HEALTH AND DISEASE — HOSPITALS + ~~DOCTORS~~ CLINICS
1984

JANUARY — DEC.

CAPE

Cape hospital staff asked to cut costs

ARGUS 1/1/84 (98)

Staff Reporter

HOSPITAL staff in the Cape have been asked to cut costs and to implement saving measures.

The call was made yesterday by Mr Piet Loubser, MEC in charge of hospital services, at the opening of the new maternity centre at Groote Schuur Hospital.

Mr Loubser said that unless this was done "we will not be able to survive".

R100 a day

It cost the Cape Provincial Administration R100 a day for each patient admitted to one of the province's three training hospitals.

In the 1972-73 financial year the total expenditure on hospital services in the Cape was R108,7-million.

These costs had escalated to R577,9-milion in the current financial year. This was an increase of more than 431 percent in 11 years.

"No country in the world can afford such sharply rising costs for hosptial services to continue."

Many ways

With co-operation there were many ways in which this could be done without lowering the standard or efficiency of the services.

"The public can also help by not making unreasonably high demands on hospitals, by living healthily, by seeking treatment for health problems in early stages and by making the best use of facilities."

R20-m hospital extension planned

Pretoria Bureau

Building will probably start by the end of this year on the R20 million extensions to Kalafong Hospital near Atteridgeville.

A senior superintendent of the overcrowded hospital, Dr C G Joubert, said plans to extend the hospital were at an advanced stage.

He said the project would be completed in modules.

A new outpatient and casualty department with 10 offices would cost about R8 million.

The obstetrics and gynaecology departments would be extended, and a neo-natal ward built. The three would cost about R2 million.

Other extensions include a nurses home and eight new clasrooms for the nurses college.

Three or four new wards would provide about 200 new beds for the hospital.

OVERCROWDING

Dr Joubert said 10 prefabricated offices would be built next to the main entrance of the hospital.

They would be used until the new offices, casualty and outpatients block had been completed.

The doctor said Kalafong Hospital currently had 1 143 beds.

It had been plagued by overcrowding since it opened in the 1960s.

Dr Joubert said the present mortury would be replaced by a larger department, with 36 places.

All the nursing posts at the hospital are currently occupied, but there are shortages among the med-ical staff.

Next year the hospital will run a specialised course for nurses in primary health care.

Only nurses with paediatric and obstetric training will qualify for the one-year course.

R22 for sleeping on floor

By ALINAH DUBE

A SOSHANGUVE man said yesterday he had left the Ga-Rankuwa Hospital before he was discharged because his prescribed treatment was not available at the dispensary and "paying a daily fee of R22, yet sleeping on the floor, was too much."

Mr Charles Ramogadi (35) told **The SOWETAN** he was admitted to the hospital last Wednesday and according to his salary scale, he was told he would be requested to pay a daily fee of R22. This, he said, he did not mind doing as he was more concerned about his health.

He said after admission he was sent to a ward where he was later told that some of the treatment prescribed for him by a doctor he consulted was not available at the dispensary. He said the situation worsened when he learnt that he was to sleep under another patient's bed on the floor.

That night Mr Ramogadi said he resolved "never to spend a night at the hospital unless I am sure there is a bed for me.

The superintendent of the hospital, Dr J Roos, would not comment on the matter and referred **The SOWETAN** to a Mr Niewerhuizen, who, he said, was in charge of administration. But Mr Niewerhuizen also refused to comment and stated that he was not in charge of the ward.

Bid for all-races private hospital

(98) 140M 27/1/84

Mail Correspondent

MARITZBURG. — The Maritzburg City Council is to consider a proposal by a Durban company to establish a 240-bed private hospital for all races in the capital.

Capital Park Hospital would be the first of its kind in Maritzburg, members of the Indian Local Affairs Committee were told yesterday.

The building will house consulting rooms for about 15 specialists, obstetrics, paediatrics and radiology departments, five operating theatres and a pathology laboratory.

The first phase of the proposed development is expected to cost about R10 000 000.

An application by Mr S M Naidoo, trustee for Capital Park Hospital, for a portion of land on Willow Road to be rezoned to allow a hospital to be built there will be considered by the town planning committee next month.

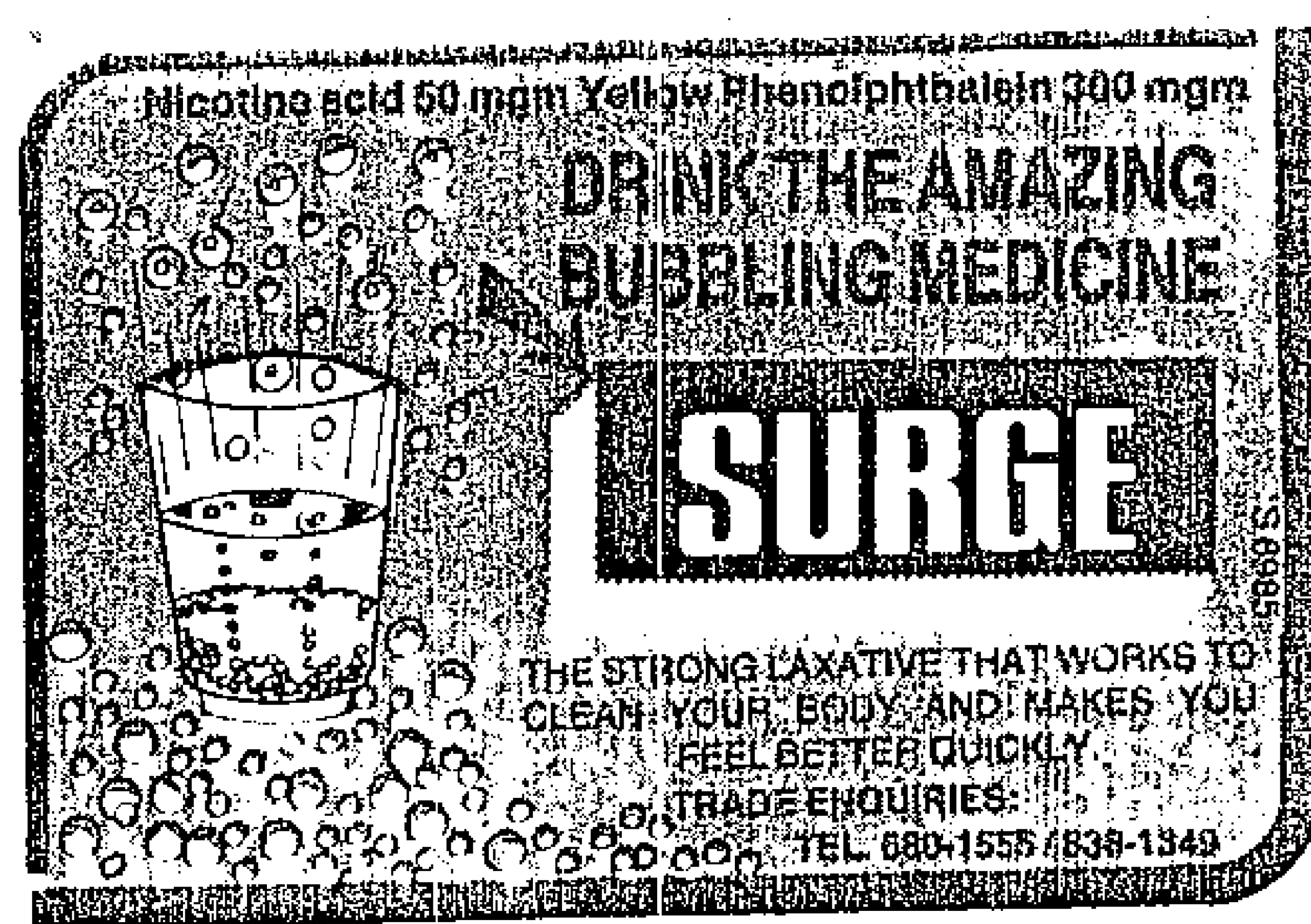
Motivating the case for rezoning the area, the architects said "the hospital was much needed in Maritzburgand it would serve all communities.

"Our clients have negotiated with a large number of doctors and specialists in Durban and Maritzburg to establish this new facility and this development will attract more highly-qualified professionals to the city."

