Other benefits include no taxation, accommodation on arrival as well as fully paid travel costs if she wishes to visit her two sons, who will remain behind. With the promise of little or no language barrier and a short orientation programme, as well as a bonus on completion of her contract, there is very little to hold Moromoholo back.

Having completed her training at

Chris Hani Baragwanath Hospital in 1983, she has more than 15 years of nursing experience but very little to show for it. "We (nurses) thought that after the new dispensation we would be better recognised and rewarded for our efforts but have received absolutely nothing."

Adding to the frustration of constantly working long hours, coupled with a high stress level, is the limited room for upward mobility. "When a staff member retires or dies, her post is frozen, blocking our way to promotion," she says.

But even when promotions are awarded, the pay increase is negligible, which further fuels Moromoholo's desire to leave the country. "My plan is to work in Saudi Arabia and come back in two or three years when I have saved up enough money," she says.

According to Mngomezulu, these plans don't always pan out as expected. "Many nurses decide to stay overseas, and if the local conditions of employment do not improve, I think more of them will be doing it."

Although South Africa now has one of the world's most progressive constitutions and labour relations acts, nurses still need a balanced level of protection concerning employment security and working conditions.

Speculating on further emigrations, Mngomezulu says the private sector will not suffer because of the high degree of competition. The public sector, however, where nurses are dependent on taxpayers, could, in the

long run feel the effects.

"Not so," says Khangelani Hlongwane, spokesperson for Health Minister Nkosazana Zuma. "There is no threat to our health services if nurses are leaving to work overseas," he says. "Nursing is a very mobile profession in a fluid world and there is nothing alarming about them leaving," he adds, saying that concern was raised only because South Africans were for the first time discovering foreign job prospects.

But with large-scale recruiting, such as the international job fair scheduled for late February for placements in, for example, Britain's St Mary's teaching hospital, nurses will be hard pressed not to opt for a system that rewards them appropriately for their invaluable service.



LURED BY MONEY: Kedibone Moromoholo is leaving to work in Saudi Arabia

Low salaries prompt nurses to leave for greener pastures

More than 100 off to the UK this month

TWEET GAINSBOROUGH-WARING

Nurses are leaving South Africa in their droves even though some private hospitals in the cities are offering them better salaries than the embattled government hospitals.

A newly qualified registered nurse can expect to earn R47 612 a year in a State hospital, less than a third of what they could earn overseas.

A registered nurse working in a plush private hospital in Cape Town told Saturday Argus why she and many of her colleagues are leaving.

"Money is the major motive for most."

The 34-year-old nurse has been working for five years since qualifying.

"Last year I bought a flat and, by renting out the second room, I just managed to cover the bond."

However, with the huge increase in interest rates, her life has become a matter of grim survival: she holds down two jobs to pay a bond and has no disposable cash and little free time.

In the United Arab Emirates she would probably earn double her salary, with accommodation thrown in. Her only costs would be food and entertainment.

She said South African nurses were not sufficiently compensated

for the level of responsibility they carried and for their long working hours.

Joanne Murray, placement consultants of O' Grady Peyton in Somerset West, told Saturday Argus that this month she was sending 128 newly qualified nurses to the United Kingdom.

Ms Murray said once the nurses had completed three months post-graduate work in the UK, they would probably stay overseas to find employment. The nurses had been unable to get jobs in South Africa because posts had been frozen.

She said nurses from the private sector looking for overseas employment usually opted for the Middle East where the pay was better than in South Africa.

A Cape Town nursing placement consultant said she was getting about 50 inquiries a month from nurses wanting to work overseas.

"Their main reasons for leaving are wanting to travel and see the world, to gain experience at international level, to earn more money and to emigrate," she said.

She said South Africa's poor economic state and rising crime were also given as reasons for leaving. Many nurses were also battling to find permanent positions as many posts had been frozen.

She said nurses could expect to earn between R150 000 and R180 000 a year overseas.

"South African qualifications are recognised in the UK, but nurses must first register with the UK Nursing Council before they can practise." That could take up to three months and cost about R1 260.

The strong and stable currencies of Saudi Arabia, the UK and the United States have made these the most popular destinations for South African nurses.

In addition to a salaries up to four times higher than in South Africa, nurses going to Saudi Arabia get other benefits, such as not having to pay tax, free accommodation on arrival and paid travel costs.

The Democratic Nursing Organisation of South Africa said nurses were leaving South Africa because of the financial incentives abroad and because they wanted to gain experience before settling down.

The organisation said the "downsizing" of the public service, the introduction of severance packages and freezing of posts had created an opportunity for nurses to leave.

It would continue to negotiate for better salaries and conditions for nurses in South Africa to improve morale and attract nurses "back home".

