Kwena Manamela

Facilitator: This is an interview with Kwena Manamela, we are in Polokwane, the date is 21 August 2012 interview is done by Brown Maaba. Comrade thanks very much for your time. Kindly provide me with your background as to where you come from and issues around schooling, where you were educated and how you ended up in nursing of all professions and how you ended up eventually in the unions?

Respondent: Long question. Let me say my schooling started at a very rural area, under very difficult conditions. You know in rural areas you would not have this and that to attend school, basics of attending school. It was difficult, fortunately I managed to make it to matric. It was not difficult passing matric, maybe it was one of the advantages that I was .., that I didn't spend time at home after matric. I applied with the nursing college, it was called Groothoek Nursing College. When I started it had shifted from Groothoek to Mankweng. Ja that is where I started my nursing in 1990.

Facilitator: Just before that you mentioned that your schooling was difficult because of resources and so on. Can you elaborate on the nature of the school set up and maybe also the family?

Respondent: The set up was I was raised by my uncle, single parent mother but I didn't stay with my mother. I was raised by my uncle, that is why I did my schooling until Matric. You can understand if you are staying with somebody who is not your parent, the uncle is working and you are living with your uncle's wife. So sometimes you won't get what you need

Facilitator: The attention?

Respondent: Yes the attention that you want you won't get, but fortunately as indicated I did not fail that is the reason why I continued until I completed my Matric.

Facilitator: Why nursing of all the careers? (interruption – phone rang)

Respondent: What I wanted to say was that if you complete, like I said there was no proper back up, so if you complete Matric you would look at where after completing with your symbols whatever it would be easier for you to continue with your schooling. It was not going to be easy for me to decide outside where I could not get immediate funding. If you want to be a doctor you need very huge sums of money to start that yes, so with the history that I had it was somehow difficult. Because I tried to work after Matric for a year but I couldn't raise enough money to study. Anyway if I was able to raise money maybe I would have decided somehow. I had a few choices at the time.

Facilitator: Which other choices?

Respondent: Many of my colleagues I remember at the time, many wanted to go into the police force, many wanted to be soldiers, I didn't want those things. So many left for that, and then the other choice was you either you want be a teacher or a nurse. So I was not interested in the others, so that is why I accepted nursing.

Facilitator: Now being a male nurse has got it's own challenges and problems within the hospital and outside the hospital environment?

Respondent: Not real challenges. You know since I joined I have not met serious obstacles from males. In fact when we joined, it was like males got more recognition like females. If you are in a hospital and are male, patients, fellow workers regard you as a doctor in a way, so you don't suffer. In fact you are regarded more than your fellow female colleagues. So it's really easy for males to be in hospitals. Patients address male nurses as doctors.

Facilitator: Interesting, I never thought about that

Respondent: They address them as doctors, they don't see males fitting the category of a nurse no.

Facilitator: So where did you start your employment?

Respondent: I started training in 1990

Facilitator: And then you completed?

Respondent: I completed after a long time because there were strikes at the time. You remember the same year that I started nursing was the same year that Nelson Mandela was released from prison. I think shortly after we started at the college, he was released in February. We started in January and then in February Mandela was released. Then the devil broke loose in the country, there were unrests, strikes, so that was the situation. So we couldn't continue smoothly with our studies. I remember when we started, I'm not sure whether it was 1990/91 but shortly afterwards, whether I was in the second year because we were also

involved in SRC's, I was in the committee. So whilst there, strikes started and at the time we were getting our meals from the hospital from the main kitchen like patients. So we were not allowed to cook for ourselves at the time, rules were stricter then because you will have a house mother who would lock you in after 9 we were not allowed to go out etc. So there was time for everything, for meals and other things, military style type of life. So when the hospital personnel went on strike it meant we could not get meals. So we were forced to go home as well. Sometimes they would stay away for two/three months, we were also forced to stay home for the duration. Sometimes it was not the hospital on strike but us on strike. I think our training was extended by two years instead of four years.

