

# Interview with the National Education and Health Allied Workers Union

Recently, *Critical Health* interviewed MONDE MDITSHWA and SAM PHOLOTHO of the National Education and Health Allied Workers Union (NEHAWU):

**Q: How many members do you have so far?**

**Monde:** We have 9 500 signed-up members and we are growing daily. NEHAWU organises workers in the public sector: in hospitals, clinics and creches, where we do not enjoy stop-order facilities. This means that it is difficult for us to be sure of the true extent of our support, which we estimate at present to be approximately 12 500.

**Q: How many women, how many men?**

**Sam:** About 70 - 80% of our members are women.

**Q: How many classified, how many non-classified members? \***

**Monde:** Most of our members are non-classified. We are strongest in the Witwatersrand region, including Baragwanath hospital, Natalspruit (where we are presently involved in a strike over an unfair dismissal), Rietfontein, Tembisa, the Hillbrow Hospital and the Johannesburg General. We also have a significant degree of support from the H.F. Verwoerd Hospital in Pretoria, Leratong Hospital, MEDUNSA and a number of other smaller private and state-controlled clinics.



**The union is strongest in the Witwatersrand, at hospitals including Baragwanath**

*\*Classified workers have a specific technical skill or qualification and are employed in permanent posts. Most of them are given supervisory positions, for instance matrons, inspectors, storemen and others.*

*Non-classified workers are either temporary workers or contract workers. They usually do manual jobs.*

**Q: What are the working conditions of workers in Provincial Hospitals?**

**Monde:** The bulk of our membership consists of temporary workers. Their main problem is job insecurity in that they are only given twenty-four hours notice of dismissal. Another grievance is that they can be transferred to different positions at will: for example a gardener can be a porter and so forth.

More serious of course, is their low wage. Very few of our members earn more than R300 per month and most receive wages of R280 and less. They have no medical aid and no pension.

**Q: What are the working conditions of workers in private hospitals?**

**Monde:** I recently had a meeting with workers from the Milpark Clinic. Most of them are paid R160 per month and also have no job security. Management also deducts R20 from their salary for food, which consists of pap and a piece of chicken

every day. Sometimes, for example on Fridays, when the patients eat chicken, the workers are given the bones that are left over. When they complain, they are invariably told that they are not paying for the food and should be grateful for what they receive. There is a law that managements may not deduct more than 5% off a salary for food. R20 is certainly more than 5% of R160.

**Q: What are the specific problems of women workers in the hospital sector?**

**Monde:** The most important problem is the maternity question. Given that most of our members are non-classified and have no job security, a woman who has a baby has no guarantee that she will get her job back when she is able to return to work.

Women are not able to take time off to look after sick children.

**Sam:** In fact there are always problems when sick leave is taken. Even when a worker presents a medical certificate, he or she is given the third degree and suspected of lying or bribing the doctor. Union members especially are suspected of taking time off to go to meetings or seminars.

**Monde:** Depending on the supervisor, problems of sexual harassment also exist, although this is admittedly not very widespread, but it is a problem that we occasionally come across in relation to women.



**Most of the women workers in the hospital sector are non-classified and have no job security**

**Q: What are the greatest problems facing non-classified workers?**

**Monde:** Essentially, as I have mentioned, lack of job security and low wages. Another important issue is the extent to which workers are taxed.

**Sam:** Workers are taxed very heavily on their wages, the average worker takes home between R230 and R240 per month after taxation.

**Q: What are the greatest problems facing nurses and paramedical staff (e.g. radiographers, physiotherapists etc)?**

**Monde:** Nurses have serious problems of low wages and overwork. The regimentation and authoritarianism of the hospital system is also an unpleasant factor of their lives. Nurses are supposed to be professionals but they are treated badly.

**Q: According to what job grading system do workers get categorised and paid?**

**Monde:** We have no information on how workers are graded and when we have asked for this information we have been told that it is classified information and it is denied us.

**Q: Have there been any recent retrenchments?**

**Monde:** Unlike the situation in factories, retrenchments have not been very common in hospitals and educational institutions. On the other hand, unfair dismissals are very frequent.