ARG 6/2/99

(236)

(95)

BONNY SCHOONAKKER: London

A BRITISH hospital, struggling to cope with too many patients and too few qualified staff to treat them, has in desperation turned to South Africa's nursing profession for help.

Under an unprecedented recruitment strategy, the Royal Sussex County Hospital, in Elm Grove, Brighton, has signed up 27 new graduates from nursing colleges in Johannesburg, Cape Town, Durban and Port Elizabeth, the first time a hospital in Britain has hired foreigners on such a scale.

Stuart Welling, head of the Brighton Health Care NHS Trust, which runs the hospital, told journalists this week that the drastic measure had become necessary because Royal Sussex had fallen behind in its attempts to shorten the lists of patients waiting for treatment.

In Brighton alone, 9,659 people were waiting for surgery last December, a mere fraction of the 117,518 patients on the national waiting list, according to figures provided this week by Britain's Department of Health.

But, reported the town's newspaper, the Evening Argus, hope had been found in the form of a batch of South African nurses.

After a two-week induction to Brighton, Britain and the National Health Service, the first members of the South African contingent — 17 women and two men — will start work tomorrow with a three-month course to qualify them for UK Central Council registration, their entry ticket into Britain's nursing profession.

Another eight, more experienced nurses from South Africa,

Britain hires SA nurses

ST 14/a/99
Young graduates leave Africa
to aid overburdened hospitals

would start a few months later and plans were being made to recruit even more after that, a spokesman for the trust said.

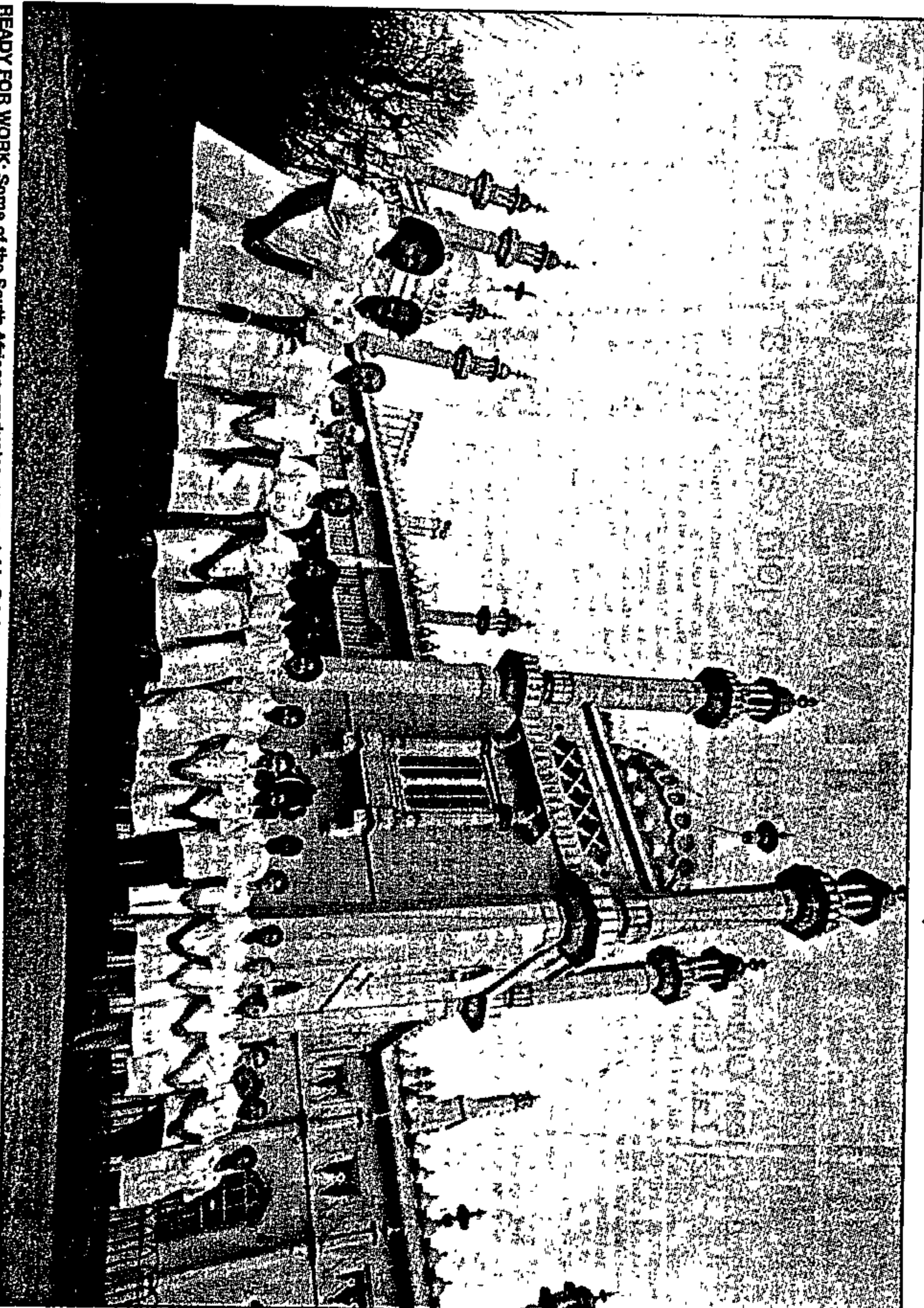
And just in case the 19 South Africans were in any doubt as to how pleased the people of Brighton were to see them, Frank Tonks, the city's mayor, hosted a welcoming tea party in their honour on Thursday at the Royal Pavilion, Brighton's most famous landmark. Even more delighted by their arrival was Baroness Emmerton, the chair of the Brighton trust, who felt her job might have been on the line if she had not undertaken "this rather non-traditional method of recruitment".