Facilitator: So you were there for about six years?

Respondent: Yes

Facilitator: Was that the right decision to make by the authorities or it frustrated you as the trainees?

Respondent: No it was necessary at the time, it was unavoidable, the strikes, so we understood that this thing is really unavoidable because as I say when they come is ourselves striking on certain things. It was a transition at the time, so when you transist, there are some of the things from the other side that you also don't like, you want them changes. So that process in itself delayed the training. You must understand with us you need to satisfy a certain number of hours, the theory you must do this much and the practicals in a hospital you must do a certain number of hours. So as long as you did not cover those hours you cannot write at the

end of the year. So that is how the training was extended, if you have lost three months it means automatically you cannot write at the end of the year. So they extend it to another year. That year when you are supposed to write, then we strike for another four months, then it's extended for another year. That is how it was extended. So that was a challenge.

Facilitator: Your involvement in the SRC, was that your first experience of politics?

Respondent: At a broader scale I could say so, because at the high school we were not very active, we knew about those things, but we were still young and just running behind others when they run. The soldiers would come to the village about this and that, seeking boys, then we would all run away and sleep at the mountains. But really I won't say we really understood what was going on in the country, we knew at high school that some leaders were arrested. But once we got to college we started understanding what is going on.

Facilitator: You started working in which year?

Respondent: 1996

Facilitator: You studied for a long time

Respondent: Ja it was long

Facilitator: Which hospital did you join? (interruption - phone rang)

Respondent: After college I went to a rural hospital, Mescklenburg Hospital it is in the Sekhukhune area.

Facilitator: The working conditions at the place, how were they?

Respondent: They were horrible, you know when we arrived there, shortage of staff, I think that was the major thing at the hospital. What they did because of the shortage, previously when people completed, because there was a shortage all over in the nursing fraternity. What they did was the hospitals will come to recruit at the college beforehand, so the college will know which hospital is taking what number etc. So they just took us, loaded us in a kombi, I think we were about 7 from here and they just dropped us there. And there were those .., I think we were joined by another 5 from the former TPA – at the time training was different according to province, for instance homelands and TPA which was the central government. So five joined us from TPA and then we were from the former homelands, about 7 of us. We lifted the hospital, 12 at a go fresh from the college.

We were young, fresh and still energetic, so the hospital improved a lot. A lot of programmes came in because the nurses who were there were those who were trained in those days, so our course ..., previously nurses were trained for either a year/two/three, there was no four year course. So I think we were one of the people who qualified earlier from the four year programme, that is why when we got there we changed a lot of things. A lot of programmes were introduced, we went to school, came back, specialised, so the hospital expanded, other wards were builds , at the time there was no theatre, they also built a theatre and other

programmes were there, occupational health programmes and so on. The hospital improved a lot. I stayed there for about eight years.

Facilitator: Was there a union there, were the workers unionised?

Respondent: Yes

Facilitator: You found the union at the hospital?

Respondent: Ja

Facilitator: Which one?

Respondent: The unions were there, this one that I'm in was there

Facilitator: DENOSA

Respondent: Though DENOSA formerly it was launched the same year, 1996, late 1996 but there were these HOSPESA, the PSA, the NEHAWU's were there.

Facilitator: Did you join any of those unions?

Respondent: I didn't. What happened is that whilst at college, we fought the formation of DENOSA, our SRC, it's ironic that I joined it and became the secretary ultimately. But whilst at the college as the SRC, as I said we were fighting the formation of the very same DENOSA. As I indicated it was formerly launched in late 1996, but the discussions towards the

formation started a long time ago, 1990/91 and so on. So and the students were fighting that.

Facilitator: Why were you fighting against the formation of DENOSA?

