

APARTHEID IN NURSING— A CHALLENGE

AN AFRICAN NURSE

and

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SINCE the Nursing Amendment Act (1957) was passed, it has become increasingly evident that between concocting a law and enforcing its provisions successfully a great gulf exists. The opposition of non-Europeans especially to all the discriminatory features of the Act has continued unabated. Very few 'Advisory Committees' (of Africans and Coloureds) as provided for in the Act have been formed, since the non-European nurses regard these as pitiable and even treacherous substitutes for direct representation on the South African Nursing Council (SANC) and Board of the South African Nursing Association (SANA). Non-White nurses have refused to form separate branches of SANA. And "when the Chairman of the Nursing Council and President of SANA (both senior ex-matrons) toured the country to 'explain' the Act to White and non-White nurses separately, they drew the following non-White audiences: Cape Town, 14 out of about 1,000 possible; Port Elizabeth, 18 out of 500; Durban, nil out of about 1,000." (Port Elizabeth *Evening Post*, February 21, 1958.)

But opposition to the Act has recently been more specific still. For one of the implications of the Act is that the SANC is, in effect, under State Control and must comply with the Government's apartheid policy. The first signs of this subservience appeared when the SANC sent instructions to matrons of hospitals that all applicants for training, or for registration with the SANC, had to fill in an innocent-looking form, requiring, among other items, "Identity number and race classification under the Population Registration Act, 1950." Europeans, Coloureds and Asiatics can obtain their number from the Population Register; but Africans can only obtain a number by accepting a 'pass' (reference book). The violent opposition of African women to carrying 'passes' is well enough known. For the SANC therefore to demand information which requires

African women to accept 'passes' was to show the Council's subservience to Government policy. Fortunately the African nurses have been so firm in their refusal to take out 'passes' that the SANC was hastily compelled to issue amended instructions, "that if you do not already have an identity number issued to you, this need not be reflected in the form." But this is merely a breathing-space, until the issuing of 'passes' to African women is implemented in all areas—if, indeed, it ever will be.

Opposition to supplying 'race classification' on this form continues in many areas. For the form itself clearly states that it is being issued in order to complete the Separate Registers required by the Nursing Act. The non-European nurses argue that to sign such a form, and give such particulars, is both to help in implementing an Act to which they totally object, and to imply their own acceptance of it. And they argue, further, with some weight, that if there is any possibility that the International Council of Nurses (ICN) will regard the Nursing Act as a contravention of international standards of nursing and therefore no longer recognize a colour-bar SANA, then those nurses (European and non-European) who have opposed the Act on these very grounds may yet, by their signature to this document, be disqualified from membership of the ICN.

It is ironical that last year, when protests against the Nursing Act Amendment Bill were being organized, a notice was put up in every hospital reminding nurses that those who "take part in political activities" are liable to dismissal. For, by consenting to the Act—indeed, by asking for it—the SANC is itself now committed to political activity. It was noteworthy that this threatening notice last year was *not* brought to the attention of those nurses who had sent telegrams to the Minister of Health applauding the Bill, nor of those delegates who had appeared before the Select Committee in favour of the Bill, nor of those nurses who were members of the FAK (Federasie van Afrikaanse Kultuurvereniginge) that conducted a vigorous campaign to get the Bill brought before Parliament. As usual, 'taking part in politics', in a bad sense, only applies to those who oppose the Government.

One of the deepest fears of the discriminatory clauses in the Act arises from the provision that, in addition to separate Registers and the deprivation of all direct representation of non-Whites in the SANA and SANC, the SANC is specifically empowered

now, by law, to issue a differential syllabus, and therefore different examinations and different certificates, according to race. For up till the present all nurses, irrespective of colour, have taken the same examinations and obtained the same qualifications, which are recognized anywhere in the world and therefore enable non-White nurses to do further training overseas. There were certain indications between the passing of the Act in July, 1957, and the early months of this year that the SANC was making plans to implement this policy; and it was this threat that aroused the hostility of the non-White nurses most fiercely. It is good to know therefore (if true) that as a result of their agitation, and of the various deputations to Nursing bodies, an assurance has at last been given by the SANC that there is, after all, to be no discrimination in this sphere; that the same syllabus, examinations and certificates will be available to all, irrespective of colour. The non-White nurses regard this as a victory for their cause, and a vindication of their strenuous opposition to the Act. But so long as the Act is in force, the power still remains with the SANC to introduce this kind of discrimination. And we can have no assurance that it may not one day be introduced; for it was noteworthy that many Nationalist speakers, in their election speeches in March, 1958, referred to the Nursing Act, and to this very aspect of it, as the expression of their policy; they said, in so many words, "But for the Nationalist Government, with its introduction of apartheid into nursing, your White daughters might be ordered about by senior Native nurses." This motive, after all, was clearly expressed in framing the Nursing Bill. Witness Mr. van Niekerk, to the Select Committee:

