HEALTH & DISEASE - NURSES

1994 - 1995
Bara faces new strike

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.

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'

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 Transvaal 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 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 R5 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.
Nursing Services at Point of Collapse

get a better deal. Bill what lies behind the anger. Health writer David Hopkins reports to near chaos by strikers and catchers this month angled nurses to unity efforts to

The nursing profession is profound crisis. Many hospitals have been reduced to
Nurses urge minister to speed arbitration

PRETORIA. — Health Minister Dr. Sishu Venter and the National Health Forum were called on yesterday to exert urgent pressure to speed up arbitration during hospital strikes.

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 Veld
Two Nightingales brave odds

CRIME SNAP

Going where the TPA fears to tread:

By Sizakele Koma

Two young women in white and navy uniforms stepping out of a battered grey hatchback with a brown case evoke memories of a time that was familiar almost 20 years ago. Nursing sisters Dorothy Mamabolo and Sylvia Bekanya are on their daily rounds to their infants in private nursing service in Soweto. Their practice, situated in a medical complex on the outskirts of Dobsonville, covers postnatal care, surgical care and medical care. "It's a dream we have been cherishing," says Bekanya. "For the years that I worked in a hospital to the community of Soweto.

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SISTER SYLVA BEKANYA

I told you that I could do it for patients at the hospital. I could do it in their homes," says Mamabolo. "When I worked at Baragwanath Hospital, I used to worry about mothers who had to take their infants into town because they had no transport. In their homes they had no one to help them, to find the necessary help, to go to the nurse to help them with the baby. The situation was that they had to walk to the hospital 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 coming from a background that had not taught us to be self-reliant. The spirit 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 served by the one person working the shift. In January this year they resigned their respective jobs to work full-time on the project. A practice which started off with mainly patients from Lenasia Clinic now has about 45 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 with whom they can bounce their problems and frustrations with these families. Most of them find it easy to confide in us," says Mamabolo.

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

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

Says Bekanya: "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 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 scheme. 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 of pocket for contributions.

Our advisors 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."
Some nurses now ‘out of control’

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 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.
Sister Dolly’s baby boom

By Sizakelo Kooma

This year 1991 was a hectic year for 51-year-old Veldkraal mother Dolly Dube.

Dube, who still keeps her job as a night charge sister at Delimo 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 home and I have never needed it. I have always had a cousin 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.

HECTIC YEAR Midwife started helping mothers during the riots:

Byline: Sizakelo Kooma

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Transkei nurses on strike

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 president in Pretoria on Thursday by "overwhelming vote", said registrar Frank Germishuizen.

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 Della Moller, a director in the Department of National Health; and deputy vice-president Miss Heather Findlay, chief matron of Grey's Hospital, Maritzburg.

(15)
Senior nurses at Katlehong Health Care Centre point at a stagnant pool of water at the entrance of the clinic.

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 staffs, 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 contradicted 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.

Strikers’ representative Sister Nomonde Tumana 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.

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 matrons

Call to fire two matrons

Soweto 10/5/94

NO COMPROMISE

Patients taken to another hospital about 100km away:

By Khathu Mamaila

Hundreds of workers, including nurses, at Maputha 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 Kgauvelo 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 administration 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.

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 Koiz 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 SNA 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 Leona 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.
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 Secretariat 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 232, or task force representative W J Kotze at the University of Port Elizabeth at 044 504 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 494-5905.

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 COOL
Nurse stole drugs for personal use

Staff Reporter

A FORMER nurse at Conradi 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 possessing 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.
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 includes:

- 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

By Mazinni Ngulde

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 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.
Move patients — Valkenburg staff protest outside the offices of the regional patient in Wale Street

UPSET STAFF: Valkenburg staff protest outside the offices of the regional patient in Wale Street.

Photo: Leon Miller, The Argus
SAFETYFEARS... 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.

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.
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 26/8 794
For Their Lives
Nurses Fear

By Emma Bournon

'As the bread goes back to work to raise the bread...'

TENDER: Angry nurses at Westmead hospital contract assistant medical papers.

LESTER: And nurses at Westmead hospital contract assistant medical papers.

The tender office is a busy place.

"We're preparing to disband the medical papers," said Nurse Margaret Hunt, the medical papers coordinator. "We're preparing to disband the medical papers for a variety of reasons."

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Desperate position at hospitals hit by strike

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”.

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

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 KwaZulu/Natal Health Minister 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 KwaZulu/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

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

KZNPF's 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 DEN NEHY and RONALD MORRIS

THE resignation of Groote 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 Pelletier, who took up a post outside the hospital this month, said he had left Groote 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 Pelletier 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 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 Strike

In the region was provided by the
Director of Health for the
wages increase should be given
To the workers of CPHC and the
WCCW's, the Cape Town City
on the same work

The Numsa Regional Council
"appela for the workers in different

By Shimon Neil

December 22 to December 27, 1994
Less nurses in attendance

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

A R580m plan to rebuild the violence-torn townships of Kliptown, 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 R33m in funding over the next five years. R546m 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, sewage rehabilitation, integrating township security forces into the SA Police, establishing satellite police 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 R54m 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 R5.7m would be spent on providing adequate water supply and sanitation facilities to informal settlements and hostels. Sewage rehabilitation would receive R5.1m, water rehabilitation R3.3m and refuse removal R1.7m, with the traditional 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 speeding the lead of rebuilding the area.

Members of ANC-aligned self-defence units and Inkatha-linked self-protection units who joined the police would receive R300 a month, calling for a budget of R4.4m. Other costs would amount to about R5.7m.

He said R7.2m had been set aside to establish 17 satellite police stations in the area and R359.4m for reducing the number of illegal weapons.

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

'Racial slur' sparked police protest

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

Police and Frisons Civic Rights Union co-ordinator Thameli Tauw said the policemen were protesting against a white policeman who called one of his black colleagues a "nigger".

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

About 50 SAPS members had blocked the gates and refused to allow station commander Mr. A.G. Le Roux and other policemen to enter.

Police spokesman Col. Herman Oosthuizen said about 400 policemen had been denied access to the police station by the protesters.

The protest was opened at 11 a.m. after Stephen Shumula, from the office of the Gauteng safety and security minister Jessie Duarte, had been called to negotiate.

Oosthuizen said a delegation of five aggrieved policemen had met yesterday with Soweto district commissioner Eric Earl. By 7.11.95

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

"To the meantime the members who were on strike are under investigation for violating the constitution by depriving members of their equitable 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 knucklerie in November. (95)

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.

London orchestra to perform in S

The London Philharmonic Orchestra is to arrive in SA on February 5 for an 11-concert tour, sponsored by the HSBC Bank, yesterday.

The 87-member orchestra plans to perform a packed Superbowl at Sun City two years ago, setting an attendance record. Venues on this tour include Kirstenbosch National Botanic Gardens in Cape Town, the V&A in Durban and Visita in Soweto.

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

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

“Since these venues are so accesible to the public, we anticipate generating an electric atmosphere." It will also perform at the Superbowl, the Johannesburg, Durban and St Lucia Symphony Halls, as well as at the Filer Market Hall in Port Elizabeth.

Concert programmes will include two concertos with local choirs and soloists such as Christopher Blackwell, the sister Davis, Sibongile Khumalo and Vas J. Morgan, Christie and Rachel Vili.

The first concert, at Johannesburg, will be held on February 7, with broadcast live on the NTV.
Nurses sentenced for patient abuse

By Josias Charle

Our 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 Mcegwa was sentenced to six months, suspended for a year. Mrs. DA Nkosana, Mrs. MD Boithoko and Miss NS Madibe received three months, suspended sentences each.