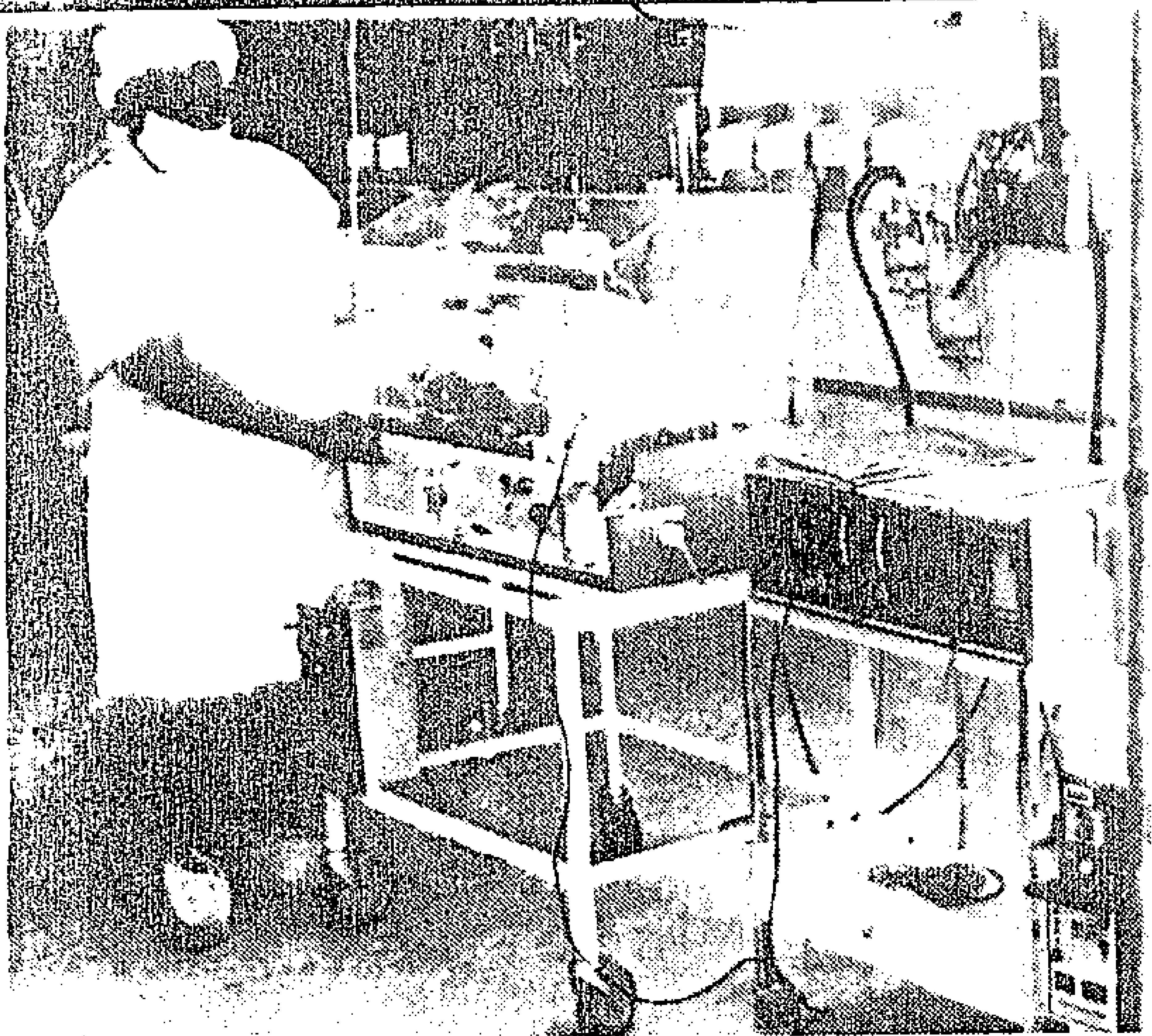
The application has the approval of the director-general of the Department of Health and Welfare and the support of the director of Hospital Services, Dr Johann Vorster.

SOWETAN

TUESDAY, JANUARY 31, 1984



Council to take over Bara



HOSPITAL: A sophisticated and expensive incubator unit at Baragwanath.

By ELLIOT TSHINGWALA

BARAGWANATH Hospital is to be controlled by the Soweto Town Council, Mr Ephraim Tshabalala, Soweto mayor announced at the weekend.

And Soweto is to be fenced and vehicles to the complex would pay a toll, the mayor said in another controversial announcement.

Baragwanath Hospital superintendent, Dr Chris van der Heever, yesterday denied knowledge of the move to have the hospital fall under the Soweto Council. Director of Hospitals in the Transvaal, Dr A H Grove, could not be contacted for comment.

But should the announcement by Mr Tshabalala be accurate then it will be the most controversial move to involve the council since its inception.

Addressing over 5 000 supporters at a huge Sofasonky Party's "thank you" feast at the Eyethu Cinema on Sunday, Mr Tshabalala said the hospital, houses and flats occupied by staff members and the land on which they stand come into the hands of the Council as from March 7.

The "mayor" did not elaborate on his statement. However, he said there would be a big meeting with the Minister of Co operation and Development, Dr Piet Koornhof, before the actual takeover.

Mr Tshabalala also announced plans to erect a high security fence around Soweto in the near future. Motorists entering or leaving Soweto will be expected to pay a certain amount of money which will eventually be used to pay rent for Soweto people.

With the toll money and other funds that are still going to be negotiated with Dr Koornhof, Mr Tshabalala said he expected rent to be "less than R5". Bottle stores including his, are also expected to help in this regard. Wrab was pocketing huge profits from the liquor trade instead of helping people, he said. "If necessary I will hand over my bottle store profits to Soweto people," he said.

In an apparent reference to the defeated former "mayor" Mr David Thebehali and his council, Mr Tshabalala said although he was not educated and could not speak English he was "doing much better" than his predecessors.

Stander's right-hand man McCall

THIS WEEKENDS SPECIALS
K-Mart cuts record prices

(98) Sowetan 3/2/84 31/1/84

Hospital move is slated

THE family of an 89-year-old chronically ill mother of 10 who was fed intravenously at the Kalafong Hospital has attacked the hospital's decision to discharge her.

By MONK NKOMO

Mrs Alice Mkhwanazi of 70 Moloantoa Street, Atteridgeville, the mother of jailed journalist, Thami Mkhwanazi, was in a coma shortly after being admitted to the Kalafong Hospital on January 19. According to doctors she had an infection on her left leg and gangrene on one of her toes.

Doctors at the hospital informed the family last week that she had been discharged despite her serious condition. Mrs Mkhwanazi, the doctors said, could no longer react to treatment and the hospital had failed to cure her.

"We tried our utmost but unfortunately could not help her," said the hospital's medical superintendent, Dr C G Joubert, yesterday. Patients who were incurable could not be kept at the hospital, Dr Joubert said.

"We are not an old age home," the medical superintendent added. He denied claims that Mrs Mkhwanazi had been booted out of the hospital. Dr Joubert said they were prepared to show members of the family how she could be treated at home.

Mr Arthur Mkhwanazi, her grandson, who was recently released from Robben Island, yesterday condemned the hospital authorities for their decision to discharge his critically ill granny.

The family, he added, was not ashamed to look after her. "But she's in a coma and uses pipes to eat. Who is going to administer those drips? We are not going to take that risk. In fact, it is against the ethics of medicine to discharge a sick person," Mr Mkhwanazi said.

ʼlan to :ill snake nisfires

Staff Reporter

YOUTH yesterday ied to set a snake ight — and started a :ld fire in the Kenil- orth residential area ʼhich had to be doused ʼ firemen.

Nicholas Tanafe, a oung gardener for a mily in Wargrave oad, Kenilworth, said e had seen a black amba in the grass next) the house, which ands on a double plot. ʼith his hands out- retched, he indicated ie length of the snake - about one metre.

"I got a piece of news- aper, twisted it and tarted to burn it. Then went to the snake to urn it," he said. The rass caught fire in- tead.

Firemen quickly got he fire under control nd neither the house or the surrounding ɔuildings were endan- ;ered.

The youth had also ied rags around his vrists and ankles to pro- ect them in case the snake tried to bite him. There was no sign of the snake after the fire had ɔeen doused.

Court told of bid to bribe traffic official

Staff Reporter

AN ATHLONE housewife who offered a Gallows Hill licence-test officer R40 to issue her with a driver's licence was convicted of bribery by a City magistrate yesterday.

Jubayda Venos, 26, of Sirius Road, Surrey Estate, pleaded guilty to offering Mr Frederick Warmenhove R40 on Thursday to declare her competent to possess a driver's licence.

She told the court she had gone to the traffic department for a driver's licence test and had been taken on a road test by Mr Warmenhove.

He had failed her after she had driven too fast and gone through a red traffic light.

"I pleaded with him and asked him if he would pass me if I gave him 'something'. When he asked me if he could see the money I gave him R40 which he put in his pocket."

Venos said many people had told her that they had obtained a licence in that manner.

The hearing was adjourned to March 12 for sentence and Venos was warned to appear.

Mr R A Duraan was the magistrate. Mr P Steyn appeared for the State.

Boy dies: 'Cheap' polony withdrawn

Medical Reporter

A BATCH of "penny polonies" has been withdrawn from a local factory and several shops following the death of a two-year-old boy this week from food poisoning.

Gordon Japhta, of Clark's Estate, Elsie's River, died and several other people were hospitalized after they had eaten the polony, which is a down-market product sold cheaply in cafes.

The Medical Officer of Health for the Divisional Council, Dr L Tibbit, said yesterday the situation was under control and no more cases had been reported since the polony had been withdrawn.

A total of 14 people are believed to have contracted food poisoning. Three adults and eight children were admitted to Tygerberg Hospital but were yesterday discharged.

The polony, which was eaten by the poisoned people in Clark's Estate, the Strand and Firgrove, is thought to have contained the poison, possibly in the preservatives.

Film man's 'discreet' visit

Staff Reporter

THE award-winning British film director Sir Richard Attenborough left Cape Town yesterday after a discreet 36-hour visit.

It was confirmed to the Cape Times yesterday that Sir Richard, whose most recent achievement was his film on the life of the Indian leader, Mahatma Gandhi, had left his City centre hotel for an unknown destination.

His visit was labelled "secretive" by the Nationalist press earlier this week, which speculated that Sir Richard was in this country to research material for a film on the black consciousness leader, Steve Biko, who died in police detention in 1977.

Parow to get private hospital

CT Times 4/2/84 (98)

Property Editor

A R25-MILLION private hospital is to be erected on a 30 000 square metre site which has just been purchased by a company in the Rembrandt Group, on the corner of the Plattekloof Road and Rothschild Drive, Parow.

Part of an undeveloped site of 44 000 square meters, the land changed hands for R1,8-million, and building is planned to begin in September.

The hospital will cater for between 200 and 250 patients and will house eight operating theatres.

It is due for completion in two years, with consulting rooms available within 18 months.

The land sale was negotiated by a Parow property developer, Mr Leslie Viljoen, between the company, Medi-Clinic Corporation, and the seller, Mr Norman Marcusa of Unity Property and Finance.

Medi-Clinic Corporation is a partner company to Partnership in Industry, an investment company in the Rembrandt Group.

Medical practitioners will be afforded the opportunity to buy the 50 available consulting rooms on a share basis, according to Dr Buks Herzog of Rembrandt.

The doctors' involvement would benefit everyone, he added.

The architects for the hospital — to be called Medi-Clinic Parow — is the Andrew and Niegeman partnership who were responsible for the new extensions to Groote Schuur Hospital.

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EN PARK

Plea for State aid for Cape hospitals

Our services are out of date now, says Louw

Post Correspondent

CAPE TOWN — The Administrator of the Cape, Mr Gene Louw, has made a special plea to the Minister of Finance, Mr Owen Horwood, for additional funds to maintain the standard of the Cape's hospital services.