Respondent: Remember the people who were pushing for, or who were at the forefront of the formation of the organisation mainly were our tutors, they were academics. So to us, because we had a different view, we viewed academics in another light, that they are the oppressors, they are refusing us the courses etc. So we needed neutral people who are neutral from the situation who can come up with that because we saw it as maybe going to be more oppressive, coming up with the laws that will really oppress students. That is how we viewed it because there were principals and lecturers and whatever and the university, those were the people who were pushing the formation of DENOSA. You must remember that the four runners of DENOSA, South African Nursing Association, all the nurses were fed up with the association because of the way it ran its affairs but it was bias towards the employers not the workers themselves. It was supposed to represent the workers, the association but it was not. The Nursing Council was supposed to represent the public and the association was supposed to represent the workers but it was not. So that was one of the reasons we didn't want it, that there won't be a difference between the association and DENOSA, so we need to form something different. Then we formed our own organisation at the time, it was called South African Students Nurses Organisation (SASNO)

Facilitator: Did it operate in colleges or just in your college?

Respondent: The colleges came together, it's just that when it was formerly launched, it was during our final year, we were leaving. I don't know where it is now, it seems it died a natural death. But it was formed, it had a president and so on.

Facilitator: And then at Mescklenburg hospital, did you join any of the unions?

Respondent: I think my first, I tried .., I joined I think HOSPESA because I don't know whether I paid a subscription or not. I didn't participate in that but shortly after that I joined DENOSA.

Facilitator: You were still at the hospital, the same hospital?

Respondent: Ja at Mescklenburg, I think I joined DENOSA in 1997

Facilitator: Why the sudden change then because at college you were against DENOSA now 1997 you are a member?

Respondent: Isn't it, the operations thereafter, after it was formerly launched, it's operations and its representation of the majority because of the people who were in SANA, after the referendums and the negotiations, nurses were in different unions. Some were in NEHAWU, HOSPESA, PSA, but the organisation that .., and in the homelands you had the Lebowa Nursing Association, there was a Transkei Nursing Association, the former homelands had their own associations, including Gazankulu Nursing Association and so on. So ultimately the associations collapsed into DENOSA and all their assets, it then became a good organisation across the country. Then now it was apparent that it was going to

become the mouthpiece of the nurses because it was representing the majority of them. It then became a home for many nurses instantly. The changes that were there, initially it was lily white, then it had black leaders and so on. So to us it became more progressive because the first General Secretary is a black woman, to date, she is still there. So there was a good mix at the time, then we joined with the thinking that we will be able to make internal changes, if blacks join in large numbers – if we go for a congress we knew that we will come up with a leadership that we want.

Facilitator: As you say it was lily white initially, did the white people resist to leave?

Respondent: No the leadership of SANA, it was lily white, they didn't refuse to leave but I think after .., I was not part of the discussion but I am told that during the discussions the compromised positions or agreements that were there forced some out, some automatically left but some remained. I remember Prof. Muller and the others remained for a while in the organisation but gradually they left the organisation to form their own societies. They are now in different societies.

Facilitator: After joining DENOSA and you were still at the Mescklenburg hospital, did you become a shop steward?

Respondent: Ja I did, in fact I joined I think before I even completed a year I was already a shop steward, I did because what happened is it was a small hospital, and because it was small, if you were active in a lot of things it was easy for people to elect you. I served in all the hospital committees as Chairperson before I was a shop steward; the housing committee; the occupational health and safety; the one that was giving

grants I was the chair, I was chairing almost all committees in the hospital. It slightly became difficult for me to leave the hospital because I remember the Matron of the hospital asked me if I leave now that I was chairing the many committees who is going to take over. I then started relinquishing the chairpersonship one by one to others, preparing myself to leave because really I wanted to leave at the time. I stayed there for eight years, it was difficult working there .., when I arrived there there was no radio, no TV, no cellphone, nothing, because the community was really suffering, ours was just to assist the community. I remember one programme that I was involved in was the one .., I worked for several years with Professor Davies from the Medical Bureau of Occupational Diseases, in Braamfontein, who was servicing people who worked at the asbestos mines, we called it Benefit Medical Examination. We examined families and people who worked in the mines with mine related problems, TB, asbestos, silicosis, because some worked at the gold mines then came back to work for the mines there. So we were examining them so that if anything is found in their lungs we send the x-rays to the medical bureau in Braamfontein. Many families benefited. That is one of the things that made me to stay there because we wanted to assist the families. Many built houses, many took their children to school, many people benefited, more than 1000/2000 benefited from that project. The project was ran 1998/99/2000/2001/2002, I left in 2003. I went there in 1996. The project that I am talking about, the Professor was old, he was on sabbatical leave for about 6 months. So during his sabbatical leave he would come there and we would work, examine those people, we were booking them, we examined quite a lot up to 3000. I think after realising that we have exhausted the funds, some people were now coming for the second time then I decided to leave and come here.