Mrs. P Matli, Mrs. ME Manalo, Mrs. G Mdla, Miss MD Ngake and Mrs. NL 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 Maschle, 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, Mcegwa 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.
Ultimatum for striking nurses

EAST LONDON. — The Eastern Cape Government yesterday warned about 300 striking nurses in the former Ciskei to end their illegal six-day-old 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 Keiskammahoek’s SS 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
Nurses are warned

Nurses: sign on or duck

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 Makwane, in Mdantsane, or SS 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 report 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

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. — Sopo-Reuters
Council
a 'first'
for nurses

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 Muster 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. Staff nurses reported for work without any problems yesterday.

A senior nursing staff in the casualty ward said the return to work was probably proceeding 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 coursecompletion bonus by the Government’s Commission for Administration.

The students’ protest came to a head on February 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 Masango 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 Mhubeke Kapen, 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 Kapen 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 analysis to the TMC in terms of materials and human resources, but all these efforts have been in vain,” he claimed.

Kapen 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

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 Nonzhe Nela, Bona-Leated Nursing College; Prof Marie Muller, Rand Afrikaans University; and Ms Prayne 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 stopped
24 20.12.45

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 Vermass 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.

De 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 Vermass, C. Jansen submitted to the court that the claim should be heard in terms of section 25(c).

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

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 Mhembu 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 R50 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 Transvaal Nurses' Committee give up some of its roles in the nursing council to Nehawu, the association said.

— Sapa (95) 60113195
Bara council to meet over nurses' strike

BY MILANHLA 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 beginning 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.

They stormed the hall, overturned tables, broke glassware and spilled 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.
The Minister of Defence

NISBE

[Illegible text]

20 MT. L'ANDRES sends the Minister of Defence

The Minister for Safety and Security

[Illegible text]

Under the provisions of the Defence Act, the Minister for Safety and Security has the authority to order the detention of persons suspected of being involved in activities that breach the law. The detention is intended to prevent acts that may endanger national security.

The Minister for Health

[Illegible text]
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 Zweli 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 wards.

The incident was sparked when hospital staff had money deducted from their salaries because of a slight overpayment.

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

Affected

Madadeni Hospital superintendent, Dr Reyl 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 Mzimbe of Health Dr Nkosazana Dlamini Zuma.
War in Wards

Harbingers

When health workers at a London hospital went on strike, the last straw was struck.

据《维多利亚邮报》1942年10月30日报道，当健康工作者在伦敦一家医院罢工时，他们的最后一根稻草被刺破。

At the height of the war, health workers in London went on strike over conditions that they described as inhumane. The hospital had been operating under severe restrictions due to the war, and the workers were struggling to cope with the demands of their jobs.

"Despite the war," said one of the strikers, "we are expected to work long hours, with little or no breaks, and we are paid very little. We are treated like animals, and we refuse to work under these conditions any longer."

The hospital administration tried to negotiate with the workers, but the strike continued for several weeks. In the end, the hospital was forced to make some concessions, and the workers returned to work.

"We have made some progress," said a spokesperson for the workers. "We are still fighting for better pay and working conditions, but at least we have some breathing room now."

by Gillian Clark

The picture is of a hospital ward during the war, with nurses and patients. The text describes the harrowing conditions of health workers during the war and their struggle for better treatment and compensation.

Battling Bacteria: A comprehensive documentation exercise was still in progress this week.

Scene of SHANE's accident in a roadside gesture by former Brewster.
Nurses union: Virus protests ‘unethical’

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

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

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

Shadiel 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 Msitu 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 Mbuyiseni Ngwenda warned that the “threat of mass action looms”. Nehawu’s threat of mass action to ensure Thomas’s dismissal followed the impasse in efforts to settle the month-old student nurse class boycott at the Charlotte Maxeke 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 Siphiwe Stumpho, described the comments by Nehawu as “unfortunate”. He said yet another meeting has been planned to iron out differences. — EFCN
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.

sap 95 (5) CT18/5/95
AIDS: Angola’s War in Peace

SAVINHO (Angola) — Dangerous

Shattered country’s greatest fight
Maputaland is nursing itself to good health

By Dan Dlamini

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 300,000 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 the Bethesda hospital, situated on top of the Umbo mountains.

Maputaland – which is ironically better known 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, Mseleli (next to Lake Sibaya), Manguzi (near Kosi Bay and the Mozambican border) and Msinga (on top of the Umbo 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 Komhlabudz and Mzinga 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 them – have vowed to work hard for their own social upliftment.

Maizi project co-ordinator 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-palala wine" (injurious sap from a cut palm tree).

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

The community is now on the road to maintaining and making 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 makes 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 Thembela, 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 Thembela.

Off chairman Michael Tegg 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 communities 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, Tegg said they had tried it in the former Transkei – where 80 percent of their workers lived – but the project had collapsed due to non-cooperation from the then authorities.

However, Tegg said they would remain committed 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

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 Kleyhans, of consultants Kessel Feinstein, said at the weekend while Satour figures showed that in 1998, 79% of overseas tourists rated personal safety in SA as good, the figure had plummeted to 30% in 1999 and it dropped even further to 29% in 1999.

“Although the rating improved in 1994 (35 rated safety as good), Satour’s 1995 survey of foreign tourists emphasised 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 Kleyhans.

One recommendation by the organisation’s safety functions committee cited by Kleyhans was a link-up with a global emergency number for tourists. 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.

Kleyhans 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 1998 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 Hendrika 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) 80 10/7/95

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.

The mining industry has agreed to fund the full programme.

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 many few-doctor. Nurses needed to gain skills needed to treat and diagnose patients effectively.

A perception existed that nurses were not respected 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...
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 Harmes 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 Pito 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 “ineffective” 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

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 Masando 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 Masando, Pretoria’s HF Verwoerd Hospital has totted up over R13 million since 1992, and R5 million last year.

’S 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 R36-million — including R7-million in commissions — over 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 Masando 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.

Johannesburg Hospital paid out the most: more than R42-million between March 1992 and February 1995, and R15,8-million in the 1994/5 tax year — enough to pay 880 full-time nurses.

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

According to Masando, Pretoria's H F Verwoerd Hospital has spent up over R13-million since 1992, and R5-million last year.

The J G Strijdom Hospital, operating on only 60% of its complement, paid out more than R37 000 in three years.

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

SA Nursing Association executive director Susan du Preez 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.
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, JG 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 350 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 JG Strijdom’s R393 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 superintenden
t of health, Dr Ralph Mgijima, 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 stage sit-in at hospital

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 Greenewald, 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 18 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

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, strewn 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, Mr Du Toit, 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 manager and an independent consultant would be appointed to investigate the problems at the College.

The leadership of the National Health and Allied Worker's 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 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

hearts

Vitamins

The problem with the current system of...
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 workload was forcing 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 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.”
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 025 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.
Nurses 'very unhappy'

By Glenn McKenzie

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 (Demos) the Health Department excised 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.
Army medics called in to help treat intensive-care Bara in strike

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 who 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 outpatients' 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 Masando fell 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 back
strike crisis

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," she said. "But I'm really scared that his condition will deteriorate and that there will be no qualified nurse on hand to help look after him at all, so I'd 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 Boksburg-Beacon 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 (Neawu) yesterday dissociated itself from the strike.

Neawu's Gauteng regional secretary Oupa Makura said Neawu 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.

Neawu regional chairman Siphiwe 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 Masango 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 Pope Maji 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 R96m" 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 Inside Apikahele 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
Deaths: Strike against ward

Patients died because nurses would not administer drugs - doctor

To close ICW unit

Barr's

Dr. Ann Larmen

Two more patients died.

One daughter is forced to come in to continue care of the patient. Dr. Larmen said that she did not give the order to come in to the patient.

Dr. Larmen said that she did not give the order to come in to the patient.
Health services threaten to collapse as action spreads

By Wally Banting

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

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 Lethabo 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 Hoksburg-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 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 Mphakse 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 Mlamango.

"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 Masondo. 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 1 383 "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.
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 been 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 teenage 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, the Baragwanath staff had discharged 700 bedridden patients. But approximately 4,300 "very ill" patients remained. Some were in very serious condition.