"The fact that Europeans and non-Europeans have to wear the same uniforms and insignia, is . . . causing friction as a result of the fact that Europeans are thereby compelled to acknowledge and respect non-European seniors as their superiors." (June, 1956.)

Or Mr. van Schalkwyk:

"The non-European is not regarded as being capable of carrying the responsibility implied in a certificate." (25 April, 1956.)

Or Miss Nothard:

"They (the non-European nurses) are very ready to go back to the savage." (April, 1957.)

Until the Act is expunged from the Statute Book, there can be no security here. And meanwhile the other discriminatory clauses in the Act remain in operation as before.

This Act therefore presents a challenge to international standards of Nursing and, specifically, to the ICN. The challenge has been taken up in some quarters overseas. In the important medical journal, *The Lancet*, an article appeared, saying categorically about the Bill:

"What does seem surprising is that both the South African Nursing Council and the South African Nursing Association, in their evidence to the Select Committee, favoured racial discrimination, and are not at present voicing any dissent to the Bill. . . . Apparently the South African Nursing Association does not recognize fully its duty to the non-White members, and its present actions do not seem to be in line with the International Code of Nursing Ethics. (8-6-57.)"

The Editor of the *New Statesman and Nation* asked a pointed question of the ICN:

"It (the Act) raises a principle which may apply to other international organizations. If South African affiliates exclude or discriminate against part of the potential membership, will the White minority be accepted as representative of South Africa?" (16-9-57.)

The General Nursing Council for England and Wales, on January 24, 1958, passed the following recommendation of its Registration Committee:

"That the General Nursing Council for England and Wales, placed on record its regret at the provisions in the Nursing Act, 1957, of the Union of South Africa which discriminate between White persons, Coloured persons and Natives." The GNC for England and Wales is one of the oldest and most respected Nursing bodies in the world. What will be the attitude of the ICN itself to this challenge?

The matter was discussed at a Board meeting of the International Council of Nurses in May, 1957, i.e., before the Bill became law. The accounts of that meeting (which was private) as given to the South African press have been very inadequate and even misleading. Miss Borchards (National President of the SANA) admitted that "misgivings were expressed" at the meeting; but the Executive Secretary of the ICN (Miss D. Bridges) said afterwards that "Miss Borchards answered (the questions of Board members) to the satisfaction of all present."

(*Star*, Johannesburg, 7-8-57, and *Cape Argus*, cited in *Hansard*, col. 8651). And Dr. C. de Wet, in the House of Assembly, gave the impression that there was nothing for the Government to fear, since "a strict policy of non-interference" prevented the ICN from taking any action with regard to the Bill. In fact the discussion at the Board Meeting of the ICN appears to have been very heated; Jamaica, India, the Netherlands, Finland and Sweden were most active in opposing the concept of apartheid in Nursing; one member suggested bluntly that any national association (such as the SANA) in which there was racial discrimination should be considered a temporarily inactive member of ICN; and the upshot was that, if the Bill became law (which it had not at the time of the Board Meeting), the SANA would have to revise its constitution, in line with the Bill, and then re-submit it both to the Constitution and to the Membership Committees of ICN. The code of ethics of ICN is quite clear: "Professional nursing services should be unrestricted by considerations of race, creed, or colour or social status. Inherent in the code is the fundamental concept that the nurse believes in the essential freedoms of mankind. . . ." And further, it is stipulated that every member association of ICN must be governed "by its own members"; can this be applied to SANA, in which a large proportion of its members have been deprived of all executive powers? In other words, will the ICN allow SANA to eat its cake and have it? Miss Borcherds, in her evidence to the Select Committee, admitted that the only reason why non-White nurses were retained as members of SANA (though discriminated against and deprived of franchise in it) was that SANA must remain officially 'inter-racial' in order to remain in the ICN. No less a person than Dr. W. M. Eiselen implied that this policy was 'dishonest'—he said, to the same Select Committee, that according to the Bill, non-Europeans would be *de facto* members, but "in reality they are not members. For that reason it would be more honest to give them their own association. . . ."