Facilitator: So you were shop steward throughout your stay there?

Respondent: Yes I was, as I said being an occupational health and safety person, in a way you are a shop steward. Already you are representing the interest of the workers, occupational related issues, all the Acts, occupational safety Acts, equity Acts, you are actually sort of a custodian of those Acts. So for me working with the Acts, plus a shop steward then it was a compliment, that we were working with the mines, the Adock Mines, we were working with new mines that came there, Marula Platinum and so these new mines that came there, they came late around 2000 – we worked with mines such as Adock. Apartheid was still rife in those mines.

Facilitator: Really?

Respondent: Yes, in the mines, I told myself I will not work there. Patients are still treated "this is a white consulting room and this is a black consulting room" – I decided I can't work there.

Facilitator: Did the working conditions improve over time?

Respondent: No they did, that is why I say many of us when we left at least a mission was .., because we were sent there specifically to improve the institution. When we left as I said many services were there. The mobile services were there, mobile clinics are for people who are far from the hospital, you go and see them and come back, the occupational health and safety services were there, there was now a theatre, at least they could do operations. When we first arrived the hospital did not have

a theatre, but when we left operations were done there and other services, there was some improvement.

Facilitator: And as a representative of DENOSA on the ground, shop steward, were you able to successfully carry out the mandate of the organisation?

Respondent: At the institution, very much so.

Facilitator: What would you say were your outstanding achievements, you were there for eight years?

Respondent: As I said, the impact of the organisation, in fact it can be measured against the ability of its leaders to participate. As I said I was the chairperson of almost everything. So the interest of the unions if they want to push a certain thing through the committee or whatever then it was easy, it was actually very effective at the time because you could influence every committee that was there in the institution so our members were not actually suffering.

Facilitator: So in terms of health and safety of the nurses, within the hospital environment was that a guarantee or was that an issue or a challenge as well?

Respondent: It remains a challenge, that one is a moving target, you can't say today we have accomplished it, health and safety is a moving target because you never know when you will get injured. Let's say for example security at the hospital. The nurses themselves are not responsible for that but it happens that they get killed, they get beaten in

the hospital but is not of their fault, it's not of their making. So if there are no proper signs in the hospital or they are warn out or the hospital is collapsing, or the infrastructure itself is collapsing, it's not of their making, it's government that should have done that. But if they fail these people are forced to work there and the conditions are not good.

Facilitator: Why did you leave the hospital in 2003?

Respondent: I had a family, I had a house in town, the travelling over weekends when I'm off duty I must travel a lot it was becoming expensive. I had a small child at the time and had to .., my wife was working, she's a nurse as well, working at St Riters Hospital, the kid was left with the aunt, so we would only come home when we are off duty. So it was becoming strenuous. We then decided both to come back to town.

Facilitator: So you joined another hospital in town?

Respondent: Ja I came to Polokwane Hospital, Pietersburg

Facilitator: Any DENOSA responsibilities while at Polokwane Hospital?