Yesterday, a Sowetan reporter witnessed adults patients sleeping in their own faces 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 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 toy-toyied and carried placards denouncing Minister of Health Dr Nkosazana 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 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 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
Nurses
demand extended deadline over pay demands

Twins dead at birth

by the nurse’s strike

Showing strain... at Hillwood Hospital, a weary doctor wipes his brow. The hospital has been brought to a virtual standstill.
Nurses' strike: showdown at noon

"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 Kgozo.

"Health Minister Dr Nkosazana Zuma would not be in Beijing if the nurses' strike in Gauteng was really critical," Sister Belinda Seggopo 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 the One Military Hospital in Pretoria.

The nurses are demanding salary increases ranging between 28% and 33%, partly 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

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 hypoglycaemia, 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.
Nurses at Baragwanath Hospital say they were forced into strike action because weeks of negotiating with Gauteng Health MEC Amos Masando 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 restructuring 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 Dlamini, Gauteng Premier Tokyo Sexwale, and Masando.

The decision to leave the wards came on Monday, after Masando 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'

JOHANNESBURG: Labour Minis-
ter Mr Tito Mboweni last night
threatened to dismiss striking
nurses at Soweto's Baragwanath
Hospital.

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 ear-
lier warning by Gauteng Health
Minister Mr Amos Masango.

About 1700 nurses at Barag-
wannah 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

Crack of Dawn
Mandela tells striking nurses to work or leave

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 (Hosppersa) secretary Mike Ryan said members of the organisation and 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.

Earlier Gauteng superintendent-general Ralph Mgijima 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 it's 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.
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Continued on Page 2

Hospital Strike

Work or Quit? Mandela Tells Striking Nurses as Protest Action

Spreads
No money available to increase nurses' salaries, says Mandela

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 spokesman Hester Vorster said there were more than 900 seriously ill patients in the hospital.

Of the 90 units, 32 had been closed.

More reports
Pages 8 and 13
Slaves at end of their tether

Correspondent from Siam

Here is a sketch of the mission strike and shootings as may
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.

About 150 nurses at Khayelitsha Day Hospital staged a three-hour work stoppage and toyi-toyi 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 Lentegeer Hospital.

See Page 21
Showdown day

Defiant nurses say they will not heed Mandela's 'back to work' order

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 called on them to return to work by Saturday.

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 homes.

The nurses have to take a decision to go home or to go back to work or to leave nursing altogether. The choice is theirs," Mr. Magjima 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 Mgijima yesterday after 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. Mgijima said. It was the third deadline set by authorities in two days. The previous two - 3pm and midnight 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. Mgijima'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 would result in 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. Mgijima was threatening them instead of addressing their grievances.

Mr. Baragwanath Health Forum spokesman 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 top health director-general Olive Shuma visiting wards and the emergency unit to show support for the few staff members on duty.

Baragwanath spokesman Hester Vosker said there were more than 800 seriously ill patients in the hospital.

Of the 80 units, 32 had been closed because of lack of staff. There were a number of staff who had not been transferred to other hospitals in the province.

"We would like to keep them together," Mrs. Vosker said.

Emergency operations were being performed at the Leides 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 some of the 600 patients in the hospital was in danger.

Sixteen Garankuwa patients were to be airlifted to Pretoria 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 to stop the strike," 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 supported 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 600 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 Reuters 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 and then 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 Fordsburg," he says, as he fumbles in his groin and urinates on the ground.

Another patient who identified himself as Victor said: "I had been discharged on Wednesday and could hardly walk."

Hospital spokesman 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 2,030 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 spokesman for the striking nurses, Belinda Kgo, 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 Keltumetse Mbangolo said the strikers had been negotiating with the government for a long time, "They have treated us unfairly."
Nurses deny government

President Nelson Mandela says nurses should be grateful for the job.

Sowetan 8/14/85

By Glen Mekwele and Sapa

KwaZulu-Natal

Nurses demand better conditions of service.

Johannesburg

Nurses demand better conditions of service.

Johannesburg

Nurses demand better conditions of service.

Johannesburg
Nurses’ anger fully justified

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 Nhlapo 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.

Nhlapo 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 1.7 percent increase, and last year those 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
Nurses' Strike: How Province Draws the Line

By C. HOUGHTON
Striking nurses fired

The Gauteng government started issuing dismissal notices to striking nurses yesterday 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.

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 2,000 striking nurses yesterday afternoon, before the conclusion of the meeting.

See page 3
Striking nurses fired

JOHANNESBURG. — The Gauteng government started issuing dismissal notices to striking nurses after they failed to meet the 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.

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.

Notifications of dismissal were distributed to the 3 600 striking nurses yesterday, before the conclusion of the meeting, because they had failed to return to work by the 3pm deadline set in the final ultimatum.

At the time of going to press, it seemed uncertain whether the outcome of the meeting would overtake the terms of the ultimatum. Pops Maja, public relations officer for the MEC for Health, told Saturday Argus of divisions within the workers' ranks 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, Gauteng premier Tokyo Sexwale and MEC for Health Amos Masuku 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.

Mr Sexwale, who described the strike as "insensitive," said: "Let me ask you - what do you think we as government should do? We would rather be taken to task for taking action than to be sitting back.

Although the government was still willing to talk to the striking nurses, it was not willing to give in to their demands, particularly since, during previous wage negotiations the main nurses unions had signed an agreement for a five percent wage increase.

The striking nurses, who are not supported by the main nursing unions and have formed ad-hoc strike committees, demanded increases of between 25 and 33 percent (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," Jabu Moloketi, MEC for finance and economic affairs, said at the conference.

"We want to send a message that wildcat strikes are not allowed. If we give in here, then Natal or the Western Cape are next. We are stopping the domino here."
THE woman who led this week’s wildcat nurses’ strike is an unlikely revolutionary.

Sister Belinda Kgogo is a devout Christian and respected figure in the Soweto communities of Mofolo and Protoria.

She has never been a politician and has no interest in politics.

Sister Kgogo appears to be an ordinary figure among the striking nurses. But, mysteriously, she had been chosen by nurses to represent them, has carefully explained developments to them with dignified and gentle gestures, and appears to remain united.

"We promise that when this is over we will get on with our jobs in the interest of the patients," 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 — have not been consulted on wage increases on their behalf.

Sister Kgogo, a qualified theatre sister with 10 years experience, believes the nurses chose her as their representative because “I am fair, I’m open and I’m known to take a stand.”

She earns R1,600 a month and takes home R1,300. "I don’t want to blow my own trumpet, but I’ve been well-served in this profession — I think I’m a good theatre nurse."

"It’s with the crowds and speaking to the media, the looks like a seasoned activist. But as a nurse she has always been more concerned about her patients and the strike.

"But when people say you shouldn’t voice your grievances because of your ethos, 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 planning for this situation for some time."

Sister Kgogo said the leadership role she was given was a challenge for her. "You have to be cautious and you have to exercise caution," 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 naive about the legal implications of their actions and statements and have not taken any legal advice. "We don’t want to get involved in all those fancy things — we’re not anticipating bad things, only good things," she said on Wednesday.

Yet Sister Kgogo is keenly aware of the political dimension of the strike. She is conscious of the danger — made by Picket-bearing demonstrators outside the hospital gates — that the nurses are the spokesmen in the democratic South Africa.

"I don’t know if we have a chance to get in, but if we do, we will make sure we come out with clean hands."

In 1976, I was in Soweto and we thought we were in the limelight, but now we are here when the hostels are attacked. I met a broken chair at a bus stop and I’m in tears. They got tear gas and they studied to get degrees with long names.

"But we are the people who put them in power, we are the people who bought them back home. They have forgotten that it is strange like those who put them where they are."
Nurses’ strike spreads

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

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-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 Lethlakhe 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," Lethlakhe 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 pleads 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.

Lethlakhe said the government had reiterated its view that nurses' salaries and conditions of services were not satisfactory and needed to be urgently ad-dressed.

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," Lethlakhe 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.

