



STRIKES LOOM OVER KZN'S SALARY NIGHTMARE



Gavin Moultrie

The spectre of wildcat strikes, refusals to work overtime and 'working to rule' by public health staff in KwaZulu-Natal loomed large last month as nearly half of the 49 000 workforce faced pay cuts.

According to Hospersa (Health and Other Service Personnel Trade Union of SA), 12 000 of their members alone will take home R500-R700 less per month if the Pretoria proposal passes legal muster. Medical officers and senior doctors would lose between R1 000 and R3 000.

The intervention by National Public Service and Administration Minister, Geraldine Fraser-Moleketi, was to correct a six-year history of ad hoc salary adjustments by first Director-General Ronnie Green-Thompson and then MEC Zweli Mkhize.

Green-Thompson's attempts to balance his restrictive budget by initially withdrawing a potentially favourable salary assessment system and making severe cutbacks (including perks and freezing posts), angered workers.

Gavin Moultrie, national president of Hospersa, explained that Green-Thompson was under huge pressure when he reinstated the salary assessment system but gave hospital managements an 'unrealistically short closing date for implementation'.

Managers ended up rushing their

staff salary assessments. The new system thus became littered with irregularities and anomalies.

'They missed out cleaners, boiler operators, some doctors and nurses, admin staff and those on sick leave and study leave. Those who finally got salary adjustments included people who had resigned and died and some doctors who'd been in service for only a year'.

The widespread unhappiness among some of the most hard-pressed health staff in the country, led to wildcat strikes which early last year closed Estcourt Hospital and affected half a dozen other hospitals.

If the proposal succeeds, 12 000 Hospersa members will take home R500-R700 less and medical officers and senior doctors will lose R1 000-R3 000.

Faced with these disruptions, an accelerating migration of workers and 10 000 vacant posts in 2001, Mkhize tried to 'patch-up' the problem by awarding blanket retrospective increases on the first three of seven salary notches.

Writing in the *Natal Witness* last month, he asserted that 'my action was taken in good faith to encourage retention of staff'. The only workers who did not qualify were those with dismal work performances, misconduct convictions and those not in service as of 1 July 1999.

Mkhize introduced a grievance procedure for the botched or missed salary assessments, which resulted in an average of 400 complaints per day for over a month across the province.

His colleague Peter Miller, MEC for Finance, said Mkhize's decision was backed by the provincial Cabinet and

was based on 'sound legal advice'.

By the beginning of this year, a significant portion of KZN health workers were being paid more than their counterparts in other provinces, creating a headache for Public Service and Administration.

Unable to carry out her national mandate of 'maintaining norms and standards,' Minister Fraser-Moleketi ordered the controversial pay cuts but wrote off millions in the retrospective payments Mkhize had already made.

Moultrie said that 'health workers are sick of being political ping-pong balls. We're sitting on a powderkeg here - we have a provincial ambulance service threatening to walk out or work to rule, doctors saying they'll work no more overtime and nurses saying they'll begin moonlighting.'

The proposed pay cut may spark strikes and resignations at a time when hospital and clinic staff are still under increased pressure from the cholera and malaria seasons.

Moultrie called for Green-Thompson's resignation and for streamlined salary assessments. Hospersa would seek legal opinion on the legalities of Mkhize and Fraser-Moleketi's interventions.

He said that a major logistical problem is the time necessary to carry out salary notch assessments on the tens of thousands who qualify. 'To do a proper assessment of one worker takes at least an hour.'

Provincial manager of the Democratic Nurses Organisation (Denosa), Cassim Lekhoathi, said that if salary cuts are implemented, KZN health would be 'plunged into chaos'.

Fraser-Moleketi's spokesperson explained that 'everybody's salary notch reverts back to the position that applied before 1 July 1999, as of the current date, taking into account the



general salary increases of the past three years'. Any other form of rectification could be 'harsh and have serious labour implications'.

SAMA's industrial relations advisor, Thembi Gumbi, said it seemed that 'most of our KZN doctors are affected'.

She said that the Public Service Act favoured Fraser-Moleketi's move in overturning Mkhize's blanket increases, but said this would need to be tested against the Constitution.

Gumbi suggested negotiating upwards the original protocol of notch-promoting 20% of the staff establishment at each public service institution as 'a more fruitful strategy' than challenging Fraser-Moleketi legally.

However Hospersa's Moultrie strongly disagreed, saying this would lead to further discrimination among workers.

KZN Auditor-General, Barry Wheeler, has been instructed by Pretoria to probe the procedures followed by Mkhize in making the 2001 backdated increases.

He said Fraser-Moleketi was fully entitled to rescind the payments as her department had the responsibility of ensuring nationwide consistency within the public service and applying the regulations governing salaries.

SAMA's KZN Coastal Branch president, Dr Mzukisi Grootboom, said the original strikes were a direct response to 'the lack of clear criteria' in Fraser-Moleketi's first directive that 20% of staff got increases after assessment.

'The whole thing was implemented unfairly and Mkhize's response, while perhaps not strictly legal, was correct and pragmatic because it calmed things down and avoided further disruption'.

Grootboom said that to reverse Mkhize's intervention now would cause 'tremendous hardship and disruption. We must all sit down and negotiate the situation - we fully support Mkhize'.

He suggested retaining the status quo and negotiating a lower level of annual increases in KZN in future until salary scales were on a par with the rest of the country.

On 21 January, Nehawu, Denosa and Hospersa met with Mkhize and agreed to help him chart a course through what Moultrie described as 'this



Mzukisi Grootboom

administrative nightmare'. He added that 'he thought we were against him but we also support his decision.'

Mkhize and Fraser-Moleketi were due to meet eight days later to negotiate a settlement almost certain to leave some of the nation's health workers with less take home pay than others on the same salary notch. Moultrie said the unions would await that outcome before deciding on a course of action.

Chris Bateman

The South African Medical Journal

50 years ago: Mutata poisoning per vagina

On 9 April 1952 a Lovale woman was brought to hospital by relatives because she had poisoned herself by inserting roots of the mutata tree into her vagina. Although badly shocked, she was able to tell the following story: a man offered her three shillings to live with him. This she had done for some time, but now felt that he might as well marry her. When she asked him, he became very annoyed, told her that he would leave and demanded his three shillings back. She felt so depressed that she wanted to die and inserted some powdered roots of mutata into her vagina. The relatives, on hearing this, cleared out her vagina and rushed her to hospital.



Medical Officers stationed at Balovale have in their annual reports, repeatedly mentioned this form of suicide, e.g. in 1943 Dr JWO Will reported eight deaths from this cause in the Balovale district. Amongst them were two young girls who had the root introduced into the vagina by an African doctor in an effort to procure abortion. From local information available it appears that the mutata (*securidaca longipedunculata*) tree is very common in the Balovale and Mwinilunga districts and that its poisonous properties are well known to the populace. Suicide by mutata however seems to be confined to the Lovale people. Even in Barotseland, where cases also occur, it is restricted to tribes of Lovale origin. Informants are emphatic that the root scrapings are only poisonous when introduced into the vagina or rectum and that they are harmless by mouth. They are, in fact, taken as an infusion for coughs and various other ills.

W Gilges, Balovale, Northern Rhodesia

(SAMJ March 1953, Pg 28)