Respondent: Ja when I came here because I wanted to rest a little bit from the shop steward work and so on, unfortunately I was immediately recognised, I didn't even spend a week and was recognised. I was co-opted in the leadership immediately. Unfortunately again I was given the responsibility of occupational health. Whilst I was at Mescklenburg, I was not only looking at Mescklenburg, I was looking at other hospitals and actually the regions, when they were talking about occupational health and safety they would come to .., we were two who were doing that in

the hospital. They would come to me and ask what they should buy for St Ruiters, for Jane Furse, so we were advising the region on what to buy or to do and assisting them with the policies of occupational health and safety. So when I came here they knew already, one of the managers I had taught occupational health and safety issues. I was then asked to continue with that. In Polokwane I was given an office.

Facilitator: Was that a challenge?

Respondent: Yes remember this was a bigger hospital and I was alone, now it's better because there are several people doing that work now, about four, but at the time I was alone.

Facilitator: Just working as an individual

Respondent: So I would decide on what to buy, what to remove and what to add on etc. at the hospital but I didn't stay long there. I went there I think 2003, did occupational health and emergency work, 2005 I was here in this office.

Facilitator: So you were not long there?

Respondent: I spent two years in Polokwane

Facilitator: Why were you co-opted into this DENOSA office?

Respondent: No full time shop steward

Facilitator: And subsequently Provincial Secretary?

Respondent: Ja

Facilitator: So operating from this office, you came in as a shop steward and then Provincial Secretary. What are the general problems faced by the nursing division within this province that DENOSA has to attend to?

Respondent: The problems, not for the workers, for nurses specifically

Facilitator: For nurses specifically, that's your sector?

Respondent: Yes, I don't know how to put it, you know nurses are slightly different and difficult to organise for that matter. They are actually not interested in union work. That is why organising them might be slightly different from organising the general workers. I will just give you an example of the doctors, they are very few but they've got several organisations within one organisation because they are demanding, they are not interested, some need that, some need Viva and Amandla, some don't, they just want to know in black and what is it that you can offer, if you don't have that they would rather stay without a union. So when you go to them you are careful, how you address them. Sometimes you must not be very extreme to this and that. If you look at the Constitution of DENOSA, it states: We've got two legs, a union leg and a professional leg, it is in the constitution. I think they tried to remove it but it cannot be removed because there are those who consistently say we are not interested in union work, we are interested in how we as a profession do we take care of ourselves, sustain ourselves and say we are .., not say autonomous per se but say we are what we are, unique from other professions. Not saying that they want to operate in silos but they just

want to be themselves, that is what they want. There are those who are really interested in union work, they would want to become shop stewards, they attend congresses, also participate in the broader political politics of the country. There are those who are not interested. So when you attend to their issues usually we concentrate on professional issues as well. If you look at the organisation itself, now, of late, maybe you've heard that we've also established a DENOSA Professional Institute, it was a demand from the members that besides union work we need an institute that will train us in our profession as professionals. So the institute is training a whole lot of things: leadership, short courses, basics and all that, so there are those who want that, so we need to cater for those and then we've got the political education as well, shop steward training and so on, there are those who want that. In fact these models we stole I think from the Danish nurses and nurses in the UK, that is how they deal with the nurses there. When they train shop stewards they specialise, the one is specialising on union work and the other one specialises on professional work – when they represent they are both balanced. It's an overseas model that we adopted.

Facilitator: And it's worked for you?

Respondent: It's working. I must tell you if we have to be radical, let me say now we say let's go radical as DENOSA today and declare a national strike, I'm citing an example. We may gain some but we may lose one third of membership. This is an example, that if you have to go radical, in full scale union work and forget that there are those who are not interested, and not try to cater for them, you may lose a lot of them and actually you may end up with very few remaining in the union. So all the time you have to balance, if there's an issue, national strike and so on,

we've got our own way of managing it. Other people might make a noise and say we are fearful we don't want to strike but we know exactly what we are doing because this is our situation, we know how to manage it and we've been doing that for years.

Facilitator: But nursing is an essential service am I right?