Lethlakhe 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 to-morrow, so that they could fulfil their obligations to patients and to society as a whole.

See Page 14.
"To hell with Florence Nightingale!"

THE HOSPITALS CRISIS

Are nurses paid too little?

NURSES employed in provincial hospitals and clinics earn a median of R1 000 and R8 000 a month.

However, take-home pay is often less. For instance, a qualified theatre nurse with 10 years of experience told the Sunday Times she received a gross salary of R3 600, but took home only R1 500. Her deprecation, however, included a housing subsidy and her own bond repayments which she needed to pay directly to the bank.

Nurses working for the provincial do not get their basic take-home pay, but tax and tips, which the provincial states, are not included. This leaves them with a net salary of R1 500 and quickly reach a ceiling of R8 000.

The salaries of nurses at provincial hospitals compare poorly with those of teachers in the same area, despite years of unending and slack trading, start on a salary of R3 350. Teachers who start at R9 800, but their educational qualifications are much higher.

However, a policeman such as a warrant officer has a greater promise of a nurse, with a salary from R3 800 to R4 500. A police recruit earns between R1 500 and R2 500.

The SICK HEALTH RND

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<td>3.3</td>
<td>61</td>
<td>91</td>
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<td>Hungary</td>
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<td>73</td>
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<td>Malaysia</td>
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<td>Chile</td>
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<td>72</td>
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A mother's dedicated vigil

A YOUNG Kick starter is referred to the Hospital of the Baragwanath hospitals suffering a heart attack.

Mila Mphathi has spent the week helping to build, feed and comfort the sick and doomed in the children's ward. She is one of a number of mothers who, under the direction of doctors, and with the help of army medics, took over from the striking and non-busy children's ward, and watched over the babies in oxygen tents, called for help when a baby died, and read stories and comforted the children. Miss Mphathi lives in the Pretoria South hospital at 800. She has a month-old son, James. Last Sunday, she showed up at the hospital in good shape and asked: "I brought him here because he is very sick."

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Military to the rescue

MORE THAN 300 military medi Clint will stay on duty this weekend at strike-hit Grobetoll hospitals until nurses return to their posts.

Captain Anthony Airey, a spokesperson for the South African National Defence Force, said 414 medical staff from the army and the National Security Command had been on duty since Monday.

Theatre nurses said a group of theatre nurses, including 14 from Baragwanath, 14 from Grobetool and 57 from Idube, were working 12-hour shifts.

The charity and out patient section handled more than 4 million people last year. But the hospital is also a very busy hospital, with a large number of patients. The hospital, located at the Baragwanath, Graaff-Reinet, Kutlab and Idube hospitals, handles more than 90 000 patients a year.

Figure in the World Bank and Health Systems and Trust Health Expenditure Review, released earlier this year, dramatically illustrated the poor return the country is getting for its health expenditure.

While at least 65% of the gross domestic product goes on health in Germany, compared to only 5.5% in Botswana, South Africa's infant mortality rate is 40 per 1000 live births, compared with Botswana's 39 per 1000.

"There is little doubt that South Africa spends a very high percentage of its gross domestic product on health care - and the returns are not as good as they could be," the report said.

The problem could be solved by improving access to basic health care, and most of the money should not be allocated to the expense of the hospitals. In recent years, the government has increased the amount of money spent on health care, and the returns are not as good as they could be."
Florence Nightingale

(45) (45) ST 10/195

In order to pay a visit to the sick
in the hospitals as they used to be.

Florence Nightingale

(45) (45) ST 10/195

Patients section of the hospital was
more than four million people last year.

But the hospital is also
hugely inefficient. Record-
costs have over the past
three years totalled £1.6 mil-
lion and, according to in-
frequent data obtained by
the Democratic Front's health
committee, drugs and other
items worth £600,000 are wasted every month.

Like other Gauteng
teaching hospitals, Bar-
gwanath's budget last year
was cut by 3.5%, or
£600 million, in central
government reflected the
health budget towards pri-
mary care in an attempt to
great a better return from spending

Figures in the World
Bank and Health Systems
Trust Health Expenditure
Review, released earlier
this year, graphically illus-
trate the feeble return the
country is getting for its
health care.

While 1% of its
income is spent on health,
community health care — and that the
returns are not as good as
they could be, the report
days.

It said the problem could
be solved by improving ac-
cess to basic health care
but warned that resources
should not be shifted too
great an extent of major
hospitals.

Health Minister Dr
Nkosazana Dlamini's
budget to health is
substantially improved
part of that. A new
proposals might involve
a shift towards more com-
mitment of salary and
higher fees for service.

Picture: JON HRUSA

maximum incentives for
efficiency. It says.

For too long, they say,
their had had to make do
with low wages and long
hours. "Since 1972, I have
held two positions in my
heart against the govern-
ment," said one nurse.

And this is why their
expectations had been raised
for expected something
clearer, said Sister Kgosso.
Nurses were aware of
unhanded staff, who close
the wards, but received
25 per cent pay hike. This is
in line with government's
policy of moving towards

The government offered
to set up a forum to discuss
nurses and agreed that nurses
would be invited to take part
in the forum. The forum will
be held in November. The
government pledged to re-
turn to work next month.
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-

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 Etie 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

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 “de-

rogatory” 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 gov-

ernment 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 dismiss-

al, 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.
Pay nurses, not apartheid debts – Azapo

BY JOVIAL RANTAO
POLITICAL REPORTER

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.

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.
Kidney patients are hard hit by the strike...
Bara back in business

Situation unclear in other hospitals and clinics
Strike closes Free State clinic

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, Gaankuwa, 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

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 Mijima 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 30 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 Mijima said.

Gauteng Premier Tokyo Sexwale and MEC for Health Amos Masondo toured Baragwanath 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.

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 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 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
Nice to see you!

Is over

Strike
deadly
IFP negotiators defy 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 Sipho 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-
GOVERNMENT OFFER AN INSULT!

NURSES DEMANDED: A SENSE OF HUMOUR?

Nurses march on Parliament

GOVERNMENT OFFER AN INSULT!

NURSES DEMANDED: A SENSE OF HUMOUR?

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NURSES DEMANDED: A SENSE OF HUMOUR?
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 360 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.

Gurankuwa 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

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 management 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 Hospera, 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-

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 Pelomone Hospital were still out. And there were rumblings elsewhere, notably at Garankuwa, 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 direc-
tor Eileen Brannigan, fewer than 10 hos-
pitals and clinics had been affected by strikes by Monday — involving about 5 000 nurses out of a total of 116 500 in the pub-
lic sector. Though the other 11 500 nurses “received the same disappointment” over the 5% increase, says Brannigan, “we are grateful they stayed on.” Sana’s 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 surpris-
ingly 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-
dela pointed to the 3m unem-
ployed and 7m squatters — im-
plying that the nurses at least had jobs, however poorly paid.

The PAC was quick to take the gap by supporting the strik-
ing nurses, eyes clearly on the local government elections. PAC secretary-general Maxwell Nemedzivhanani rejects govern-
ment’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 Flo-
rence Nightingale are over.”

When acting Health Minister Tito Mboweni issued an ultima-
tum to the nurses last week, Nemedzivhanani 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 put-
ting 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 consultancy 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 sug-
gest short-term palliatives to the health cri-
sis — 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 Bar-
gaining Council in government’s new finan-
cial year.
Nurses' conduct is unacceptable

ANC MP Philip Dexter used to lead health workers
20 nurses arrested

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 Booyzen, 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 rubble and tree branches.

When a refuse collector tried to clear the rubbish, the nurses threatened to kill him and to set his vehicle alight.

Booyzen 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 onto 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. — Saps.
Nurses held after hospital fouled

DURBAN: Twenty nurses at Kingsway Hospital in Amanzintot'i were arrested yesterday after they fouled the hospital and intimidated refuse collectors.
Goody's plan will improve nurses' lot.