**Q: Has the government's privatisation move become noticeable in terms of retrenchment and reshuffling of hospital workers?**

**Monde:** Not yet, but there are definitely rumbles that suggest it is in the pipeline. Obviously we reject privatisation and its effect on our members. It is going to shift responsibility from the government to the private sector. Can you imagine health in the hands of capital?

It is likely to become far too expensive for most black people and we fear that a large percentage of our members will lose their jobs. We have no guarantee at present that jobs will be saved, we are waiting for something concrete to happen before we do anything.



**Nurses have serious problems of low wages and overwork**

**Q: Is the local-rate-of-pay method of differential wage payment still in effect?**

**Sam:** Provincial hospitals are controlled by Pretoria, therefore the rate of pay is uniform, depending on the grade of each worker. The situation is different in the so-called homelands where each homeland has its own Health and Education authorities.

**Q: Are there different strategies to organise hospital workers of private and provincial hospitals?**

**Sam:** We have not yet found any need to employ different strategies.

**Monde:** The attitudes of administrations seem to be similar but we have found it easier to put pressure on managements in the private sector because they are more definable. In provincial hospitals, superintendants commonly disclaim responsibility for decisions, blaming them on higher authorities in Pretoria.

**Q: What does the distinction between classified and non-classified hospital workers mean for organising?**

**Monde:** Because of the conditions in which non-classified workers find themselves, they are more eager and therefore easier to organise - they have little to lose. Classified workers on the other hand, (and we are talking of nurses here) despite their low wages and long working hours, are used to more secure jobs and small privileges.

The politicised elements amongst classified workers are likely, however, to join the union. It is encouraging that many of the key spokespeople for the workers in Natalspruit are clerks and nursing assistants.

**Sam:** We want the nurses on our side, we want them to embark on solidarity action.

**Monde:** At Natalspruit, you should have seen the nurses walking past the strikers on their way to work, holding their little bags primly in their hands, but it was pointed out to us that some of these very nurses had relatives amongst the temporary workers on strike. Whatever differences there are, we feel are artificial - we regard them as workers.



**At Shifa Clinic, a number of nursing sisters went on strike to protest the retrenchment of 20 of their colleagues**

**Sam:** Yes, nurse assistants' wages are the same as those of non-classified workers and some temporary staff earn more than nurses' assistants. In factories, some workers get better salaries than teachers. This distinction between classified and non-classified labour does not benefit the workers.

**Monde:** Take Shifa Clinic in Durban, a number of nursing sisters went on strike to protest the retrenchment of thirty of their colleagues. Management withdrew from its original position claiming that the retrenchment of all thirty was necessary because of a lack of profit. An outside party was called in to check the situation; they found that the clinic was indeed suffering from a lack of profitability but a compromise was reached and only 17 nurses were finally retrenched.

A number of workers, including nursing sisters have recently joined the union from the King Edward Hospital. We don't feel that there is any material difference in the conditions of nurses from that region and nurses in the Witwatersrand region. But as I have said the issue is not yet resolved, we are still discussing the possibility of actively attempting to recruit classified workers such as nurses.

**Q: How does the union go about bridging any differences in consciousness, interests and demands of classified and non-classified staff?**

**Monde:** We don't believe that there are any substantial or restrictive differences in the consciousness, interests and demands of non-classified workers and classified workers such as nurses and clerks.

**Q: Does the union aim to exert any influence on nurses' training?**

**Monde:** This question is a bit premature at the moment as we do not have all that many nurses in our union. We intend, however, to work towards establishing in-house training for workers in the future and to run our own seminars and workshops, the content of which we will determine in conjunction with progressive health organisations.

**Q: From what kind of (job) backgrounds do the organisers come?**

**Monde:** Some are retrenched shopstewards or shopstewards who volunteered to become organisers; others are activists who have worked in other progressive organisations and because of their potential, have been drawn into the union.

**Sam:** I have been a trade unionist for a long time, since the days of SACTU way back in the 1950's, until SACTU was forced to operate outside the country. I was the last president of SACTU in 1965.