Mr Louw said in an interview today that there was an urgent need for hospital equipment to be replaced at many hospitals throughout the province, but he neeeded more money for this.

"I realise these are difficult financial times," he said. "But while I may have to let road-building lag behind, I cannot allow a backlog to develop in our hospitals."

Hospital services had been particularly hard hit by the increased cost of consumable goods, the Administrator added.

Fruit and vegetable prices had risen by 49% in the past year and cleaning materials by 32%, while the cost of vital medicines had increased substantially.

"I am satisfied with the high standard of our hospital services, but at the same time I am concerned about the future," said Mr Louw.

"I made a special plea to Mr Horwood at our recent meeting on the need to replace necessary equipment in many of our provincial hospitals.

"This is especially true of our teaching hospitals. It serves little purpose to train the medical personnel of the future using old or outdated equipment.

"So I need additional funds to enable us to replace existing equipment at teaching hospitals with more sophisticated and modern equipment to meet the needs of an up-to-date medical service. My concern is that we must remain up-to-date and that we must not allow a backlog to develop in our hospital services."

The annual cost of the Cape's hospital service had risen from R366,7 million to R578 million in the past three years in spite of a rigid paring of expenses. It seemed likely that the cost of hospital services would have exceeded this amount by the end of the present financial year on March 31.

Mr Louw said he also asked the Treasury for more funds for Capab. He has been pleading for a better deal for the Cape's Performing Arts Board since he became its chairman.

Mr Louw said he realised that in pleading for a better financial deal for the Cape, the Treasury itself faced problems in the coming year, with an enormous farmers' debt arising from the drought, the costs resulting from recent floods and a drop in Treasury earnings from gold.

● It is understood the Cape Provincial Council will be asked this month to vote another R88 499 000 in provincial expenditure for 1983-84. This figure is over and above the R1 519 million budget approved last year.

The amount to be requested is comparable with last year's additional expenditure of R83,6 million, although the indications are that the Administrator may still end the financial year on March 31 with a deficit.

On Wednesday, February 22, Mr Louw will give details of the additional expenditure for 1983-84 in surveying the Cape's financial situation, and indicate where the extra money will come from.

The size of the deficit on March 31 will depend almost entirely on what additional help he has been able to get from the Minister of Finance, Mr Horwood.

In the past two years Mr Louw has chosen to operate the province in the red rather than raise provincial taxation, apart from the 33% increase in motor licence fees last year.

In announcing the higher vehicle licence fees last February, Mr Louw added: "This, naturally, does not mean that we may not be obliged to reconsider hospital fees at some future stage."

Present indications are that Mr Louw would be extremely reluctant to increase Cape provincial taxes, apart from the annual adjustments usually made in certain service charges and fees.

Cape plea for extra funds for hospitals

ARGUS 6/2/84

98

By BRIAN STUART, Provincial Reporter

THE ADMINISTRATOR of the Cape, Mr Gene Louw, has made a special plea to the Minister of Finance, Mr Owen Horwood, for additional funds to maintain the standard of the Cape's hospital services.

Mr Louw said today there was an urgent need for hospital equipment to be replaced at many hospitals in the province.

"I realise these are difficult financial times. But while I may have to let road-building lag behind, I cannot allow a backlog to develop in our hospitals."

Hospital services had been particularly hard hit by the increased cost of consumable goods. Fruit and vegetable prices had risen by 49 percent in the past year, cleaning materials by 32 percent, and the cost of vital medicines by an equally large margin.

Mr Gene Louw

"I am satisfied with the high standard of our hospital services, but at the same time concerned about the future."

He had made a special plea to Mr Horwood at a recent meeting on the need to replace necessary equipment in hospitals.

"This is especially true of our teaching hospitals. It serves little purpose to train the medical personnel of the future using old or outdated equipment.

"So I asked for additional funds to enable us to replace existing equipment at teaching hospitals with more sophisticated and modern equipment to meet the needs of an up-to-date medical service.

"My concern is that we must remain up-to-date and that we allow no backlog to develop in our hospital services."

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Enormous farmers' debt

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The cost of the Cape's hospital service has risen from R366,7-million to R578-million in the past three years, in spite of rigid paring of expenses.

It seems likely that hospital services will have exceeded this amount by the end of the present financial year on March 31.

Rehabilitation village for lepers to open in Transkei

98

E. Post

11/2/84

By MARC DOBSON

A UNIQUE rehabilitation village for leprosy sufferers is being established in Transkei and the first families are expected to arrive within the next two months.

The Rev Fred Le Roux, regional secretary of the Leprosy Mission in Port Elizabeth, said the settlement would provide leprosy patients with a place of refuge and employment.

He said it was estimated that one out of every 10 000 people in Southern Africa was afflicted by the disease, but the village would cater only for those patients who had been treated and were symptom-free.

"Leprosy patients are often rejected or ostracised when they return to their communities, due to the age-old stigma attached to leprosy and the fear that the disease will be transmitted to others," said Mr Le Roux.

"This fear is quite unfounded, because leprosy patients who have received treatment are not contagious at all.

"About 90% of those exposed to leprosy are naturally immune, and those living under good hygienic conditions and better living standards are especially resistant to the disease."

The village, currently being built about 30 kilometres from Engcobo, has been named the New Life Centre because "it's to be a place where leprosy patients will find a new life in Christ", said Mr Le Roux.

"Not only will this new life be a fresh start, but it will be a life of quality that these people will not have known before.

"Many leprosy sufferers arrive back home to a hopeless situation with no work, no funds to support themselves and no self-esteem. At the centre they will be channelled back into a worthwhile life."

Mr Le Roux, whose task it was to recruit volunteer workers for the village, said an administrator had already been appointed, but the mission was still looking for two social workers and an agriculturalist.

"We will probably be starting off the village with about four families, but we expect the size of the community to expand rapidly once the venture gets off the ground," he said.

Because leprosy attacked the nerve fibres of certain muscles and often resulted in paralysis and deformities, sheltered employment was necessary for those patients who had been treated and discharged, he said.

At the centre, workshops would be established so that patients could engage in leather and mat work. Work will also be provided on the land.

"At the Westfort Leprosy Hospital in Pretoria, male patients are already being taught how to tend a small piece of ground so that it yields produce all year round," said Mr Le Roux.

Sufferers in Port Elizabeth are sent to the Westfort Leprosy Hospital, where occupational therapists encouraged them to knit and crochet to keep their hands supple until surgeons could operate.

Diseased feet were also operated on because the germ attacked nerves behind the knees and ankles. Because the foot lost sensitivity, patients tended to walk on sharp obstacles, which often resulted in crater ulcers on the soles of the feet.

"It's vital that leprosy sufferers contact a clinic as soon as they detect early signs of the disease," said Mr Le Roux.

"These are a distortion of the face, numbness and the development on the body of light-coloured, insensitive patches of skin."

New-look

Race insults lead to hospital fracas

(98) Star 1/12/84

Own Correspondent

PORT ELIZABETH — Several people, including women and children, were hurt last weekend in a fracas in Uitenhage which started in a cafe and spread to the casualty section of the hospital where the injured were being treated.

Order was restored with the help of Labour Party leader The Reverend Allan Hendrickse and a police contingent.

Eastern Cape police liaison officer, Major Gerrie van Rooyen, confirmed that the fighting occurred and said police were investigating.

The Eastern Cape Freedom Party leader, Mr A W Tiry, said the fracas started when racial insults were swopped by a group of coloured men and two whites at a Uitenhage cafe last Saturday night. Fighting ensued and spread as people gathered.

Uitenhage Provincial Hospital superintendant, Dr S H Schoeman, said fighting broke out in the hospital's casualty section as the injured were being treated.

He confirmed that a large number of people, coloured and white, had sought treatment there on Saturday night.

He said while a patient was being treated he (the patient) was hit from behind.

"While the fighting was going on — in the casualty ward and in the hospital car park — the houseman called the police and Mr Hendrickse, who calmed tempers."

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Race fight underlines the shortage of medical staff, says Hendrickse

E Post 11/2/84

By SHARON LI GREEN

A RACIAL flare-up which led to several whites and coloureds being hurt highlighted the shortage of medical personnel at Uitenhage's Provincial Hospital.

This was said today by the leader of the Labour Party, the Rev Allan Hendrickse, who was called to the casualty ward at 2am last Sunday.

He said his only purpose in being there was to defuse a tense situation.

It had been alleged that whites were being given preferential medical treatment.

He denied that one of his sons, Peter, who accompanied him to the hospital, had been involved in the fight.

When he arrived there, the white men involved in the fracas had already left.

Mr Hendrickse said the racial incident highlighted the lack of medical personnel.

Only one intern and one nursing sister were on duty. There were about 25 patients to deal with.

"The staff were unable to give immediate medical attention to many patients, which was one of the grievances of the coloured youngsters.

"Among those requiring immediate attention were a couple who had been stabbed and a pregnant woman who had apparently been kicked by the white guys," he said.

"I managed to defuse the tension."

As a result of his intervention, two more doctors were called in to help.

The medical superintendent of the Provincial Hospital, Dr S Schoeman, confirmed there was only one houseman on duty. He said serious injuries were given priority.

Mr Hendrickse said there was anger on the part of the coloured youngsters.

"If coloureds had attacked whites in the white casualty ward, the riot police would have been called out.

"But because whites attacked coloureds in the coloured ward, only the police were called out. They left without having calmed the inflamed tempers."

The whole incident started outside a snack bar in Market Street on Saturday night when two white men who were having problems with their car allegedly beat up a coloured man who refused to help them.

The white men moved to Harry's Roadhouse later, followed by the group of coloureds allegedly armed with "reinforcements".

Women and children were also involved in the fracas.

The roadhouse fight continued at the hospital casualty ward where the injured were treated.

Mr Hendrickse said he was told the white men invaded the coloured casualty ward armed with "all kinds of instruments."

He was called there after returning from a party in Port Elizabeth.

Man found hanged

Weekend Post Reporter

A YOUNG Port Elizabeth man, Mr Johannes Janse van Rensburg, 21, was found by his wife early today hanging from a beam in a storeroom at his home, in Mackay St, Central.