The South African nurses' response to the trust's advertisements placed in South African nursing journals comes at a time when Frank Dobson, the Secretary of State for Health, is under pressure to honour the Labour government's commitment to

hire more nurses, doctors and other staff to reduce waiting lists. The South African nurses also begin their careers in Britain just in time to benefit from the 12 percent pay rise for newly qualified nurses announced two weeks ago.

But most of the 19 nurses, who can expect a take-home monthly salary of \$804 (about R8,000) after completing their registration, say money or the need to find a job were not the main reasons they came to Britain.

"It's an opportunity to travel, to get job experience outside of South Africa," said Kim Awood, 22, a graduate of the Carinus Nursing College in Cape Town. Denny Peacock, 22, a graduate of Durban's Addington College of Nursing, was one of the few to say she had found it difficult to find work in SA, telling a local journalist that "it's quite hard to get a job in the South African health service at the moment".



READY FOR WORK: Some of the South African graduates pose outside Brighton's Royal Pavilion after their welcoming tea party

Picture: ANDREW HASSON

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Nurses warn of 'chaos' in hospitals

Star 17/3/99
By ANSO THOM
Health Reporter

The Democratic Nursing Organisation of SA (Denosa) has warned against "chaos" in state hospitals in the event of a strike as no agreement existed in the public service on minimum or skeleton staff.

Nursing has been defined by the Labour Relations Act as an essential service, bringing with it different guidelines in the event of a strike by the more than 50 000 nurses represented by Denosa.

The national congress of Denosa voted in favour of industrial action "where applicable" in 1997.

But, according to Thembi Mngomezulu, Denosa's deputy director of Industrial Relations, no progress has been made since then on negotiations around the minimum staff that need to work in the event of a strike.

"Salary negotiations have already commenced, but we find ourselves in a very difficult position as no agreement exists between ourselves and the department of health. So, at the moment, we are not allowed to strike in the event of a dispute," Mngomezulu said.

"On the matter of skeleton staff there has been no agreement. We have held two workshops with the health department this year, but it was more brainstorming that decision making," she said.

In a Denosa policy document submitted to the CCMA and the health department, the organisation stated that there needed to be a balance between the need for essential nursing services and the right of members to take collective job action on issues relating to working conditions and quality of care.

To ensure this balance, Denosa committed itself to see to it that no industrial action interfered with

staffing for:

- crisis intervention by nurses for the preservation of life;
- ongoing nursing care to ensure the survival of those unable to care for themselves;
- nursing care required for therapeutic services without which life would be jeopardised;
- nursing involvement necessary for urgent procedures required to obtain information on potentially life-threatening conditions.

Denosa stressed that it was critical to estimate the number of staff needed to maintain these nursing functions during a strike.

The organisation identified three classes of nursing and related services in a hospital situation.

These included critically essential services, those that may not be stopped, such as emergency medical nursing services,

emergency surgical nursing services, high and intensive care, neonatal and paediatric nurses, acute psychiatric services and maternity services.

Denosa recommended that these units should be staffed between 80 and 100% during a strike. Other services that could afford less staff, according to Denosa, included medical and psychiatric clinics, surgical services, selective surgery services, family planning and ante-natal services, physiotherapy services and nursing for the mentally ill and physically disabled.

The third service class included support services such as laundry, security and catering. "The department of health is comfortable in the knowledge that health services are essential services and that it is the responsibility of trade unions to inform their members of this. "This will lead to chaos," Mngomezulu said.

Dr Steven Hendricks of the health department's human resources department was not available for comment.