During the great repression in the early 1960's when organisations such as the ANC and PAC were banned, the trade unions were not spared. Even if not banned, repression and restrictions forced SACTU to operate from the outside until 1965-1973 when strikes cropped up in Durban and 1976 when people tried to revive the trade union movement. I was a member of GAWU which helped to form the sector unions.

**Q: How is liaison between workers of different hospitals achieved?**

**Sam:** We have general meetings consisting of workers from different hospitals. In the past, health workers were organised by SAAWU, GAWU, HWU in Durban and also HWU in the Western Cape. NEHAWU has now taken over the function of organising these workers. We therefore have representatives from different hospitals, from private clinics, old-age homes and universities attending these meetings.

**Q: How does the Union ensure representation from the bottom up?**

**Sam:** Each department chooses its own shop-steward to monitor the grievances of workers. Two stewards from each establishment form shop-steward councils.

According to our constitution, 250 members may form a branch. The Branch Executive Committee is then selected from the shop-steward councils - it consists of one member from each establishment. The Branch Executive Committee also has a *Branch Secretary* who is not necessarily a health worker, but is paid by the union.

Various branches form Regional Executive Committees, who will also have a secretary, a chairperson, a vice-chairperson and a treasurer. The upper body is the Central Executive Committee, consisting of a chairperson, president, treasurer and regional secretary.

**Q: How are the various categories of hospital workers represented (e.g. proportional representation according to category/department)?**

**Sam:** We don't have all that many different categories represented. The onus at present, is on the classified worker to identify with the non-classified worker.

**Q: What other unions operate in the health sector?**

**Sam:** As far as I know, there are no other unions operating in the Transvaal.



**Q: What was the rationale for forging education and health workers into one union?**

**Sam:** The rationale was that most hospitals have universities attached to them and the majority of workers in the non-classified category here are cleaners.

**Q: Please outline some of the steps in the preparation of the launch**

**Sam:** We started by appointing the Health and Allied Workers Union of Durban as the Convener Union. This was the decision of COSATU's Central Executive Committee. A steering committee was formed consisting of five delegates from GAWU, SAAWU, HAWU and HWA.

We met in Tudor Mansions for the first time on 19 March 1987. The Committee was given a mandate to select the union colours (green, red and black), the logo and the draft of the constitution.

27 June 1987 was then selected as the launching date.

**Q: What has NEHAWU'S interaction with SANA (South African Nurses Association) been like?**

**Sam:** We have not made any advances to SANA so far but I foresee problems in meeting SANA because it is a government organisation. I do not think that we will have much contact with it. Perhaps in the future we may approach them.

**Q: At which hospitals is the new union recognised?**

**Monde:** We are not yet recognised in the provincial hospitals. Recognition is going to be a battle.

**Q: Are any recognition agreements under law?**

**Monde:** Outside the health sector, we have recognition agreements with the University of Bloemfontein and we are negotiating an agreement with the University of the Witwatersrand. We also have a recognition agreement with AMA (Affiliated Medical Administrators).

In Durban we have a de facto recognition agreement with Shifa Clinic and we are presently negotiating agreements with MEDSCHEME and with the Morningside Clinic.

**Q: What have managements' reponses been to the new union?**

**Monde:** Mixed. The attitude of provincial hospitals has been largely negative. Some private hospitals have responded in a more liberal way, whilst others have adopted a wait-and-see approach.

In the educational sector, in the so-called liberal universities, managements have taken a more open position towards the union. We have a substantial membership there. As regards the bush universities, there are problems there, but we have not met with an outrightly negative attitude so far.

**Q: Has the new union had to deal with any disputes up to now?**

**Monde:** There have been no general disputes. We are, however, involved in negotiating day-to-day issues. Administrations or managements are often willing to discuss issues with us.

**Sam:** As long as they are not forced to recognise us officially.

**Q: Are there any legislative changes under way to give trade union rights to workers in essential services?**

**Monde:** Not as yet, but we look forward to the day when workers in essential services are incorporated within the ambit of the Labour Relations Act.