DEFINING NURSING STRUGGLE IN TIME PERSPECTIVE

THE PRESIDENT ADDRESS TO THE CONGRESS DELEGATES

BELA BELA - AVENTURA 22/10/2010

The General Secretary
Honoured Members of NEC and all delegates from the provinces
Invited Alliance Members
The Mayor of Greater Bela Bela Municipality
Representative from ICN
Representative from SADC
Department Of Health Representatives
Nurse Leaders from various institutions
Friends and strategic partners
Ladies and Gentlemen:

We are passing through a passage of time from the past into the future. This
is also the most exciting moment for DENOSA to have an Election Congress,
few months after a special constitutional meeting, a Congress if you like,
which was a product of a collective decision by the outgoing leadership in its
previous sitting of the then National Board, now NEC, to get our constitution
radically revamped.

We are all well aware, that nursing developed in a fragmented way. It
remained for long time a gendered, indeed a development of a divided
nursing profession.

As South Africans we were part of the struggle against apartheid. It cannot be
denied that some of the nurses went into exile to fight for freedom outside
the borders of South Africa; for example there are those whose lives were lost and their bones buried in Zambia and elsewhere their graves are laying in solitude.

As we speak here today, we must pay homage to even the despicable numbers of our members who die daily from natural and unnatural causes, leaving our membership drastically declining on an unprecedented magnitude. However, some numbers we lose because of poor servicing, as a results of lack of capacity, carelessness or sheer arrogance on the part of some comrades.

Let me wet your appetites, by quoting the greatest leader of the struggle, the President of the ANC, Chief Albert Luthuli, who once upon a time said;…”

*Let me invite Africa to cast her eyes beyond the past and to some extent the present, with their woes and tribulations, trials and failures, and some successes and see herself an emerging continent, bursting to freedom through the shell of centuries of serfdom.”*(Classen G; 2010)

Those who know history of South Africa or they were alive at that time, would be able to figure what influenced this leader to say these words of wisdom. The Afrikaner men, Paul Kruger and other Boers, were taking the rule from the British Empire in 1961. They also called their campaigns a sort of a struggle against the British dominance.
We are therefore calling all the nurses of South Africa; Blacks, Whites, coloured and Indians to cast their eyes beyond the past and to some extend the present, in celebrating the achievement we have made as a collective, a country and the health professionals respected by all and sundry for the initiatives cherished with pride and passion. We have the reason to smile.

It was indeed during the colonial time, the era in which the government of other people by other people for other people took control of our destiny.

The struggle against imperialism in our country is historical. It was fought by the chiefs, kings and warriors alike. Our grand forefathers whom we know have resisted the white’s dominance, the shrewd colonialists, are known in the history, those like Hintsa, Makhado Malebogo, Sekhukhune, and Kunkunyane; just to mention but a few.

Some of these forerunners of the struggle like Makgoba were brutally exterminated or beheaded with intention to deter others who harboured the same intentions against the British Empire.

More struggles were mounted by yet other heroes through Christianity. We were told about the stories of the emergence of Bishop Lekganyane, Sethansa Kgotso and many more Pentecostalists from Zambia and Zimbabwe, who fought against imperialism through the bible, fighting in the same trenches with their counterparts in America.
Apartheid destroyed our family structures. As we know the family is a basic unit of society of which if destroyed, the whole moral fibre becomes disturbingly affected. No wonder that the spirit of ‘ubuntu’ is no more.

However, this is not the time for lamentations over such systems that were used at that particular point in time, for example, the migratory labour system which we see even today, manifesting itself in the form of internal and international migration of workers from our under resourced communities to those countries that are fairly developed, leaving us more impoverished. It is therefore our responsibility to, in spite of this anomaly; instil a moral culture by reintroducing a moral fibre into our organisation.

When we decipher the past, casting a glance at the origin of Professional Nursing in South Africa, and noting that certification and licensing of midwives existed from 1652, using the “Block-cum-study” day system in 1810, far before Florence Nightingale was born (Sana :1975).

We have stated earlier that development of nursing was fragmented, which means that it gradually took the form of a domestic nursing care that was performed by the approved Dutch midwives, untrained female slaves, family members of the settlers and ordinary lay care providers.

In actual fact, the modern professional nursing and midwifery in our country came to be in 1876 with Sister Henrietta Stockdale (school-teacher, and a
nurse who worked as a miner) coming from the order of St Michael and all other Angels in Kimberley.

The conditions in Kimberley motivated Henrietta to take up “skilled nursing care” from the influence of the Florence Nightingale Nursing School and Anglican Sisterhood. However, this took the form of an apprenticeship nurse training.

In 1914, at the emergence of South African Trained Nurses Associated (SATNA) three types of nurse trainees (General, Mental and Midwifery training) existed in South Africa. Ironically, not all the training programmes were recognised by the Provincial Medical Council as they were approved by other councils in other provinces.

A renowned Professor Charlotte Searle, in one of her works, sounded a bugle call in nursing at the time when technology was peeping through the modern world, in which we are living today.