By Karen Stanger

The Goodyear Tire & Rubber Co. Nursing Plan, which aims to improve nurses' lot, includes a salary increase, a new benefit plan, and new job opportunities. The plan is designed to attract and retain nurses and to improve the quality of care provided. The plan is expected to be implemented in the next 12 months. The Goodyear Nursing Plan is a comprehensive program that addresses the needs of nurses and the organization. The plan includes a detailed plan for implementation, including timelines and responsibilities. The plan is expected to have a positive impact on the organization and the nurses who work there. The Goodyear Nursing Plan is a testament to the organization's commitment to its employees and to providing high-quality care to its patients.
R1-bn nurses’ pay crunch

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 countrywide 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 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 four 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 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 574 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 990 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,” he said.

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 underserviced 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 the 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 part 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 unfair in labour practice, he said.

“The inessential stumbling block could be the catalyst for the creation of an entirely new structure for conditions of service within the health sector,” he said.
Zuma renews nurses' rights pledge: 'We will not compromise'

By Memreka Ngobeni

JOHANNESBURG - Deputy President Phumzile Mlambo-Ngcuka told striking nurses on Sunday that the government would not compromise on their demands.

Mlambo-Ngcuka, who represents President Jacob Zuma, addressed the striking nurses on their third day of the national strike. The nurses are demanding better salaries, the implementation of a wage bill formula, and an end to outsourcing and retrenchment.

The strike was called by the South African National Nurses Organisation (SNAO), after negotiations between the government and the union broke down.

In a statement, Mlambo-Ngcuka said: "We will not sacrifice our principles. We will not compromise on the principle that the conditions of nurses must be improved."

She added: "We will ensure that the health of the nation remains our top priority."

Mlambo-Ngcuka also assured the nurses that the government was committed to ensuring that essential services were not affected by the strike.

The strike has caused disruptions in healthcare services across the country, with the government and unions locked in a bitter dispute.

The strike is expected to continue for another five days, with the government refusing to meet the nurses' demands.

Mlambo-Ngcuka ended her address by thanking the nurses for their dedication to the healthcare sector and reminding them of their commitment to serving the nation.

The strike has caused widespread concern in the country, with concerns being raised about the quality of healthcare services during the strike period.

Meanwhile, tensions between the government and the nurses have escalated, with the government urging the nurses to return to work and continue negotiating.

Mlambo-Ngcuka ended her address by encouraging the nurses to remain committed to their profession and continue working towards a better future for healthcare in South Africa.
Nurses give Cabinet 10 days to respond to their demands

Government had 10 days to respond to nurses’ demands, which include a national 25% 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.
Government does not have a plan...
Nurses' grievances remain unresolved

Kathryn Stynchlan  

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 Kgojo said government had 10 days to respond to the nurses' demand for a 33% increase in pay from their initial demand of 35%. "It's clear nurses are not happy with today's outcome," Kgojo told about 250 protesting nurses at the Gauteng legislature.

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 setup last week in a bid to end the nurses' strike which crippled hospitals in Gauteng, Free State and KwaZulu-Natal.

Health ministry spokesman Vin-

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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 an overwhelming workload this plan had generated.
Nurses give Zuma an ultimatum

JOHANNESBURG: The government had been given 10 days in which to respond to nurses' demands, among them that they be awarded a national 3.3% pay increase across the board, National Health and Nurses Forum spokesman 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 Dlamini-Zuma, Gauteng Minister of Health Mr Amos Masiondo, 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 organizing 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

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 wildest 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 Government 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

Kathryn Strachan
EB 20/19/95
NURSES countrywide met at hospitals yesterday to set up a new union to represent them in negotiations with hospital and clinic managers.

The union is being formed urgently to represent nurses as a separate entity at the next public services bargaining council meeting on October 5.

At a hosted 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 unnamed. 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 Nellinda Kgogo told the gathering that officials at the national consultative forum - which was closed to the media - had to protect KwaZulu-Na-

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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

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 Nation's 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

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 Bellinda 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 unnamed 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.
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 Ockers said voluntary retrenchment would be the guiding principle. She would keep her word to pay salaries until the end of the year and urged unions 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 R83,26 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.
The Western Cape is in a crisis. The health department is struggling to address the high number of COVID-19 cases and deaths across the province. The department is under pressure to provide adequate healthcare facilities and equipment to serve the population.

Primary care

The primary care system is struggling to meet the demand for healthcare services. There are shortages of medical staff, equipment, and supplies.

The Western Cape health department has announced that it will be conducting a national health check-up campaign to identify and treat patients with chronic diseases.

The government has called for an immediate increase in funding for healthcare. The Western Cape government has requested an additional R500 million to support the province's healthcare system.

The government has also announced that it will be implementing a new electronic health record system to improve the efficiency of healthcare services.

The Western Cape education and health departments have joined forces to address the challenges faced by both sectors. The government has also announced plans to increase the number of healthcare workers in the province.
Demand 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 agreed to put solutions to problems of salaries, promotions and working conditions on the agenda.

The plan is to speed up solutions to immediate problems and address specific complaints which include salaries, promotions and working conditions.

A meeting of all the departments in Pretoria is set to look at task teams formed to look into the problems and to make recommendations to improve health services and conditions of health workers.

Thousands of nurses across the country, including those in Gauteng, went on strike earlier this month to back demands for wage increases and better working conditions. The provincial government is in talks with the Public Service Labour Relations Act to work out a way forward.

Nurses agreed to go back to work after the government promised to address their concerns.

The health minister said he would brief cabinet next week on the national health services crisis.

Negotiations are being opened between the national and provincial departments to monitor the situation. The national department is also initiating contact with health workers to address their problems. It added.
"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 equality 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 allow them to achieve parity over a period of 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 run into 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 886 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 therefo re 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 required 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, Bapendra Makhan, believes the only way to address these problems is to have a comprehensive unitary health service as laid down in the current health plan.
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 tea room 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 immunized 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 Dakl, adds: "We feel very bad about the wage differences. It's sad because it has put such a damper on things. At least we are still civil to them - not like at Noivlge 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, nurse 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 immunize and weigh patients, although they are trained to do more."

Sister Patricia Moloiatso 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 these 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

The President says Govt has no money but grievances are legitimate

President Nelson Mandela nurtured 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.

"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.
Dear Nursing Colleague

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

NC Zuma
DR NC DIAMINI ZUMA
MINISTER OF HEALTH
Cabinet ‘no’ to nurses’ pay plea

**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 Workers’ Forum on September 18.

These included a 30%, 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.
Patients sent home: Nurses' strike threat.

Appeal to public not to go to hospitals tomorrow, unless absolutely necessary.
NURSES IN 24-HOUR STRIKE

This time, Gauteng hospitals are ready with contingency plans.
Nurses strike threat

By Glenyn 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 12 to respond to their demand for a 33 percent wage increase 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, Lenontong, Johannesburg, Tembisa, JO, 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 Sutchiffe.

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 Dohimil 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 stoppage. 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 an offer that could give them better salaries in 1996.

Salary grades of nurses would be restricted 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 Letake, a Health Forum spokesman from Soweto's Community Clinics said nurses would not settle for "promises and lies" from the Government.

Letake 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

Nurses Who Go on Strike Today to Face Dismissal and the Loss of All Their Privileges, the Government Said Yesterday.

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 Chisano 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.

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, accumulated leave and start at the lowest rung of the nursing structure.

They would also, according to Dr. Chisano, 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.

The keynote speaker at the time 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 reassessment of nurses’ salary structures to the central bargaining chamber. But they stressed that no changes could be made this year.

Mr. L. Ramatla, 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 the closure of the out-patient 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 Suttcliffe, head of the Western Cape Health Department, said that the scope of the strike was still uncertain, but that it was likely to affect 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 33.3% 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."
Doctors become nurses as strike bites

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 counselor, 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 Jafsa, 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 Jafsa 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 Jafsa 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

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," a Gauteng deputy director of health said.