A crime is not suspected.

AREST CORRECT ENTRY

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NO CORRESPONDENCE WILL
PROVIDED.
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and addresses of prize winners will

ACROSS

1. — may well have the last word in any difference of opinion with businessman BANKER/BACKER
3. It's no surprise if early — is still a little on the drowsy side RIDER/RISER
6. The man of action type is likely to — a problem much quicker than the average man RESOLVE/REVOLVE
8. It's a rather foolish person who disregards warning not to enter a DEN/FEN
9. Person — a stiff exam just can't afford to be careless SITTING/SETTING
10. Much may depend, of course, on last — of the day BET/BAT
11. Finding — used by a vanished race may afford much evidence to the expert PIT/POT
14. Shrewd — would know how to stick to the point LEADER/LENDER
17. It might require considerable tact to tell a person to stop — GUSHING/PUSHING
19. — might be hard to explain SLIP/SLAP
20. — is someone accustomed to working on a really big scale PLANNER/PLANTER

DOWN

1. Some — have a really wide range BIRDS/BARDS
2. Sometimes search for — is pursued in a desparate spirit REVENGE/REVENUE
4. Fierce wind may well make one glad to get away from exposed INLET/ISLET
5. One — may flatly contradict another REPORT/RETORT
7. Much used cereal OATS
10. People sleep on them BEDS
11. — naturally know how to play on people's feelings PAPERS/PIPERS
12. School's team captain should soon pick out youngster — to shine at football KEEN/SEEN
13. The kind of person referred to as a — might be the subject of comment TRUMP/FRUMP
15. Typical — is not the sort to complain about an occasional drenching ROVER/ROWER
16. To the unobservant eye, one small — often looks very much like another SHIP/SHOP
18. Crudely made — is clearly dangerous GIN/GUN

No. 499

No. 499

WHOLESALE ● WHOLESALE ● WHOLESALE

THE DIAMO

ALP

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DR

(98) Hansard Q. col. 267
20/2/84

Hospital beds

277. Dr M S BARNARD asked the Minister of Health and Welfare:

How many hospital beds were (a) available and (b) needed for (i) White, (ii) Coloured, (iii) Asian and (iv) Black patients in South Africa as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) As at 31 December 1981:

(i) 27 380;

(ii), (iii) and (iv) 50 188;

(b) (i) 9 206;

(ii), (iii) and (iv) 41 976.

Separate figures for (ii), (iii) and (iv) are not available. See in this regard the reply to question 238 of 1 March 1983.

ARGUS 28/2/84

Increased hospital fees 'seem inevitable'

(98)

Provincial Staff

INCREASED hospital fees in the Cape "seem to be inevitable", while other fees and taxes will be examined before the provincial budget is presented in May.

The Administrator, Mr Gene Louw, told the Provincial Council yesterday that at this session of the council "the almost inevitable increase in taxes has been avoided. It has been postponed, no matter how short that postponement may be".

But he had postponed increases in an attempt to save the taxpayer further costs while he continued to negotiate with the Treasury for more money before presenting the 1984-85 budget in May — a budget which will open with a R26-million deficit.

CAPE LOWEST

Revenue from hospitals was expected to raise about R40-million this year, while hospital fees in the Cape were the lowest in the country.

Mr Louw said the daily charge at teaching hospitals was R50 in Natal, R45 in the Free State, R30 to R35 in the Transvaal and R30 in the Cape.

At non-teaching hospitals the daily fee was only R18 in the Cape.

"I am trying to save the taxpayer, but it (an increase) seems to be inevitable at this stage," Mr Louw added.

The council approved R88,5-million additional expenditure for the Cape for 1983-84.

R4½ m extension to hospital starts soon

98 E. Post 29/2/84

By CLAIRE PICKARD-CAMBRIDGE

BUILDING is expected to start soon on the R4½ million extension project for Livingstone Hospital, according to the Medical Superintendent, Dr R E Clarke.

Dr Clarke said the preliminary arrangements had been completed. Extensions would include a new intensive care unit, a new renal dialysis unit, a septic isolation unit, a new doctors' library and extensions to the casualty section.

The long-awaited extensions to the city's largest hospital would improve its facilities and make the casualty section, which sometimes had to handle more than 500 patients a day, more efficient, convenient and comfortable, he said.

The new casualty block would be twice the size of the existing one, and once the old block has been renovated the entire casualty section would be four times the size of the existing one.

Sleeping facilities for five doctors would also be attached to the casualty section.

Included in the extension were an audio-visual room and a photography room.

Also envisaged was the construction of a new "reception suite" in front of the existing casualty ward. The area would be used to receive patients and included a resuscitation area with direct access for ambulances.

The existing casualty section would be converted to cater for orthopaedic patients and for general emergency treatment.

The intensive care section would consist of four wards — surgery, medical, respiratory and cardiac, as well as two paediatric wards.

There would also be a theatre and sleeping accommodation for doctors and a reception and waiting room for relatives of patients.

The construction of the new intensive care unit would mean that for the first time all intensive care treatment would be centralised.

The septic isolation unit had been designed in such a way that it could be converted into an entirely self-sufficient unit where patients and staff could be isolated when people with highly contagious diseases were admitted

Dr John Sonnenberg

Call to open Volks Hospital

Provincial Staff

A CALL to open Volks Hospital to geriatric patients by allocating beds for sick, elderly and indigent people who need continuing nursing care has been made in the Provincial Council by Dr John Sonnenberg, Opposition spokesman on health.

Dr Sonnenberg (PFP Green Point) said the purchase of the hospital by the province in 1981 for R1,75-million was an example of "questionable correct allocation" of resources.

It had been bought in spite of the fact that white beds at Woodstock and Somerset hospitals, each about 3 km away, were being under-utilised, and provincial subsidisation of the hospital since then had been heavy.

During the 1983/84 financial year, R2 398 000 had been provided for maintenance and running costs. Last year, 3 951 patients had been admitted and 3 007 operations performed.

PRIVATE PATIENT

"Not one of these patients was an indigent or underprivileged person. Not one was a social pensioner. Every one was a private patient," he said.

"I would suggest the Administrator takes a long, hard look at the utilisation of this hospital, which is on his doorstep. There is a brand new private hospital with 200 beds 2 km away.

PE hospital posts demarcated by race

5/3/84 E. Post

98

Post Correspondent

CAPE TOWN — With the exception of medical staff, all 5 293 posts at Dora Nginza Hospital, Livingstone Hospital and Provincial Hospital in Port Elizabeth are reserved for people of a specific race group.

This was the reply of Mr Piet Loubser, MEC in charge of hospital services, to questions in the Provincial Council by Mrs Molly Blackburn (PFP, Walmer). Mr Loubser said there were 683 posts at Dora Nginza, 2 600 posts at Livingstone and 2 010 posts at the Provincial Hospital.

Apart from medical staff, all were reserved for a specific race group.

Posts in hospital services were divided into six divisions comprising various ranks in respect of each race group — administrative, professional, technical, general, nursing and non-classified (labourer and domestic) posts.

Mrs Blackburn also asked about bed occupancy in the surgical and orthopaedic wards of Provincial and Livingstone hospitals for the eight-week period from August 1 to September 30, 1983.

For orthopaedic wards, bed occupancy was 75% at Provincial and 87% at Livingstone.

For surgical wards, bed occupancy was 51% at Provincial and 105% at Livingstone.

Mr Loubser said the large differences in the salaries paid to reception officers, porters and control officers at Cape hospitals were based on the race of the person appointed.

White reception officers and control officers, who required a Junior Certificate, received a minimum of R4 878, rising by R276 a year to a maximum of R6 846.

Coloured or Indian people received a minimum of R4 380, rising by R249 a year to R5 154.

A black person received a minimum of R2 886, rising by R249 a year to R4 629.

This meant that the minimum salary of a white reception officer or control officer was higher than the maximum scale for a black officer.

For porters, requiring a Standard 6 certificate, the minimum and maximum salary scales were: white R3 135 to R6 846; coloured and Indian R2 106 to R4 131; and black R1 674 to R3 633.

TUESDAY, 13 MARCH 1984

†Indicates translated version.

For written reply:

Work opportunities

212. Mr A SAVAGE asked the Minister of Co-operation and Development:

(a) How many new work opportunities were created for Blacks in each employment sector by each of the development corporations in the 1982-83 financial year and (b) what was the cost per opportunity in each sector?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) Employment opportunities created for Black persons in the various development sectors by Development Corporations in the national states in 1982-83 are as follows:

	Agric	Industr	Transport	Commerce & Industr	Total
Corp for Economic Development	2 203	2 849	702	—	5 754
Shangaan Tsonga Development Corp	—	—	—	87	87
Lebowa Development Corp	—	—	—	280	280
Qwaqwa Development Corp	—	—	—	154	154
kwaZulu Development Corp	400	—	—	322	722
kaNgwane Development Corp	—	—	—	662	662
Total	2 603	2 849	702	1 505	7 659

(1) (b) The costs per employment opportunity created in each sector of employment are as follows:

	Agric	Industr	Transport	Commerce & Industr
Corp for Economic Development	R4 645	R8 335	R18 521	—
Shangaan Tsonga Development Corp	—	—	—	R 8 300
kwaZulu Development Corp	R2 428	—	—	R12 491
Lebowa Development Corp	—	—	—	R 9 793
Owaqwa Development Corp	—	—	—	R 5 736
kaNgwane Economic Development Corp	—	—	—	R10 429

The job opportunities created in the agriculture and transport employment sectors are reflected by the figures in respect of the Economic Development Corporation only, the reason for this being that the participation in these sectors are carried out by agricultural and transport companies in which the Economic Development Corporation and the particular national development corporation hold equal shares.

Cape Peninsula: residential plots

309. Mr S S VAN DER MERWE asked the Minister of Community Development:

How many vacant residential plots are available to (a) Whites, (b) Coloureds and (c) Indians in the Cape Peninsula at present?

The MINISTER OF COMMUNITY DEVELOPMENT:

(a) 2 882.

(b) 2 973.

(c) 239.