Respondent: I don't know what to say really

Facilitator: You guys are not allowed to strike? (he was silent for some time)

Respondent: I want to refer to ourselves specifically the provisions that are in the country, I am trying to look at that but is really grey that is why I can't in black and white say we are, yes nationally it is pronounced that we are essential and so on, but this is not properly documented. If you say a service is essential, it goes with its own package of being essential, yes we agree it's essential, but it is incomplete if you don't mention essential to this extent when there is a dispute x-number will participate and x-number will remain doing the work because I think the essential thing here is that .., because it is essential it mustn't be abandoned altogether, there must always be people doing that work all the time. But if we have a dispute, there must be provision that x-number can express themselves in terms of the dissatisfaction but x-number must remain. But in the absence of such, then to me .., that is why I say it's difficult to say it's essential because all the time we've been participating in the strike and the government knows that because they didn't mention how many must remain and how many must express themselves, it's becoming difficult to charge and it is there in the Bargaining Councils, the issue of Minimum

Service Level Agreement, we need to have it. It is not there, so if it is not there the issue of essential is incomplete.

Facilitator: Other than issues around strikes and so on, which unions are expected to deal with in order to advance the causes of the workers, what does DENOSA offer to its members because technically it's debatable whether you guys could go on strike or not?

Respondent: It is debatable

Facilitator: Why should I join DENOSA if I can't go on strike, are there any other benefits that go with joining DENOSA?

Respondent: Ja there are many, in terms of affiliation or membership, I'm not talking about the union only, usually in every membership there will be loyalty benefits or something like that. That if you join us you're a loyal member of the organisation these are the things that you are guaranteed, the benefits. For example we have our professional magazine that people read, update it, it's got up to date information, diseases, from diseases to current events etc., we have a research journal that we publish, we have a funeral benefit, those are the things that every member will get because the book that I'm talking about is sent by post every month. The funeral if you lose in terms of the specifications, you will be paid the amount specified there. If you need representation you will get from shop stewards. Nurses, the nature of the work that we do in fact forces nurses to belong to the union especially ours because you need to be indemnified. Most of the cases that we have, I will give you an example of maternity cases – you not sure whether the baby that you are about to deliver will come out alive or not, will the mother be alive or not,

anything can happen nobody know what will happen. If that happens you are sued, R2 million where do you get that kind of money. So many of the cases for nurses are litigation cases. So that is why, the indemnity is very important that they are covered with, because their work is dangerous in a way. You work today, you can prick yourself with a needle of somebody who is HIV positive, what happens. Or blood splashes, or fluids splashes in your eyes of somebody who is having hepatitis, what happens? So those are some of the benefits they enjoy and need.

If you go to any other union except ours, because they are not organising nurses only they may not see or understand the importance of covering these people or indemnifying the nurses with R5 million. Why should they indemnify nurses with R5 million and not indemnify other members. Other members will be disgruntled because they pay the same subscriptions. You will find that nurses only form 10% of their membership, they can't indemnify them with R5 million, so what happens if the nurse is sued. So that is one benefit they cannot get anywhere else except with us because we only work with nurses. We appoint a legal person to deal with the indemnity only, we outsource it we do not have the expertise. The union will pay a certain amount who will take care of the litigations on behalf of the nurses. So it's a very big benefit. There's a whole lot of other things, for instance the Bargaining, if other unions are there in the Bargaining Council, bargaining for workers. If there is nobody who will bring in the element of nursing or essential service into the negotiations because they can't strike, it's something else. They need that voice there, they need to be represented every year during the negotiations. And when it comes back positive they realise that unions are working hard, playing a part. So the issue of strike in DENOSA or in the sector is really

secondary it's not primary. As I said they are less interested, you may say let's go tomorrow, they can decide they don't want to, it's their strike. Usually with the strikes some will tell you we are not going there and some will go out and strike. Half the hospital will strike and half continue working, we leave it like that.

Facilitator: Have you experienced cases of unfair labour practice here in the province?