"Eric Buch said that a meeting of provincial hospital superintendents followed 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 out-patient services, and non-emergency operations — 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 Hongwane said yesterday that there were "rumblings" of a strike in all the provinces.

Health Minister Mmamoloko Kubayi 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 Grawitz from 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

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 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 Krieger 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 municipalities and homelands, Swanepoel said, but the office did not have the power to subpoena witnesses.

"In the Escoury matter (in which businessman Norman Escoury allegedly irregularly obtained a R18m loan from the Bophuthatswana Agricultural Bank) we subpoenaed 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 into 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 give the office more 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

Nurses appear set to extend their strike today in spite of signals that the government's patience is wearing thin.

Health Minister Nkosazana Dlamini 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 38% 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 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.

Dlamini 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".

Nurses tear up letters

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-slowes, revolving pickets, rotating skeleton crews and work to rule are also considered as strikes according to the law," Dlamini 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 Dlamini 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

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 "full 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-
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 strike 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 54 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 shrieking 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, expressing 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 Judit 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

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 divorcée 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 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 Ms 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 protests meetings by nurses on duty would be construed as strike action.
NEWS

LIST OF GRIEVANCES FOR MANDELA, ZUMA

Nurses plan to march

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 Denys 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
Nurses to march on Union Buildings

NURSES in Gauteng are to march on Union Buildings today in protest against the opening of new public sector hospitals without proper consultation or accommodation for the 6,000 nurses who have yet to be employed. The protest is being led by the SA Nursing Federation.

The federation's general secretary, Dr. Mawuila Makwana, said that the march would be a show of support for the nurses who have been unable to get their voices heard. He called on the government to address the concerns of the nurses and to provide proper consultation before opening new hospitals.

The nurses have been on strike for over a year, demanding better working conditions and higher salaries. They have been unable to get their voices heard, and the opening of new hospitals without proper consultation is a major concern for them.

The federation has called on the government to engage in meaningful dialogue with the nurses and to address their concerns in a timely manner. They have also called on the public to support their cause and to stand with the nurses in their fight for better working conditions and higher salaries.

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Nurses in Gauteng go back to work

Staff Reporters

Reverie 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 30% 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 Umphola 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 underway 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.

Mr Stephen Matlala 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
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. 110748 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 Jafuta said nurses had been sent intimidating faxes from the Department of Health threatening them with disciplinary action if the march over-ran the lunch break.

"The government is playing us off against the community," said Mr Jafuta. "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 Jafuta 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 Civic 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

STAFF REPORTER

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 Groote 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 Dlamini-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: OLIVE 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 echoed 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."
IFP moves to grab committee majority

Farouk Chothia

MARTIZBURG — 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 Thabo Mbeki, describing him as a puppet, and repeating threats to introduce a motion of no-confidence against him.

IFP chief whip Mike Tutt 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.

Tutt 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 Rajoani 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.

Rajoani said the 50% committee majorities 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 Mbeki, 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

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 striking 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 Mpuamalanga 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 Mpuamalanga 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 1995/96 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
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.
Only 10% listened to ultimatum

Nurses fired for ongoing strike action

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 Khululeka Bate 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.

Bate 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 by 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 Tutie 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 Ntsukhe Shabane said the patients were from Umtata General Hospital, All Saints at Engcobo and Mdahleni Hospital.

He said the situation was 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 wore civilian clothes as they were ‘afraid’ of growing intimidation and harassment by other strikers.
7 000 striking nurses 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 Umlata general hospital. He said he had received reports of intimidation of nurses. — Sapa
000 striking nurses fired.

LAST 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.
Eastern Cape fires 7,000 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 Mntu 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 rehirings were under way.
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 headed 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 rehirings 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 Trudi Thoms 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 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 Ngadini 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.
6,000 nurses to be dismissed

UMTATA: Tensions ran high there 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

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 striker's conditions.

Mr Bata said nurses not on strike were being intimidated. — Sapa.
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 coming 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

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

Fort 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 Tradi-


tional 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.

Contraversial's Chief Dumisa-
na Gwadile and the PAC's Gil-
bert Shake proposed and sec-

onded a motion of no-confi-

dence in Health and Welfare

MEC Dr Trudie Thomas at a

nurses' meeting two weeks ago.

Yesterday both men were re-

portedly present at a nurses' meeting in Umtata and, accord-

ing to sources, have been at all

the nurses' meetings. - Eena
Dismissed nurses welcome chance to discuss grievances

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 33 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 renumeration 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.
Nurses warn of more ‘action’

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 normalised, 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 for hours

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 Phumani clinic when protesters demanded that Health and Welfare MEC Tshidi 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

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 Serape said.

PEANUTS

By Charles Schulz
May 18/10/75

Dismissed nurses wait for decision

About 6000 nurses in the Eastern Cape will have to wait until next month to see whether the Unions 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 working within 200m of government hospitals. - Sapa.
Nurses' case postponed

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

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 3.

Provincial health and welfare department secretary, Muyoye 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

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.
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.

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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
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. The National Nurses Forum organiser Belinda Kgozo 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

Theo Rawena

THE SA conference industry was worth R2,6bn and, with an annual increase of R800m, 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 R30m 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 Sathour 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 nursing 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 all health programmes.
Health care workers who strike may be fired — Rasool

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
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 between 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 country. 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.
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
Nurses share a profession, but live in different worlds

Taking a look at a day in the lives of two nurses—one in a violence-wrecked 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 baby 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 caregivers.

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 she 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 6.30am 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 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 fear 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 visits lasted six weeks. He has to take a day off a month 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 R3 200. "The salary does not go far, but we go on with our little middle class life—and we get to see 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.
Depressed nurses study to get out of profession which offers no hope

BY JASLINE 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 nurses' patient ratio, the lack of equipment, 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 irritable."

"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 Maseko here since February."

"We thought this Government would show 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 back - 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, 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.
Nurses' image 'to be restored'

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

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

By Thembekile 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 that 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.
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.
HEALTH AND DISEASE -- NURSES

1996 - 1997
Nurses warn of major strikes over salaries

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 grading 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 overhaul 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 showdown; 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 categories, it was doubtful whether the regrading system would deliver even a 10% increase, he said.

Sadru 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.

Sadru 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

The SA Nursing Association (SANA) yesterday announced it was ready to enter into merger negotiations with other nursing organizations 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 Noric 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.

Rowetan 15/2/96
Budget sweetener
for nurses, police

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 R1.5bn to the RDP. With R2bn 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 will indeed translate that pledge into action today.
Nurses to get higher salaries

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

نية הצעה לשיפור התנאים ה馍לטים של אחיות

The increase has been a result of the government's commitment to improving healthcare services and ensuring that nurses receive fair remuneration for their work. The new deal will come into effect on June 1 and will benefit approximately 150,000 nurses across the country. The government has also announced a 5% wage increase for teachers and doctors, bringing the total to 10% over the next 18 months. The reform is expected to improve the quality of care provided by nurses and other healthcare professionals.
Nurses’ strike shows lack of information systems

Kathryn Strachan

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.
Health info ‘wholly inadequate’

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

Much fanfare as clinics drop R8 fee, which about

A 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 introduction 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.

Futhu 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 countrywide.

The Freedom Front said the free health care was an expensive disaster that would cost the country dearly. FF spokesman for health BJ 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’

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

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.

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 Mihalescu, 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 Mihalescu but magistrate Mr Thomas Bekker cautioned the provincial government to deal with the problem.

Mihalescu admitted during an inquest that he was not qualified to be head of surgery. This resulted in stronger charges being levied against the government that the public was being deceived when told that specialist services existed at the hospital.

Dr Charles Willem van der Walt, superintendent of the hospital, confidentially wrote to the South African Medical and Dental Council complaining about the "invasion of incompetent doctors" into state hospitals. — Ecna.
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, Marjolijn 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 medication, 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 Dlamini-Zuma to consult with health care personnel before taking "drastic steps." - Staff Reporter
Talks to unify nursing bodies bogged down

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 Ntseane 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.