She called for a Reveille in Nursing, and defined it as a “bugle call to wake the soldier”. We have the opportunity to make such a call today, to all the nurses in South Africa, to wake them up and let them take a look into the evolution of the nursing profession in this country; for if you don’t know your history, you don’t know who you are nor where you are going.
Nursing Profession inherited an apprenticeship form of nurse training from Britain which was accompanied by exploitation of the nurse, the remnants of which can still be seen today in both private and public institutions.

As we know that; “nursing was originally dominated by Middle-class English ladies” (Shula Marks; 1994). In her book entitled “Divided Sisterhood”, Shula Marks described the three dynamics that she argued, characterised the intensity of race, class and gender struggle in nursing in South Africa.

In this context nursing was viewed as one career which was open to mission-educated African and Afrikaner women that instilled in them western cultural values and attitudes and accorded them the middle-class respectability.

It is in this way that a class formation came to be and most nurses got separated from African workers and peasants. Shula Marks further remarked that it is through this process that we know it also applied to the men who populated the African bourgeoisie from the end of the nineteenth century. We may as well recall the fact that some wards were established on the basis of racial attitudes, so that black patients were attended by the black nurses rather than by the White nurses and/or vice versa.

Nursing was also a vehicle for advancement among Afrikaner women coming from the farms in the 1920s and 1930s. We must recall that African women from the Christian elite communities were recruited into nursing very late in
the nineteenth century. We can understand that African women like Cecilia Makiwane, who was a lady-teacher, switched to nursing as a career of choice, where she became the first black nurse in 1908.

For the fact that nursing was viewed as a ‘pathway’ to middle-class respectability, this created tensions which divided the nursing sisterhood for a long time in the history of this profession.

The hierarchical order and discipline based on the gender, class and racist attitudes were promoted. Shula Marks profoundly articulated this analysis.

It is becoming clearer that the history of nursing by this historian was a classical analysis of the history of a struggle for control of the profession, which was about the professionalization and legitimating of nursing, occurring alongside of race, class and gender.

Female nurses were fighting to gain control of nursing from the male medical profession. It was therefore not until 1944 when SANA emerged victorious by establishing the South African Nursing Council (SANC) under the control of nurses by nurses themselves and managed to protect it until today.

I therefore seek to paraphrase the words of the current Minister of Health Dr Aaron Motswaledi, who showed appreciation for what he termed the most
important thing nurses in South Africa managed to resiliently keep, better than other professional groups.

Those of us who joined nursing in the seventies, when it was still a missionary enterprise, will recall that the struggle continued between the English-speaking registered nurses and lower-class Afrikaner women in lower positions within nursing.

Nothing can stop the similar pattern from re-emerging between other ethnic groups in this country today. There is a dynamic, a subtle rivalry between different categories of nurses at clinic or hospital level that is reminiscence of old tensions.

It was about whether nurses are health professional like male doctors or mere workers like lower paid health attendants. It is indeed about economic issues, task-shifting initiatives demanding reviewing and expanding the scope of practice for all health professionals.

It was this concept of working class consciousness as Shula Marks argue that threatened the white nurse’s leadership, as it was perceived to undermine nurses’ claim to control the profession.

We have the challenge of defining the student status today. In this Congress, it must become clear who a student nurse in South Africa is. There are those
who define the supernumerary status as opposed to the apprenticeship model. Equally are those who come from the orientation of PERSAL and Bursary System. Out of the congress, a conscious decision must emerge. The funding system for the nurse training will haunt us for centuries to come, unless we do something about it in this era. It is DENOSA who must mount a campaign to get this matter to be dealt with through policy influence.

We heavily fought from the trenches during the balkanisation of South Africa, and we emerged victorious. The Bantu Stan System, both the homeland and the Self-governing states models, were resisted against, by the black nurses in those homelands and or so-called states, including the resistance against the tricameral system with such a collective force which formed a formidable front, culminating into the formation of DENOSA, through amalgamation of all the 14 homelands and those nurses from RSA, after which the former President Nelson Mandel officially recognised and inaugurated it in 1996.

This was a democratic process which negotiated a transfer of power into the hands of the black majority nurses without shedding blood on the floor. But this was all inclusive of all different racial groups. There were at least 800 registered black nurses in the country in 1948, but the number of all nurses incredibly increased to 175 000 in 1994.

Today we are told, there are almost 212 000 nurses on SANC register, all in their respective categories. The number of registered black nurses is relatively
higher than that of other groups, quiet proportional to the size of the South
African black population. In contrast, DENOSA represents at least 73,000
members from the whole nursing population. We have a challenge to recruit
more members.

Despite the greater loss of these members through the natural attrition and in
spite of the contestations from other competitors like the generalist nurses
unions, we shall prosper. We have not yet reached a saturation plateau.

It should have been expected that there would be yet another tension
building contestation and contradictions between the dominant Afrikaner
nurse and the more power-thirsty black nurse competing for the control of
nursing and numbers of nurses.