The abovementioned figures include plots owned by the Department, the City Council of Cape Town and the Cape Divisional Council. In addition to these, there are however also still numerous plots in private possession.

Townships in corridor between Ciskei/Transkei

332. Mr P R C ROGERS asked the Minister of Co-operation and Development:

(1) What were the administration costs in respect of each of the Black townships administered by the Eastern Cape Administration Board within the corridor between the Republic of Ciskei and the Republic of Transkei during the latest specified period of 12 months for which figures are available;

(2) (a) under what headings do the main items of expenditure fall and (b) what is the extent of the financial subsidy from the Central Government received in each case?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

		R
(1)	Queenstown	320 496
	Cathcart	34 054
	East London	319 783
	Kei Mouth	12 791
	Kei Road	2 645
	King William's Town	54 09?
	Komga	23 141
	Stutterheim	40 ?81

(2) (a) Salaries and allowances, agency costs and sundry expenditure.

(b) No financial subsidy is received from the state.

Onverwacht

336. Dr M S BARNARD asked the Minister of Co-operation and Development:

(1) (a) What are the latest population figures for Onverwacht and (b) in respect of what date are such figures given;

(2) whether there are any (a) hospitals and (b) community health centres at Onverwacht at present; if so, (i) how many in each case and (ii) how many hospital beds are there; if not, (aa) why not and (bb) what is being done to rectify the situation;

(3) how many, (a) doctors, (b) dentists, (c) community health workers and (d) social welfare workers are there at Onverwacht at present;

(4) how many taps are there in this area;

(5) whether a water-borne sewerage system has been installed at Onverwacht; if not, (a) why not and (b) when will it be installed?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) 200 000.

(b) 30 June 1983.

(2) (a) No.

(b) The first community health centre is now being planned.

There are three clinics in the

area — one of which has 23 beds — as well as one mobile clinic. Tenders are awaited for the erection of the out-patients and casualty sections of the Planned hospital.

(3) (a) Two Defence Force doctors, one district surgeon and five doctors in private practise.

(b) One dentist who practises there 3 times a week and one full time dental therapist.

(c) 32 community health workers.

(d) Nine social workers.

(4) 1 312.

(5) Area H has 811 residential sites serviced by a water-borne sewerage system. The other areas are serviced by a bucket system only. A sewerage service for these areas is being planned.

THE retiring managing director of Allied, Mr Jim Dodds, foresees building societies becoming more company-oriented.

Such a development, he says, must eventually lead to advantages to the man in the street when borrowing because it will help to cushion the effect of having to adjust interest rates.

● See Page 15.

Priscilla Presley

Priscilla and Elvis

FOR years Priscilla Presley has refused to talk about her strange years as Elvis's wife.

But because people won't stop asking her about them, this latest "Dallas" star — who will soon crop up as Bobby Ewing's love interest — is to write a book lifting the lid off her six-year marriage.

● Page 4, Tonight!

Selectors take note

YOUNG Sonja van Wyk, overlooked for the Springbok women's golf team, showed the selectors what she thought of them yesterday when she cruised to an easy 14-stroke win in the Transvaal women's strokeplay championship at Randpark.

Her two-round total of 140 was eight under par. Her closest rival, Ross Simmer, finished on 154.

● See Back Page.

Tvl hospital fees more than double for some patients

Star 2/3/84

Pretoria Correspondent

Transvaal provincial hospital fees have more than doubled for some categories of patients.

Part-paying hospital patients who used to pay R10 a day will now pay R20 a day.

The increase will come into effect on April 1.

Private full-paying patients belonging to medical schemes will now pay R50 a day instead of R35. This represents a tariff of R35 plus a levy in respect of services of R15.

Out-patients and emergency cases, who are part-paying patients, will pay between R5 and R7 per attendance compared with R2 previously.

Welfare cases and pensioners will still be treated free of charge.

Another change to the tariff scales has been the condensing of patient categories.

Discrimination against patients with medical aid schemes, which has been a great source of dissatisfaction in the past, has been eradicated in the new tariffs.

Full-paying non-medical aid patients will also pay the same daily fees as those on medical aid.

The Administrator of the Transvaal, Mr Willem Cruywagen, who announced the higher tariff structure last week, said "drastic" increases in the price of medicines, equipment, foodstuffs and services had necessitated the increases.

Transvaal Hospital Services had spent R443,755 million in 1981/82; R538,16 million in 1982/83; and for 1983/84 the services' estimated expenditure was R705,86 million, he said.

Kitten thrown from car is rescued by radio personality

By Olga Horowitz

There is, it is said, more than one way to kill a cat.

Mrs Vivienne Tothill and her cousin, Mr Gary Tarr, witnessed one way when driving along Oxford Road on Monday evening.

It was peak hour when a black kitten was hurled out of the window of a car ahead of them.

Mr Tarr stopped the vehicle and Mrs Tothill picked up the "bundle of shivering fur".

Mrs Vivienne Tothill, whose concern for animals is known nationwide through her Sunday midday Springbok Radio programme "Animal Carnival", thought there would be other kittens from the litter who had suffered the same fate.

In the middle of Jan Smuts Avenue she found a second cat, squashed and dead.

Mrs Tothill has 16 rescued cats in her Parkwood home and the kitten has now become an honoured member of that family.

But it is in a highly nervous state, and has to be kept warm and fed with a syringe.

"The ideal thing would be to find a female cat to suckle the kitten," she said.

"Not only is it frightened but it does not know how to drink from a syringe or a bottle. But we believe it can be nursed back to health."

She appealed to people to telephone the SPCA or the newspapers when they needed help in caring for an unwanted animal litter.

"Because the kitten is black, and was saved, we have decided to name it 'Lucky'."

Magid gets the CBDA hoppi

By James Clarke

Johannesburg's new mayor, Mr Eddy Magid, left a meeting of city centre businessmen last night with a flea in his ear.

The mayor, in his address to the annual general meeting of the Central Business District Association, broke the tradition of trading platitudes and told the six-year-old association he was "disappointed in its achievements".

Moments later the CBDA's chairman, Mr Nigel Mandy, retorted that the private sector "has difficulty attracting the attention of the city council" and charged that the council political and managerial problems were a threat to the future of the city.

Mr Magid, a long-standing member of the city's management committee, said he was deliberately being provocative in the hope of getting action.

For much of the time he was smiling — but his smile disappeared during the chairman's address.

Mr Nigel Mandy, elected ch last night for the sixth succes times the city's businessmen had get reaction from the city counil.

He said the council had sat o from 1975 until 1981, when it s issue was urgent and gave the p month to study it and comment o

As regards the Colosseum the its budget campaigning to save for it and on calling in profession

The mayor's smile faded as council's lack of response over p Mall, over the CBD retailers' offe security force ... "we were left the council was distracted by othe

When the meeting ended M "I intended to provoke. If it will impetus then I am proud to b need to work together. There is a

● See Back Page

Tory MP welcomes SA office

London Bureau

LONDON. — The opening of an office in London representing the interests of South African sport was long overdue and would be widely welcomed, pro-Springbok Tory MP, Mr John Carlisle, said last night.

Whitehall sources agreed with Mr Carlisle that suggestions that such an office would contravene the Gleneagles Agreement against sports contact with South Africa were "ridiculous".

Reports that top South African sports officials led by Mr Rudolph Opperman were considering a London outlet have been common knowledge for more than a year.

"There is a great need for an office like this and I have already offered to help in any way I can," said Mr Carlisle, who won backing from more than 120 Tory MPs for his recent rebel motion in favour of the England rugby tour of SA.

He said: "The office is needed more than ever now that the freedom in sport movement has had to emphasise that its activities are world-wide and not confined to South Africa."

Hospital fees up 10% to 100%

RDM 22/3/84

(98)

By GERALD REILLY
Pretoria Bureau

STARTLING increases in provincial hospital fees — ranging from 10% to 100% and scheduled for April 1 — were outlined in the Transvaal gazette in Pretoria yesterday.

The administrator of the Transvaal, Mr Willem Cruywagen, said the critical shortage of funds and drastic increases in the prices of medicines, equipment, food and services had necessitated an urgent review of hospital fees — last raised in April 1982.

Mr Cruywagen said the provinces hospital services expenditure had increased from R443 550 000 in 1981/82 to an estimated R705 860 000 in the current financial year. He explained the difference in tariffs for members of medical aid schemes and non-members had caused great dissatisfaction to medical schemes.

They claimed they were being discrimicated against because those who failed to provide for medical expenses were paying lower fees.

The fee adjustments will narrow the gap between what medical aid scheme patients and "private" patients are charged.

The daily fee for a patient who is a member of a medical scheme will be R20, up from R18 and a private patient in the same category will pay a daily fee of R45, an increase of R10.

Outpatients who are members of a medical aid scheme will pay R20 a visit compared with R13. Private patients will also pay R20, up from the current fee of R10.

The new tariffs apply to all races, and because ability to pay is computed on income and the size of the family of the applicant, many will be entitled to inexpensive hospitalisation.

A member of a family of five with a total annual income of R2 880, who is not a member of a medical aid scheme, will pay R10 for "full" hospitalisation, double the present fee of R5.

Chairman of the Soweto Committee of Ten, Dr Nthato Motlana, said the increase as applied to black private patients at the overcrowded Baragwanath Hospital was scandalous.

The hospital did not have the facilities nor the catering services to justify the top fee of R45 a day, he said.

A Weekend of Fun

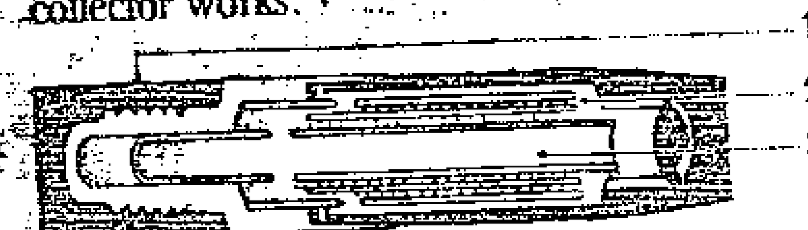
TO plan your weekend, every weekend, you need WEEKEND FUNFINDER.