Ntseane 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.
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 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.
Nurses resign in their thousands, legislature hears

Department of Health announces 3-year plan aiming to stop the drain of skilled medical staff to private sector employment

By Kaaris Schurie
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 1 535 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 44.7%," Masondo said.

He said vacant posts, especially at hospital management levels, had been advertised and were being filled.

In response, Bloom said: "While 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 quit govt hospitals

SHOCK figures for resignations of nurses from Gauteng hospitals were disclosed by Gauteng health MEC Amos Masando yesterday.

Replying in the legislature to questions from DP member Jack Bloom, Masando 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, 786 in the past year alone."

A total of 650 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.

"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."

Masando 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 Chotta

MARTIZBURG — Housing delivery in KwaZulu-Natal was disappointing last year, with 69 developers from primary and local government MEC Peter Miller saying yesterday, 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 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 R633m 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."
Rush for Packages

Health Workers

Argel Paita

SATURDAY TRIUMPH ANGELA: June 22, 1996
Nehawu 'rolling mass action' to improve nurses' conditions

By GOSIA 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, Nehawu said it had identified specific problems which needed urgent attention.

The union said it had succeeded in raising nurses' salaries by 43%. But this was 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

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 has 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.
over severance packages

Health chief quells fears

Only 200 applications for voluntary severance packages from Network Cape Health Department were received by the deadline of May 29/6. The health chief said this week.

Adel Elate

SATURDAY WEEKEND ARGUS, JUNE 29/6, 1996
Parents lost savings and pension money to give children a career

By Karien Schoone

Edward Dihele has lost R2760 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 R20 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 Mondono 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 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.

Mondono 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.

Mondono 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," Mondono said.
Nursing hopefuls face sickening scam

Illegal colleges offer inferior training, tricking families out of money and shattering dreams

BY KAREL 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.”
Anti-council nurses march on Parliament

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.

By David Raymond
Health Writer

O ccupational 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 para-dis” service.

This is the view of senior representatives of the South African Society of Occupational Health Nurses (SASONH) 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 do with,” says Beverley Hoggins, Chairman of the Gauteng Central Branch of SASONH.

No one can argue that this constitutes a major health problem. Yet, not a lot is being done about it.”

Hoggins points out that in 1970 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) and employed,” Hoggins explains, “are far from registered nurses (professional nursing sister). We’re saying that the enrolled nurse doesn’t have a role to play.

“By this category, we’re talking about people who have not received the necessary medical education. They’re very often used incorrectly by companies to do things that should be done by professional nurses.”

Health is currently undergoing a major restructuring.

The SASONH 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-doctors. 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 SASONH has developed a three-year plan to professionalise the nurse as a legitimate member of the occupational health team.

The plan includes:

1. 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 SASONH believes that a new training approach needs to be pursued.

2. A new training approach needs to be pursued.

We’ve developed our own core curriculum for nurses, which focuses more on actual occupational health issues,” says Mead, “and we’re in the process now of taking it to the Nursing Council for approval.”

3. Change management attitudes to occupational health: “We need to raise awareness of the problems and the solutions,” Mead explains. “It’s impossible that managers understand the link between occupational health and productivity. It’s obvious that high absenteeism and low morale doesn’t help in the pursuit of productivity. It should be equally obvious, as well, that 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 SASONH recommends that occupational nurses have direct access to top decision-making machinery and be empowered with managing the in-house health service, with doctors acting as expert advisors.

Prepare occupational health nurses for a decision-making role.

“The more South African nurses have trained and worked in a highly autocentric environment,” Hoggins says, “the more they have been don’t think too much, just do as you’re told. Occupational health nurses cannot 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 SASONH 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 Hoggins 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.

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.

The nurse, Mead and Hoggins say, should act primarily as a “gatekeeper” or first contact for the multi-disciplinary 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 for developing and managing the in-house health service, with doctors acting as expert advisors.

A multidisciplinary approach is the best way of coping with occupational disease, says the South African Society of Occupational Health Nurses (SASONH).

Instead of the current compartmentalised system, where occupational hygienists and engineers work in isolation from doctors, who, in turn, have no 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 SASONH isn’t just talking about inter-disciplinary cooperation. They’re joining forces with the South African Society of Occupational Medicine 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) 860-1055.
Nursing needs ‘urgent’ care

ANEZI SALIE

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 realize 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 Veli 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 (SANAn) 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 education 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 SANAn. The same applied at another private health provider MediClinics.

The union also demands centralized bargaining in the private sector.
500 nurses protest against discrimination

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 Osata 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 Maboea 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.

Olve 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'...
Nursing authorities plan action against illegal training schools

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 training 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 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 Maseko in an effort to stop the bogus schools.

Two weeks ago, Mr Maseko disclosed his department was working on ways to eradicate these schools. — Sapa.
Illegal nursing schools

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 Gernishulzen, 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 technicons 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

By Thembisa Sepotokelo

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

The local board of nurses and nurse practitioners, in conjunction with the local medical society, has been reviewing and an application for a new service. They have recommended the establishment of a new health center in the community, which would house a new hospital and serve as a primary care facility.

The application process has been underway for several months, with community members and stakeholders actively involved in the planning and development stages. The proposed facility would include a range of services, including primary care, specialty care, and mental health services.

The application process is expected to take several months, with the next steps involving further community engagement and outreach. The local board of nurses and nurse practitioners is committed to ensuring that the new facility meets the needs of the community and provides high-quality care.

For more information, please visit the local board of nurses and nurse practitioners' website or contact them directly.
Leader Page

All Should Do Community Service

August 8, 1996
Thursday

Editorial:

Community service is an integral part of our daily lives. It is a way to give back to the community and make a positive impact on the lives of others. It is a way to express our gratitude towards those who have helped us in the past and to pay it forward to others.

There are many ways to get involved in community service. Some examples include volunteering at a local food bank, participating in a clean-up project, or donating time or money to a charity.

Community service is beneficial in many ways. It helps to build character, teach valuable life skills, and promotes a sense of social responsibility. It also provides a sense of purpose and fulfillment.

In conclusion, community service is an important aspect of our lives. It is a way to give back to the community and make a positive impact on the lives of others. It is a way to express our gratitude towards those who have helped us in the past and to pay it forward to others.

End of Editorial

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Photo Caption:

A group of volunteers are working together to build a new community center. The project is being funded by a local foundation and is expected to be completed next month.
‘Africa to conduct mass immunisation projects’

Kathryn Stochel

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 Ibrahim 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 1995.

“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

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 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 regulate, not disrupt, those 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.
Nurse shortage causes crisis in cardiac unit

Hope that competitive new salary packages will attract ICU staff back to public medicine

BY JAMIE 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.

‘Children in outlying areas worry me the most’

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.
New nurses' group formed

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

CP15/9/96

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.

Brisbane, 21 Oct 1976

NURSES declared a dispute
with Clinic Holdings yester-
ay over an offer of a 3.7%  
general salary increase.

The Democratic Nursing  
Organisation, which rep-
resents about 7,000 nurses  
countrywide, has been con-
ducting annual negotiations
with Clinic Holdings, which
has 22 hospitals and clinics
in SA.

Clinic Holdings' offer was
rejected after five days of
negotiations.

Demise was launched re-
cently after existing black
and white nursing organisa-
tions were amalgamated.

Demise spokesman, Dr
Leon Brandt, said the
organisation had placed many
demands on the table, in-
luding better uniforms,
housing, sick leave, and
leave. But the real issue was a
substantial salary increase for all
the nurses of 3.7%.

When it was clear the
employer was not prepared
to move beyond 3.7%, we de-
clared a dispute," he said.

Mediation is scheduled
for October 19 and it could go
to arbitration if deadlocked.
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 3.75% increase.

Meanwhile, the Democratic Nursing Organisation (Denosa) declared a dispute with Clinic Holdings last week after an impasse was reached. Denosa is demanding a 12.65% increase.