The pattern seems to be taking an ethnic, class, gender and still a racial
dynamic this time around. The struggle is whether an elite intellectual group
has legitimate position to take control of nursing education matters or the
nursing Council or DENOSA.

The question to be answered is; what about the rest of nurses in the
country, inclusive of all the other small or big associations?. What we must be
careful of is that this divided world of nursing does not repeat the segregated
nursing associations of the past nor cast our eyes on a pure trade union
model ignoring those who are sensitive to a mode of professional wing.
The model that DENOSA had adopted from its inception was modest and globally trendy. Most of the affiliates of the ICN in the West Europe and Asian communities as well as African region are promoting this dualism of Professional and Trade Union winged nursing association model. It got fast-tracked in other countries including the African region for that matter. The systems that are put in place are efficient and effective. We are therefore a good role model for most of our admirers even in COSATU, particularly for our management of finances.

South African Nurses were correct to bring about this kind of innovation in the development of the history of nursing.

There is a perception among the young energetic, militant and able-bodied male and female nurses in DENOSA whose unprecedented sceptic view on this dualism is worrisome. They represent our competitors, the agent provocateurs whose main vision is to collapse DENOSA to the benefit of those external forces.

These forces have infiltrated DENOSA through the backdoor and parachuting inexperienced so-called leaders, who do not yet have the culture and tradition of DENOSA, to merely cause havoc and confusion among us so that this unifying vision is obscured.
Some people are prepared to harm if they do not get positions. Eloquent propagandists will spread blatant half-truths exploiting the ignorant majority of the nurses on the ground. It is done by comrades who masquerade as leaders, but whose leadership qualities and attributes are susceptible to infiltration by outside forces. This happens at all levels of leadership in the organisation. This state of affairs should not be tolerated.

One of our greatest achievements is establishing the Student Movement in DENOSA. This system came out the visionary leadership which recognised that students are the leaders of the future and need to be nurtured. They took the leading role in Taiwan, Japan and Durban ICN Congresses and Conferences with diligence.

We applaud them. May I offer an advice?

A leader is like the toad; do not get power-intoxicated and then forget that it is the people who put you on the log.

We have the responsibility as an organisation to defend the constitution that we recently revamped during a special constitutional congress. Quality time was afforded to delegates to debate issues. Delegates voted and adopted resolutions. We have to implement the constitution and these resolutions. We cannot keep on changing the constitution piece-meal every week, months or time and again even before we can implement it. It can’t be correct.
Let us stop lamenting for we will lament until we lament no more.

In 2007, for 28 days we were out in the streets striking for salary increment, our experiences of that strike remains indelible in our heads. We were sleeping in Centurion Bargaining Council Offices, spending days negotiating for twelve percent but we got at least 7.5%. Besides, there were comrades who were assaulted with sjamboks, forced to get out of the Hospital to the streets.

The strike by nurses is not a 21st century event. Historically speaking, nurses threatened to go on strike at Sulenkama Hospital on the 3rd of June 1949. These were the South African nurses, perhaps white and black nurses for that matter. This happened three years before I was born.

Today, when you announce that nurses will be going on a strike, you get a court interdict the following day. When you sit back in the hospital, attending to the sick, you get sjamboked by our comrades but the condition of work remains unacceptably low all the time.

As we argue that nursing in highly gendered profession and where the cultural or traditional attitudes of men towards women are glaringly paternalistic, you end up with these contradictions.
In 2010, for almost fifteen days the public servants were on strike in which nurses participated and others did not. These nurses were fatally assaulted and gutted down by thugs. In actual fact who calls for the strike? Is it the Union Leaders or members themselves?

COSATU said during NEHAWU Congress that national leaders of the Unions did sell out as it was alleged that ‘ba thengisa‘basebenzi’ but, the mistake they committed was not to canvas the proposed offer with members first before the media picked it up. It cannot be correct with DENOSA. We had twelve (12) telephone conferences with provincial leadership wherein an in depth analysis of the dynamics within the bargaining council was done and at the same time taking mandate from the provinces.

The notion of mandate taking was adhered to and followed to the latter. But if there is any comrade who was not generous with the truth during the telephone conferences we held during the strike that is a different story for DENOSA.

Let us in this congress affirm the resolutions of the mid-term congresses to support NHI for its success is going to rely heavily on the nursing workforce. We must relate this to the production line for nursing workforce than merely a conveyor belt which focus on mass production without due regard to quality.
DENOSA must look well after SANNAM as a regional network. At least we have a good man, the Executive Director, Mr Ngomu who is doing the best for the structure. I must thank him for doing his job so well.

Let me take this opportune time and thank my wife, Ramatsobane, and my children who supported me throughout my tenure; the leadership of DENOSA, the General Secretary and the whole team at Head office and provinces, all DENOSA members without whose support my leadership would have been impossible. I dare not forget my colleagues at work especially those who supervised me and who understood my role as a national leader of a big organisation like DENOSA.

Thank you

Amandla!