There is no agreement on matter of skeleton staff

(95)

MPs slam Afrikaans medical schools over slow pace of change

CHARLES PHAHLANE
POLITICAL CORRESPONDENT

95
13/99
Transformation of medical schools at Afrikaans universities has been progressing at a slow pace but the medical deans are blaming factors outside their control.

During a presentation to Parliament by the universities of Stellenbosch, Free State and Pretoria it emerged that the enrolment of black, Indian and coloured students at these universities was low.

A questionnaire sent out to deans of medical faculties also found that the number of black, Indian and coloured graduates was very low.

Stellenbosch University did not have a black or Indian medicine graduate last year and 14 coloured graduates of a total of 143. Free State University had two coloured graduates and no Indian or black graduate out of 113. University of Pretoria had no black graduate and only three of 207 graduates were coloured.

But Jan Lochner, dean of Stellenbosch University, said the universities should not be blamed for the poor enrolment of black, Indian and coloured students.

He said the problem lay with the schooling "crisis" in the 1980s. He said students were not well prepared for tertiary education.

François le Roux, vice-dean of the University of Free State, where only 10% of new medical school students for this year is black, said black students preferred to study at universities at the coast or in Gauteng because the Free State was a "boring" province.

Some MPs questioned the explanations and said that admission criteria at these universities were

"systematically biased" against disadvantaged students.

"The selection criteria of these universities are not friendly, not fair and not committed to addressing the imbalances of the past," MP Nondiso Ranuya-Maphazi said.

Dr Lochner said the fact that no black or coloured student had graduated in medicine from Stellenbosch did not confirm any discrimination process other than academic considerations.

He said the number of white students in his faculty was dropping because they were purposely being discriminated against in favour of disadvantaged students.

The Medical University of South Africa (Medunsa) said it was struggling to fill nine vacancies for heads of department because it could not secure funding from the Gauteng government.

Mpumelelo Bonela, Medunsa's dean of medicine, said funding for the posts had to come from the budget of Garankuwa Hospital. This made it difficult to fill the posts.

He had asked for a comparison of funding for medical faculties at other universities because he believed they were under-funded. There were some doctors who had the clinical ability to be heads of departments but failed to qualify academically.

Dr Nkomo said there should be a central admissions centre for medical students.

South Africa was developing a database of the number of medical doctors needed so universities would know how many students to train.

The universities of Natal, Cape Town and Transkei will make a presentation today.

Attitudes harden as pay dispute drags on

(2570) PD 14/7/99 (95)(211)

As strike looms, nurses plan to succumb to a flu epidemic

Reneé Grawitzky

THE mobilisation of public service workers gets under way this week amid indications of a hardening of workers' attitudes towards government's position as the wage dispute drags on.

Public service workers from unions affiliated to the Congress of SA Trade Unions (Cosatu) and the Federation of Unions of SA (Fedusa) held lunchtime demonstrations round the country yesterday. It appears that action will accelerate as more and more workers are briefed this week.

Union sources say workers are getting increasingly angry with the state as an employer. This emerged at a national executive committee meeting of the National Education Health and Allied Workers' Union (Nehawu) at the weekend when the dispute was discussed.

Cosatu-aligned public service unions unveiled their mass action programme last week. It will

take the form of lunchtime demonstrations. The action culminates in a one-day national strike and marches on July 23. If no further movement is achieved in talks, there will be a fullscale strike from July 29.

It is understood that at the Nehawu meeting some members wanted strike action immediately, while others said the way should be kept open for further talks. Nehawu communication officer Makoko Lekola said: "The only language government understands is mass action."

The Fedusa-aligned Hospital Personnel Trade Union of SA (Hospersa) is also mobilising its members. Nurses around the country are expected to be hit by a "flu epidemic". There were unconfirmed reports of a possible meeting between government and the unions next week.

Meanwhile, the strike by members of the National Union of Metalworkers of SA (Numsa) at Columbus Stainless enters its

third day as strikers continue to ignore company calls to discuss picketing rules.

Columbus said yesterday that striking workers attempted to break through the gates of the premises in Middleburg, Mpumalanga. The strike has apparently not affected production as sections of the plant were down for maintenance.

Mining industry parties are considering the appointment of a private mediator under the Commission for Conciliation, Mediation and Arbitration to speed up the resolution of the dispute.

The National Union of Mineworkers (NUM) last week rejected a Chamber of Mines offer of 6,5% to 7,25% for collieries. Offer for gold mines differ from mine to mine. AngloGold made the highest offer of 9%. Gold Fields offered 8% on nonmarginal mines. Marginal mine offers ranged from 0% to 7%.

Comment: Page 13