The final decision of ICN is yet to be made; its nature will depend upon the awareness of nurses all over the world to the issues raised by the South African Nursing Amendment Bill.

A POSTSCRIPT—OPERATION PARASOL

On Saturday morning, March 22nd, outside the gates of Baragwanath Hospital, in Johannesburg, a comic opera took

place with a large cast. On one side of the main Johannesburg-Potchefstroom road stood a group of women, mostly Africans, but with a sprinkling of Europeans among them, carrying a Congress banner and one or two placards ("Strijdom, You Have Struck a Rock"), and armed with parasols (for there was no shade there). On the other side of the road, for most of the time outnumbering the women, were massed 350 armed policemen, with revolvers, stenguns, and, in the background, tear-gas ready for use. Throughout the week alarmist rumours had spread: the women were going to break the gates down, to march into hospital, and to . . . well, no-one knows quite what they would do when they got inside, but presumably they intended to march off with all the bed-pans, or something equally seditious. As a result, police leave was cancelled; the doctors were told to get rid of all merely convalescent patients in order to make room for casualties; all women staff (lady doctors, radiographers, radiotherapists, occupational therapists, chemists, etc.) were advised not to report for duty; all doctors were issued with special passes to let them in and out of the gates, which would be manned by police; and rumour has it that the gas-masks were held in readiness in the casualty station. However, as if this were not enough to ensure safety, the City's non-European Affairs Department had police-blocks stationed at the two main points on the Baragwanath road, to stop all 'unauthorized' traffic. As a result, by 11 a.m., when the main deputation was admitted into the hospital to interview the Superintendent and Matron, the women numbered a little over 300. (When the police blocks were removed, more women joined them.)

The deputation was received courteously by the hospital authorities, and the discussion lasted an hour and a half. The women were assured that the South African Nursing Council had no intention of forcing nurses to take 'passes', and therefore that the demand for 'identity numbers' was in their case being at present withdrawn. (For how long, is still in doubt.) Also that 'Separate Registers' did not mean a lower standard of nursing training—the Administrator of the Transvaal, Dr. Nicol, was quoted as having authoritatively said this. (The deputation was not told why, if training of non-White nurses is to remain at the same standard, there should be any need for differentiation at all.) The hospital authorities were courteous in their attitude. But the women, most of them

respectable, middle-class housewives with daughters in the nursing profession, wondered why they needed to be received with sten-guns and massed policemen. The question remains unanswered.

However, the same hospital has been providing evidence in its practical working which should show, to any unbiased eye, how totally unnecessary the racially discriminatory provisions of the Act are. The tenth anniversary of the Baragwanath Hospital was observed, among other things, by a special number of *Medical Proceedings (Mediese Bydraes)*, 17 May, 1958, being devoted to accounts of work, research, etc., carried on in the Hospital. In the opening article by the Senior Physician, Dr. V. H. Wilson, ("10 Years' Medical Experience at Baragwanath non-European Hospital") Dr. Wilson goes out of his way to state that

"I have . . . been favourably impressed with the ability of the non-European nurse. For the past two years the Medical Wards have been administered and worked entirely by her. Her standard of work can be as good as any I have experienced in London hospitals. . . . The work of our nurses is especially praiseworthy when the rapid turnover and over-work is remembered." (p. 251f).

And the Principal of the Nursing School, Miss E. W. Petersen ("African Nurse Training—Ten Years of Progress") says in the same number:

"Ten years of training in this Nursing College have produced the conviction that once the initial educational and adjustment needs of the student have been met in the Pre-Nursing Course . . . there is absolutely no need to consider a special syllabus to meet the needs of African nurses." (p. 333.)

In view of this, a conclusion based on practical experience and backed by the statistical evidence of examination figures, etc., it is surely obvious that much of what was said in the Evidence before the Select Committee, which determined so disastrously the nature of the Nursing Act itself, was both ill-informed and unjust; and this strengthens our conviction that all those who believe in the high calling of Nursing can do no other than continue to work for the repeal of the objectionable clauses in the Act.