Respondent: A lot, in fact what we have suggested also with the Ministry of Health, is to look at their leaders or their managers. What we are seeing is that many of the things that are happening we associate them with lack of skills or capacity or management from the nurses – some of the rules are sometimes kangaroo like, the workers many of the times they are exposed to kangaroo decisions, not based on any documentation. They just decide that this thing .., because we think you've done a misconduct, procedures not followed, not looking at the substantiveness of the cases or actually following the proper procedure for arriving at decisions. It happens many a times in nursing. So to us, there's really some form of kangaroo decisions that are made at the workplace, many of them and many go unrecorded, unnoticed, when they are eventually found out we really that it was really unnecessary to dismiss them. So there's a lot of unfair labour practices.

In nursing favouritism is still there. If you work in a hospital there are areas that are difficult to work or are strenuous. The element is still there that if you are slightly problematic, though I may not say precisely it is there, but because I worked in a hospital I know that the element is there. That they will send you to work in the most difficult sections that are strenuous and

stressful and leave you there for sometime. If you complain it is considered misconduct, that is why I say there's a lot of kangaroo things. Because if we work in terms of policies of the hospital you can rotate these people by saying this one has worked too long in this department, and rotate it. But if they leave you for a year there, and some of the people are left to do nice jobs for a year, I cannot say there's easy work in the hospital but you can see that there's some elements of unfairness somehow.

Facilitator: But are there bad apples within your own members, people who actually misbehave at work and so on and then when you have to fire them they go to unions for defence and so on and then it becomes an issue?

Respondent: Obviously, remember the profession itself socialise people into the profession, but it depends how many come out repented. But the process of initiation .., of each member of the profession, we believe that when everybody goes out of the process is actually able to exercise the duties that they are supposed to exercise. There will be those, socialisation goes as far as home, it depends, if you come with that from home, or how you were socialised when you grew up, the profession may not rehabilitate you, the profession might need more time to do that. You will find that there are those who are like that. You find such people everywhere.

Facilitator: The issue of staffing because you keep on losing staff members to international countries like UK and so on, have you .., I mean it's not the responsibility of DENOSA I don't know, but has this issue been discussed with the government and so on?

Respondent: Ja we did many a times, in fact I think it's the unions that first alarmed the department that because of the conditions of service in South Africa and the other countries, Europe and other countries are poaching from poorer countries, whether they ignored that .., but there was denial from government that there's nothing like that until the situation reached alarm levels and they called the unions. I remember there was a document which formed part of discussions in unions, Human Resource Plan for Health, that was one document that was actually trying to come up with plans to call all the nurses that are there, or the health professionals, not only nurses, health professionals from all over including UK and so on. The document gave rise/birth to other documents like I remember there was Nursing .., I forget the name, there was a specific document which focussed on nursing itself. It was a document focussing on different human resource categories, nurses was one of them. They dealt with the issue of nurses separately. They came up with what they called OSD (Occupational Specific Dispensation) remuneration for these people. It was based on the discussions and the document that was produced at the time. So there was that .., the dispensation I think it worked to a certain extent because many came back from the UK because the salaries at least were slightly better. They were remunerating people according to your qualifications, the number of years you've worked, experience and so on. So many came.

Facilitator: And the present situation is, are we stable now?

Respondent: No we are not. Whilst addressing the issue, the very same OSD alienated others, others were unhappy. Remember if somebody was overseas, might not be regarded as patriotic by others who remained in

the country. So when you come back you are now remunerated better, those who were in the country for long can't really benefit that much because maybe they want to see a difference that because you were there, you can't earn as much as I am because I remained in the country. When you come back you earn more than the one who was in the country they said this thing is not working. Then now they are the ones leaving. There are those who are retiring. In fact nursing is an aging profession, those below 40 years I think are less than those who are 40 and above. So generally if you average it, nursing is an aging profession, retiring, those who are dying, those who are retiring, they are many.

Facilitator: And there are no strategies in place to deal with this problem which is a bomb in the waiting?

Respondent: The president in his statements, twice, the January 8 statement, I heard him talking about re-opening or opening of the nursing colleges and the ones for the teachers I believe. It is not happening. The only way to address that is to open the colleges because the feeder is not equal to the task. The people who are leaving the system are actually more than the people who are entering the system. So there's no way it can be addressed, it can't be addressed now.