Hospersa general secretary Rod McGregor 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

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. B.D. 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.
Health worker spread acutely uneven

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 creation 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 Sarsfin 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

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.

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

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 Soweto arrived at the hospital, some patients were seen pushing big trolleys with dirty linen to the laundry. Soweto 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.
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 fee is 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 Sithembenzi 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 SAJEE

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 Quami Braam who 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 damage done on the quality of care for patients with Aids.

At an ANC 87th anniversary function 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 Braam 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 applications.

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 to be optimistic to welcome the new year as a fresh beginning, full of challenges and opportunities.”

In South Africa the department 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 (director)ate 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 — and by — all involved, especially those with HIV/AIDS.

About two million South Africans have HIV/AIDS.

Red Cross to give specialist care only

HASREEN SERRA

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 Cape which will provide services for children. Six of these — Mitchells Plain, Khayelitsha, Elsies 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 illnesses, 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 flight for control of nurses' council to
Nurses walk out on Zuma in council debate

Anger as reform Bill is approved

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 elitist 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 36 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 interest 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 rand.

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 announced 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 8/4/97

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 (Nehawa), 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 (Hosperusa) 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 Hosperusa 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' experience 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.
Nehawu details objections to Nursing Council's 'restrictions'

Jean Le May
South Renmin

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 Mafaqa 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."
They claim portfolio committee ignored submission

Nurses increased about new Bill
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 nurse 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.
Nurses protest against Bill

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 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 curricula.

Propelled by the primary health care approach, the new system required all the categories of health professions to work in a team, said Hendricks. Curricula 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; KwaZulu-Natal: 4.6 doctors, 41.2 nurses; Northern Cape: 7.4 doctors, 28.9 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.
Rural nurses taught to take different view of patients

Kathryn Streach

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 Tshikizini 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 Tshikizini 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.
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 R6.6bn (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, received 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.

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 1.5% between the two grades.

Government negotiators were not available for comment.
Nurses face ban on giving drugs

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 Annette 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
2 850 health posts abolished in W Cape

LINDSAY BARNES
STAFF REPORTER

The cash-strapped Western Cape health service is to abolish almost 2 850 frozen posts in an efficient 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 Cabinet 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’

Renée Grawitzky

INTERNATIONAL experience had shown labour law was becoming almost irrelevant in the face of globalisation, Harry Arutha, 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, Arutha 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.”

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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 880 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.

“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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Thousands of students will suffer if bogus nursing colleges are closed

By Themba Sepotokile

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 Mlothe Nursing College in Temba, Hammanskraal in Pretoria and Quest Nursing School in Pietermaritzburg, KwaZulu Natal were shut down last year, adding that the A M Mlothe 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

BY JANINE SIMON

Nurses say pride in their profession has evaporated.

One senior nurse, who asked not to 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 grill the service culture into them, that their salaries are based on our profits, which come from patient care."
Nursing standards on the slippery slope

Mercenary attitude developing in hospitals, as arrogance and apathy rule in the wards

By Janice 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 1986 there were 173,743 nurses on the nursing council register, of whom 84,978 had two or fewer years of training, and 16,925 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 suitable."

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 retraining 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.

Geuteng's director of professional services, Mary Grace Mlamango, 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.
On the Job

**Skills must be honed**

The SVING was in the first round table meeting last week to discuss the process of training new teachers. The meeting was held in the context of the current education reforms, focusing on improving the quality of education in the country.

**Broadened curriculum**

According to the director of the program, the new curriculum will be introduced in the next academic year. The curriculum aims to integrate practical skills and theoretical knowledge, preparing students for the workforce.

**Planned by SVING**

The SVING has planned a comprehensive project under way to revise basic and post-basic education programs. This project is expected to enhance the educational standards and better prepare students for their future careers.
"Nurse grading keeps costs down"

BY Janine Simon
Medical Correspondent

Hospitals would have to pay twice as much for nursing staff if the skills levels of nurses were not differentiated, says Professor Leina 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, 94,976 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

JENNY WALL
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 bossbbaad 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 26 000 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 Bossbbaad 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

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 Regensburg, 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 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 28A of the Nursing Act.

But this covers only nurses working for the state. The society has been asking for clarification on how section 28 applies to private nurses for years, says Regensburg.

The council investigation was sparked after medical aid administrator Medscheme detected cases of overcharging, including a Gauteng nurse who claimed R1 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.

Basha 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 Nelomous 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

Four colleges to be rationalised

JENNY VIALL
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 Carlhaus at Groote Schuur Hospital.

A work group was set up in 1995 to investigate 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

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 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.
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 toyi-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

ST 11/11/97 (95)

FREELOADING 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 50 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 Hope, 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 Ngwelenza 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 R16 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.

Ngwelenza 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 Ngwelenza’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."

Ngwelenza medical superintendent Peter Haselwall 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."
Nursing graduates today, jobless tomorrow

By DEREK TRUMP

Staff Reporter

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 department abolished these jobs.

This was part of an attempt to reduce a health budget deficit expected to reach R1.62bn 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 Oickers (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

-Nurses-

1998 - 1999
‘Inhuman’ city midwives beat women during labour

Researchers unveil abuse at obstetric unit

JERRY VIALL
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 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 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.
Victoria's nurses fight back against budget cuts

We are key nurses who are working hard to ensure that our patients receive the best care possible. We have been fighting against budget cuts that threaten the health of our patients.

We call on the government to reverse these cuts and provide the necessary funding for our hospital.

Photo: Victoria's nurses stand together holding signs that read "We are key nurses fighting for our patients."
Denmark gives R1-m to SA nurses

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 president Kirsten Stålknæcht on a visit to South Africa.

On her tour, Stålknæcht 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

Linda Geshl

From p. 13 to 14/1998

NEWS
Big shake-up of nursing field

By Claire Keeton

The greatest area of need is for well-trained hospital nurses in both the public and private sectors. Nurses should be competent. 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."

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 preventive and promotive care.

"There is not enough nursing (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 advanced training makes half the cost of their training, an attempt to retain nurses in public hospitals.

"As the public sector we will never compete equally with the private sector or with countries like Saudi Arabia. But there has been an improvement in salaries since 1996," said Mlamango.

"We are prepared to release 4.5 percent, if 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."

Chicago's most visible sign of rationalisation is that in Gauteng, the health department has closed four of the eight campuses as part of the painful process of rationalisation. Gauteng is successful in converting teaching, staff and students on the remaining four.

Gauteng director of professional services Mary Grace Mlamango encourages nurses to work in the public sector.

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Gauteng director of professional services Mary Grace Mlamango encourages nurses to work in the public sector.
Nurses complete advanced course.

Jody 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' Pharmcare 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 Pharmcare, 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.
UFT's new heart disease hope

Nursing schools set to merge
Move to up lodging fees angers nurses

By McKeod Kotolo

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 superintendent 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 'free poor pay'
Fed-up nurses joining brain drain in droves

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.

Medlink 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 another 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 British-bound nurses were offered salaries of up to R169,000 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, Thembile 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 49-year-old Kedibone Moromoholo. The Pinville, 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 emotionally-bound 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.
Low salaries prompt nurses to leave for greener pastures

More than 100 off to the UK this month

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 postgraduate 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 R160 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".
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, 659 people were waiting for surgery last December, a mere fraction of the 1,173,518 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, 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 Emerton, 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 Carinius 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”.

Young graduates leave Africa to aid overburdened hospitals
Nurses warn of ‘chaos’ in hospitals

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 60 000 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 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.
MPs slam Afrikaans medical schools over slow pace of change

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.

Francois 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.

Mphalele 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.

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Attitudes harden as pay dispute drags on

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 full-scale 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 (Hospera) 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 differed from mine to mine. AngloGold made the highest offer of 9%. Gold Fields offered 8% on nonmarginal mines. Marginal mine offers ranged from 6% to 7%.

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