It's your complete pull-out guide to weekend entertainment, with full television programmes, recommended movies and shows, details of music and art, ideas for dining out, and more . . .

WEEKEND FUNFINDER will be with your Rand Daily Mail tomorrow. Don't miss it.

As far as wet smoking goes, you're home and dry.

The imported Byford pipe comes in the finest quality mature briar and it features a unique capillary collector. Here's how the capillary collector works.



1. It features a unique metal wall which allows heat to escape for a continuous cool smoke.
2. Bitter moisture and harmful tar are drawn into the capillary tubes.
3. No obstructing of the natural flow of smoke between bowl and mouthpiece.

…e as he careered down a 20m rock slide into …y braved. Picture: ROBBIE SCHNEIDER

moment of truth

A 400-bed psychiatric hospital planned for PE

(98) E. Post 22/3/84

By SHIRLEY PRESSLY

THE Chief Director of the Department of Health's Mental Health Services, Dr P H Henning, announced today that a 400-bed psychiatric hospital was being planned for Port Elizabeth.

Dr Henning said in an interview with the Evening Post that the hospital would provide for 150 psychiatric patients and 250 mentally retarded people.

He said it was the intention, if a suitable site could be found, that 150 beds for coloureds and Asians would also be provided at the same hospital.

No date for the start of the project was available at this stage.

The new proposal would not affect plans for a 932-bed hospital for black psychiatric patients in the city.

Dr Henning said the black psychiatric hospital was still scheduled for 1988 and negotiations were under way to buy a site which had already been chosen.

The department agreed that patients from the Port Elizabeth area should be treated as close to their community as possible.

Family contact was important and was the accepted modern psychiatric approach.

The rates of outpatient attendances in the Eastern Cape for all race groups were significantly higher than in other parts of the country and this reflected an extensively-developed community psychiatric service.

Dr Henning said much of the credit for this should go to community participation and, in particular, the Mental Health Society..

He confirmed that an 18-bed acute unit for the treatment of coloured psychiatric patients had been in operation at the Elizabeth Donkin Hospital since February. These beds were primarily for coloureds and Indians but Africans could also be admitted in emergencies.

Hospital tariff increases criticised

Pretoria Correspondent

It was a "sad day" for the Transvaal when the Province had to balance its books by taxing the sick and the poor, the leader of the opposition in the Provincial Council, Mr Douglas Gibson, has said in reaction to the latest hospital tariff increases.

"The short session of the council which took place last month was kept in the dark about the hospital tariff increases and we were not, therefore, able to debate the necessity or the extent of the increases," Mr Gibson said today.

"I am terribly concerned about the fact that it has become fashionable for the Government and the Province to announce drastic tariff increases at a time when either Parliament or the council is not sitting."

Mr Gibson said the ordinary man was reeling under the impact of continual cost increases in virtually every sphere of life and the announcement on provincial hospital tariff hikes yesterday "could be the straw that breaks the camel's back".

Inflation could reach 14 percent by the end of the year after price increases announced by the Government and the council would have to share a large portion of the blame, Mr Gibson said.

Mr Willem Cruywagen, the Administrator of the Transvaal, in announcing the new tariff structures last week, said rises in the prices of medicines, equipment, foodstuffs and services had necessitated the increases.

The Transvaal Hospital Services estimated expenditure for 1983/84 was R705,86 million, he said.

Post Focus

98

R22m being spent on psychiatric hospitals in E Cape

E. Post 24/3/84

By SHIRLEY PRESSLY

BUILDING programmes are under way at three large mental hospitals in the Eastern Cape at a cost of R22 million and by the end of next year there will be an estimated 3 000 beds for all races available in Eastern Cape psychiatric institutions.

Also on the drawing board is a hospital for whites in Port Elizabeth with 150 psychiatric patients and 250 mentally retarded people. If a suitable site can be found, 150 beds for coloureds and Indians will be provided at the same hospital.

The proposed 932-bed hospital for black psychiatric patients in Port Elizabeth is still scheduled for 1988 and a site has been chosen.

This was announced this week by the Chief Director of the Department of Health's Mental Health Services, Dr P H Henning, in an interview with Weekend Post.

The lack of facilities for the long-term coloured psychiatric patient in Port Elizabeth has long been a source of concern to the chairman of the Port Elizabeth North Mental Health Society, Mr Franklin Weideman.

Mr Weideman said there was also a desperate need in Port Elizabeth for a hostel for mentally-retarded coloured children to serve the Eastern Cape. There was also no facility for black patients.

Dr Henning said that although the facilities for accommodation of psychiatric patients in the Eastern Cape were not yet considered ideal, much progress had been made especially in the provision of facilities for blacks contained in the present building programme.

In making the public aware of psychiatric services it was essential to emphasise the importance of treatment within the community and the contribution that the community itself could make.

Dr Henning confirmed that an 18-bed acute unit for the treatment of coloured psychiatric patients had been in operation at the Elizabeth Donkin Hospital since February.

These beds were primarily for coloureds and Indians but blacks could also be admitted there in emergencies should alternative satisfactory accommodation not be available while waiting admission to Tower Hospital, Fort Beaufort.

Black mentally-ill patients who arrived after hours and needed accommodation in hospital were kept overnight at Livingstone Hospital. The next day the community psychiatric staff from Elizabeth Donkin Hospital were available to assess these patients on referral.

Black patients were referred to Dora Nginza Hospital and coloured patients to Elizabeth Donkin Hospital for this assessment. Every effort was made to check the patients on the same day.

Dr Henning was replying to allegations that mentally-ill patients were being kept lying on stretchers in casualty at Livingstone Hospital for up to three days.

Extensions to Tower Hospital, at a cost of R6 million were due to be completed at the end of 1984, said Dr Henning.

There would be 800 beds for black patients once the building programme was completed. In the long term it was intended that there be 700 beds for psychiatric patients and 250 beds for mentally retarded people.

The present phase of the R10-million reconstruction programme at Fort England Hospital in Grahamstown was due for completion at the end of 1985. On completion there would be 350 beds for white patients and 120 beds for black patients.

The long-term plan was to extend the black facilities to a mainly coloured unit for 250 pscyhiatric patients and 250 mentally-retarded people.

The present phase of the reconstruction programme at Komani Hospital, Queenstown, was due for completion at the end of 1984. The approximate initial total cost was R6 million and there would be 460 beds for white patients and 600 beds for black patients, of which 120 beds would be exclusively for mentally retarded patients.

In the long term it was intended to extend the black facilities to 600 beds for psychiatric patients and 240 beds for the mentally retarded.

Dr Henning confirmed that Tower Hospital did not have a permanent social worker on its staff at present. Two applications for employment from social workers had recently been received by the hospital and forwarded to the Department of Co-operation and Development and these two people had been appointed.

The bucket system was still in use at Kowie Hospital and plans to renovate the ablution facilities had been shelved pending a final decision on the hospital's imminent closure.

The patients would be transferred to Kirkwood Sanatorium which already had 400 beds which would be extended by an additional 100 beds for black psychiatric patients and 200 beds for black mentally retarded patients.

The proposed extensions at Kirkwood Sanatorium would also serve the need for facilities for mentally retarded people from the Port Elizabeth region and would cater for Africans and coloureds.

Asked what the department's policy was with State President's patients and whether efforts were made to return them to the community, Dr Henning said every effort was made to rehabilitate patients and return them as useful members to the community.

Mr Weideman was asked by the parents of a 39-year-old man who was a State President's patient at Tower Hospital to visit him because they were worried about him.

Their son was a qualified carpenter and had nothing to occupy him at Tower. Mr Weideman asked that the man be transferred to Nelspoort Sanatorium and this was done despite some initial resistance to the transfer by the Tower Hospital staff who feared the man would try to run away from Nelspoort which is an "open" hospital.

Earlier this month Mr Weideman went to visit the man at Nelspoort and found him to be "quite happy" and working in the carpentry shop. There was a marked change in his condition.

Mr Weideman praised the facilities at Nelspoort and said he wished that there were more institutions like it.

Dr Henning said the department was proud of its facilities at Nelspoort Sanatorium, about 52 kilometres from Beaufort West. Patients were carefully selected for referrral to Nelspoort and an important criterion was that the individual patient also had to express his willingness to be transferred.

The departmental annual report for 1983, submitted to Parliament, reported that 1 471 State President's patients in departmental institutions and 645 others were discharged back to the community during the course of the year.

23 March 23 1984 29

Anger over mental home's closure

98

S. Times

By ALLAN SOULE

A COASTAL town is upset over a government decision to shut down its historic mental home.

Residents of Port Alfred in the Eastern Cape see the move by the Department of Health as "needless and inhuman".

The Kowie Mental Hospital, due to shut down early in 1985, has been a landmark in the town since 1892.

The lives of at least 350 inmates and 205 hospital workers will be affected by the closure.

The oldest inmate, who is 98, has spent 60 years at the institution. Others have no family, and the hospital is the only home they know.

Chairman of the Friends of the Kowie Hospital Committee, Mr J Kriek, said: "The hospital has always been a major contributor towards the economic viability of Port Alfred.

"Its closure next year will undoubtedly have a profound effect on the economy of the town.

"The prospect of the loss of buying power of more than 200 hospital employees, and the loss of revenue to the municipality, will be felt by nearly every household in the town."

A spokesman for the Department of Health say steps were taken to shut down the hospital on the direct initiative of the town's leaders.

Denial

According to Dr P Henning, chief director of psychiatic services in the Department of Health, the main reason was that the local municipality could not provide an adequate sewerage system and a regular water supply.

Port Alfred's town clerk, Mr Harold Chapman, denied that his council had prompted the decision.

"We are busy with detailed planning of a water-borne sewerage system for that part of the town. The new system will include the hospital and will be complete in about a year's time," he said.

"Financially, the closure would not make sense. A substantial part of our annual budget is derived for service charges which the department pays to the council.

"It is in the interest of the town to keep the hospital here."

Reef emergency ward crisis

Provincial hospitals, without specialised staff, are ill-equipped to deal with patients in need of intensive care

By LESLEY LAMBERT

WEEKEND driving can be a matter of life and death on the Witwatersrand — yet the area is ill-equipped to deal with critical accident victims and other emergency cases.