The vacancy rate, I've heard now that the Department of Health decided to abolish the post on persal, in fact if you look at the positions that are vacant, no it's not a nice story. I think it's more than 30% vacancy rate, in this province. I think it reached .., if it didn't reach 40% by now. It will because we are under administration (interruption – phone rang) – we are under administration as we speak

Facilitator: As a province?

Respondent: Ja, so in essence many activities by the province were brought to a halt, including the one of hiring. So if the province cannot hire and the people are dying, the people are transferred, the people are resigning then the situation will get even worse.

Facilitator: And that impacted directly to nursing and to DENOSA, this whole thing of putting a province into a halt?

Respondent: Yes it did

Facilitator: In what sense?

Respondent: The one of putting the province under administration?

Facilitator: Ja, how has it affected the nursing profession?

Respondent: Let me put it this way first. I know we have been interviewed around this matter, many a times, on radio etc., about whether we support or not this issue of administrators, how do you view them. Initially our view was that .., it's not to say the situation was better before administrators came to the province, we are not saying that. The situation was not better. In fact the situation was getting worse. The administrators are trying to reverse that to .., so that the province is back on its feet, it's able to do things on its own. I think that is the problem that the administrators are here for, to do. So I don't want to sound like no no it was better before and now it's getting worse by the administrators or being put under administration. What happened is that because now

things have to go through or be approved by administrators. To some it sounds like a long process to do .., but to us as the organisation is a necessary process because if that process verify certain things, and money cannot misused then there won't be any corruption. The necessary things that need to be purchased are going to be purchased then we say that process is okay because ultimately if we quantify it, either over a certain period of time, we may find that we have saved this and that. The problem is, before administration let's give an example. There were a lot of unnecessary things that were purchased. You will find that the nurses or the doctors order from a depot. They order specifics, there are other things you cannot do without, we call them disposables. Disposable is something you use today and cannot use tomorrow, so it means you need to order them on a continuous basis. So if you order, you can't find those things, or you find substitutes, that the person who's the end user who needed proper things was not involved in buying what is in the depot. You order this thing, you get something different to what you ordered. So it's difficult for you as an end user to use it on a patient. How do you use something that you don't know how it is used, you know that this is a proper thing to use, but the depot ordered something else, who was ordering those things. That is our problem. That is why I say before administration things were actually worse, because many things are there in the depot, there's piles and piles of things if you go there but they are not necessary. Now that the administrators are here, they are starting to buy necessary things and because the process is longer, but at least people are getting the necessary things because it's verified whether is this what you really want and if it's verified then you purchase it. To us it's a necessary intervention.

Facilitator: Lastly, the future of DENOSA in this province?

Respondent: It's growing very well, we are happy about .., both qualitatively and quantitatively I think we are growing very well, participation of the organisation where we want to participate, the forums that are there and it's relationship with other partners that are there, stakeholders, the relationship with DENOSA, with COSATU, a relationship with the SACP, the relationship with .., remember DENOSA is also organising students, learners, the relationship with learners, with the other structures, formations of the youth, we are happy. That is what we want, in fact it's the goal of COSATU affiliated unions that ultimately we need to participate. There are COSATU long term plans, so I think we are on track, we are fulfilling that.

Facilitator: Is there anything else that you think is important which should have been part of this interview?

Respondent: Because when you started I asked what is the structure of the interview, I think if you are satisfied I am also satisfied. If there are any other questions I think you would have got them from either Mpumalanga, then you can match the information. The future will tell whether we need in future to expand our scope of recruitment, whether we need to include other health professionals in our constitution. Time will just tell whether we need to expand or not. And also what is happening in unionism internationally will tell whether we need to go .., expand this way, go up, vertically or horizontally I think it will tell. But I think the future of unions is still necessary in the long time

Facilitator: Thanks for your time

Respondent: Okay, sure.

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