There is a severe shortage of specialised staff needed to operate life-saving medical facilities.

Many Reef hospitals have no intensive-care units. Some have intensive-care equipment, but lack staff specialised enough to use it.

According to the latest National Road Safety Council figures, more than 400 people were critically injured and a further 210 died within a week of road accidents on the Rand in December.

Figures for heart attacks and the victims of violence, drownings or suicides are even higher.

But Johannesburg provincial hospitals have fewer than 100 beds available for any type of intensive care and, according to medical superintendents, these beds are fully occupied most of the time.

The problem of intensive care was highlighted on Sunday when a seriously-injured Sundra woman was killed after the ambulance transferring her to a Pretoria hospital collided with another vehicle.

Mrs Sophia Kotze, 59, was transferred from the Boksburg-Benoni hospital — because it did not have an intensive-care unit — to the HF Verwoerd hospital in Pretoria, because none of the Johannesburg hospitals could accommodate her.

The Boksburg-Benoni, Edenvale, Far East Rand, South Rand and Ontdekkers hospitals offer only high-care facilities which do not have the staff and equipment necessary for an intensive-care unit.

The superintendent of the Boksburg-Benoni hospital, Dr F S Mynhard, said this week that although the hospital accommodated about 750 black and white patients, it had no intensive-care unit.

"We have much of the intensive-care equipment, but nobody specialised enough to use it," he said.

The Johannesburg hospital is only able to accommodate 27 patients in its five intensive-care units which include a paediatric unit with 13 beds, a surgery unit with four beds, a respiratory unit with four beds and a coronary unit with six beds.

The hospital also has a surgical accident unit which accommodates 28 patients.

The chief superintendent, Dr Reginald Broekman, said the units were always fully occupied and only the worst cases could be accommodated.

"The problem is not a lack of facilities. The problem is a lack of specialised hospital staff to operate the intensive-care equipment, and civil defence teams who are not always adequately trained to deal with emergency situations and treat the critically injured," said Dr Broekman.

The JG Strijdom hospital has 28 intensive-care beds, only five of which are used for accident surgery.

The rest are split into 12 for cardio-thoracic care, six for medical and coronary problems and five for paediatric care.

The superintendent, Dr S Cronje, said that although provincial hospitals were sometimes forced to accommodate critically injured or ill patients in ordinary wards when there was no space in intensive-care units, these wards were not adequately equipped or staffed to cater for their specific needs.

Baragwanath hospital, which admitted 120 000 people last year and treated over one million outpatients, has a 25-bed intensive care section — 18 of which are life-support systems and seven of which are for monitoring 'transitional' patients.

The intensive-care unit has a multi-disciplinary team with a good back-up laboratory.

Baragwanath superintendent Dr Chris van den Heever said the hospital needed to extend its intensive-care unit, but there were not enough nursing posts available. He was hopeful that this situation would change in the near future.

The superintendent of Coronation hospital, Dr C H Kniep, said the hospital could cater for only nine intensive-care patients — five children and four adults — and that urgent cases were admitted to other sections.

The Hillbrow hospital, which is not yet fully commissioned, has five beds in its intensive-care unit. They are almost always occupied.

The superintendent, Dr J Nach, said the hospital had applied for additional intensive-care facilities.

28/9/84

(98) Hansard Q.61-797

Kowie Hospital, Port Alfred

709. Mr E K MOORCROFT asked the Minister of Health and Welfare:

(1) Whether the Kowie Hospital in Port Alfred is to be closed down; if so, (a) when and (b) why;

(2) how many (a) general patients, (b) out-patients and (c) Black psychiatric patients are currently being treated at this hospital;

(3) whether provision has been made for the accommodation and treatment of these patients in the event of this hospital being closed down; if not, (a) why not and (b) when will such provision be made; if so, where will these patients be accommodated and treated in each case?

The MINISTER OF HEALTH AND WELFARE:

(1) Yes; the inpatient section;

(a) 1 February 1985;

(b) Kowie Hospital has since its establishment made use of the bucket system for sewage disposal. It has become impossible for the State to upgrade the sewage disposal system, because of an inability of the town council to produce a waterborn system. Due to the age of the buildings the accommodation could not be upgraded for use by the present inpatients. The Department has therefore willingly acceded to a request by leaders of the Port Alfred community for the hospital to be closed.

(2) (a) None;

(b) 4 453;

(c) 278.

(3) Yes, provision for accommodation has been made at Kirkwood Sanatorium and community Psychiatric services will be continued locally.

King William's Town area: telephone services

717. Mr P R C ROGERS asked the Minister of Posts and Telecommunications:

What was the backlog in respect of applications for telephone services in 1982 and 1983, respectively, in the (i) King William's Town, (ii) Stutterheim, (iii) East London and (iv) Komga area as at the latest specified date for which figures are available?

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

Hospital tariffs to rise by 50pc

CAPE TIMES 29/3/84

Medical Reporter

PROVINCIAL hospital fees are to rise by 50 percent from April 1.

The provincial MEC in charge of hospital services, Mr P J Loubser, released this information yesterday.

From next month, the primary fee in a teaching hospital will be R38, the daily fee for a general ward will be R45 and for a private ward, the daily fee will be R60.

The primary fee in a non-teaching hospital will be R23, the daily fee for a general ward will be R27, and the fee for a private ward will be R36.

Out-patients will pay R23 per visit to a teaching hospital and R18 per visit at a non-teaching hospital.

Mr Loubser said the increase "still compares favourably" with the tariffs in private hospitals and those being raised in other provinces.

He said the fees were still "extremely reasonable" because the tariff at teaching hospitals was all-inclusive and covered all services. At non-teaching hospitals the fee covered everying except medical services.

In private hospitals, the basic daily fee covered only nursing care and board and lodging. The patient had to pay separately for all other services.

The average daily cost in all provincial hospitals had increased from R45,77 per day for an in-patient in 1981 to more than R65 in 1983.

Hospital fees during the 1982/83 year brought the province only 5,6 percent of what it spent on hospital services. The preliminary estimate for 1983/84 was that this would drop to 5,1 percent.

Since the last price hike in February 1982, the expenditure of two large teaching hospitals on foodstuffs had risen by 44 percent, on pharmaceuticals by 68 percent, water by 53 percent, electricity by 90 percent and on repairs by 56 percent.

Mr Loubser stated that it was still the policy that no person "must suffer any hardship as a result of being liable for hospital fees". Free hospital services were rendered for a large number of illnesses such as spina bifida, brittle bone disease and the treatment of child cancer cases.

Rebates

Special rebates were granted to long-term in-patients and the hospital account was reduced on a sliding scale according to the income of the person liable for payment. Should any person still not be able to pay, it was possible to have the account reduced further or waived, he said.

It had also been decided to review tariffs annually in future to eliminate sudden considerable increases.

MPC attacks Damara Raad

Own Correspondent

WINDHOEK. — The decision of the Damara Raad to pull out of the Namibian Multi Party Conference was taken after leaders of the party had travelled to Lusaka for "secret" talks with the Swapo leadership, the MPC alleged yesterday.

The leader of the Damara Raad, Mr Justus Garoëb, has denied this accusation, but the party has stated it is prepared to enter into talks with Swapo "soon".

In a lengthy statement released yesterday afternoon, the MPC also denied it had become or was becoming an "anti-Swapo front" — one of the reasons given by the Damara Raad for its withdrawal.

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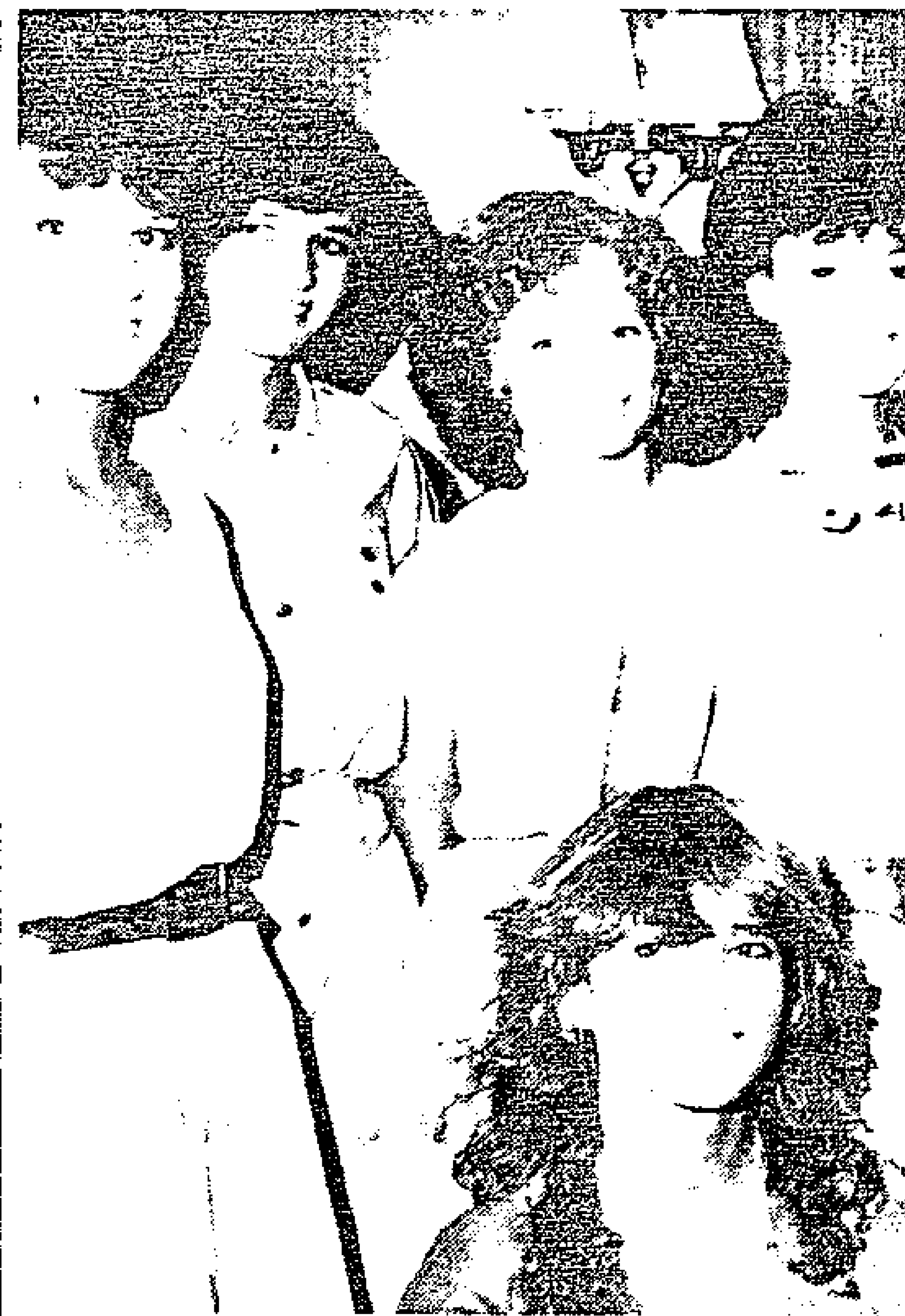

The Easter Bunny made an early appea Shawco. At a lunch for the University of Barclays National Bank, Mr Bob Woo handed over a F

Edgemead school: No date

Education Reporter

THE MEC in charge of education, Mr Willem Bouwer, has confirmed that a high school is to be built in Edgemead, but there is still no certainty when construction will begin.

As an interim measure children in the area will be transported to the Thornton and Maitland High Schools.

If funds are available tenders for building might be called for in January next year.

Mr Bouwer released a statement yesterday explaining that the Provincial authorities had turned down a number of proposals which were put to them at a meeting this week by a joint delegation from the Monte Vista and Edgemead Residents Associations.

The delegation had been told the new school would enjoy "the highest priority to which it was entitled" but that the planning before would take about 20 months.

The building would "depend heavily" on available funds.

Mkhi Trial

VOLKSRUST. — In ies suffered by Con ble Johannes And Nienaber, who is cused of murder community leader, Saul Mkhize, were consistent with the ciousness of the at described by him in evidence, the Cir Court at Volksr heard yesterday.

Mr J A D'Oliveira the State, said in a ment that the inju were "minimal."

Constable Niena had described how was attacked at a m ing at a school in I fontein, in the Wak stroom district, on A

Discussion

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THE Director of C Arendse, has invite Thornton Road Pri meeting tomorrow t commodating all th

An announcement day by the press lia Mr N Eales. It follo torate's plans to cl

Accommodation w mary School for pu

The school is due Education Office fo

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Cape hospital fees up 50 pc

D. Dispatch 29/3/84

CAPE TOWN — Provincial hospital fees are to rise by 50 per cent from April 1.

The MEC in charge of hospital services in the Cape, Mr P. J. Loubser, released this information yesterday.

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The primary fee in a non-teaching hospital will be R23, the daily fee for a general ward will be R27, and the fee for a private ward will be R36.

Out-patients will pay R23 per visit to a teaching hospital and R18 per visit at a non-teaching hospital.

Mr Loubser said the increase "still compares favourably" with the tariffs in private hospitals and those being raised in other provinces.

He said the tariff at teaching hospitals was all-inclusive. At non-teaching hospitals the fee covered everything except medical services.

The average daily cost in all provincial hospitals had increased from R45,77 per day for an in-patient in 1981 to more than R65 in 1983.

Hospital fees during the 1982/83 year brought the province only 5,6 per cent of what it spent on hospital services. The preliminary estimate for 1983/84 was that this would drop to 5,1 per cent. — DDC

PE hospital fees: still lower at Provincial

E. Post 29/3/84

98

Post Reporter

ALTHOUGH hospital fees will rise by 50% from Sunday in the Cape Province, the tariffs at the Port Elizabeth Provincial Hospital, which is a non-teaching hospital, remain much below those of the private St Joseph's Hospital.

Patients at the Provincial have to pay a primary fee of between R23 and R38, depending on income, whereas St Joseph's has no primary fee.

A bed in a general ward at the Provincial has now gone up from R18 to R27 a day.

This, however, includes theatre fees and medicines for those who are not members of a medical aid scheme and who can't afford to pay for them. Medicine is also free to patients who have exhausted their medical aid.

St Joseph's general ward costs are R56 a day but this does not include theatre fees and medicine — 15 minutes in theatre costs R79 and the fee goes up by R13 for every 15 minutes after that.

In semi-private wards at the Provincial, daily tariffs have gone up from R21 to R32. At St Joseph's a private room with a shared bathroom costs R63 a day.

A private ward at the Provincial has risen from R24 to R36 whereas a private room at St Joseph's, with private bathroom, costs R70.

The increase in the Provincial Hospital fees will not necessarily push up medical aid subscriptions.

The general manager of the Midland Medical Plan in Port Elizabeth, Mr Michael Cross, said only 10% of medical aid fees went towards paying hospital fees.

He said: "Last year we foresaw provincial hospital tariff increases and took these into consideration in our year-end review. Because we put up our fees then, there is no need to do so now.

"Unfortunately, we cannot always anticipate what will hit us."

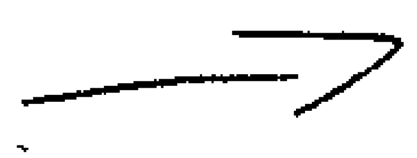
98 Hansard 4/4/84

Kowie Hospital

Q. Col. 846

*10. Mr E K MOORCROFT asked the Minister of Health and Welfare:

With reference to his reply to Question



No 709 on 28 March 1984, (a) who were the leaders of the Port Alfred community who requested the closure of the Kowie Hospital, (b) when were these requests received and (c) what reasons were given by each such leader for making this request?

†The MINISTER OF HEALTH AND WELFARE:

(a) It is not in the public interest to divulge the specific names of persons or groups concerned;

(b) requests have been received since February 1983;

(c) the reason advanced was that the poor conditions at the hospital had become a major embarrassment to the community, especially during the holiday season.

I have received contradictory representations from various sources and in order to inform myself of the factual situation I have decided to pay a personal visit to the Hospital concerned.

Mr E K MOORCROFT: Mr Speaker, arising out of the hon the Minister's reply, is he aware that civic, religious and commercial leaders in Port Alfred have all categorically denied requesting the closure of this hospital?

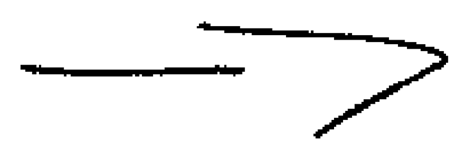
†The MINISTER OF HEALTH AND WELFARE: Mr Speaker, I have already said in reply to the hon member that I shall personally investigate the conditions at the hospital, especially since I have now received a report from the hon member for Parktown as well as from the uninvited Miss Bishop.

Mrs H SUZMAN: Don't be so rude.

The MINISTER OF HEALTH AND WELFARE: She was not invited.

Mrs H SUZMAN: So what? It is her duty and her job.

†The MINISTER OF HEALTH AND WELFARE: It is not her job. [Interjections.] After listening to all the representations—and they were contradictory representations—I decided to investigate the matter personally, after which I would take my decision in regard to the hospital. A decision will be taken in regard to the hospital only on the grounds of the facilities available at the hospital and the conditions prevailing there. Other motives cannot be ascribed to hospitals.



98

Long wait for pregnant w

Some patients are turned away from tiny clinic . . .

By LINDA VERGNANI
Weekend Argus Reporter

BECAUSE of the shortage of antenatal facilities in the black townships some pregnant women begin queuing in the early hours of the morning to get into the Guguletu antenatal clinic.

By the time the clinic opens at 7 am up to 50 new patients wait for attention but only a certain number can be accepted for treatment.

Some new patients are referred to Groote Schuur Hospital and the rest are told to try again on another day.

Only clinic

The clinic is the only one serving the women of Nyanga and Guguletu, and it operates only twice a week. Run by the Peninsula Maternity and Neonatal Services and staffed by three sisters and a doctor, it is housed in a tiny semi-detached cottage.

Apart from the new patients accepted at the clinic each day, between 80 to 100 patients are seen by the staff.

Conditions are so cramped that once the doors open patients spill into the courtyard. The bedroom which serves as an examination room is so small that the two examination couches are not partitioned off from each other.

Professor B Bloch, head of the Department of Obstetrics and Gynaecology at Groote Schuur Hospital, said: "We've been distressed about this situation for a long time. But we have been assured by the authorities that a new prefabricated clinic will be put up in the grounds of the Guguletu Day Hospital before winter.

"The new antenatal clinic will be much roomier and patients will have much better facilities.

"It is true that we have to turn some new patients away but we have tried to reduce the number to the minimum. Since we became aware of the situation we have tried to refer as many women as possible to Groote Schuur Hospital. But even there our workload is very heavy."

New patients

Professor Bloch said the sisters at the Guguletu antenatal clinic assessed all new patients waiting in the queue and never turned away women who were due to give birth soon.

Those who were at risk and had previous complications such as a stillborn baby or a caesarean section were always referred to Groote Schuur Hospital.

The reason the clinic was only open two days a week was because of a shortage of staff.

Miss Pina Ncata, a committee member of the South African Women's Federation, said pregnant women sometimes began queuing for the antenatal clinic as early as 4.30 am.

"It's terrible. There is no shelter for them and in winter they have to stand in the cold and rain.

Miss Ncata said: "We have had complaints from our members who have been turned away. We even had a woman who said she was turned away while in labour.

"The clinic is not housed in a proper building and there is a shortage of staff."

When Weekend Argus went to the clinic before dawn on Wednesday some pregnant women sat on paving stones outside a neighbouring house, while others leant against the fence surrounding the clinic.

Mrs Kuselwe Golela, who is five months' pregnant and was turned away from the clinic on Monday, said: "I came here before five o'clock because I want to get in."

Mrs Rose Silimela, who lives in a house opposite the clinic, said: "We feel so sorry for these women. They start coming at 5 am and when it's windy and rainy they are forced to stand in the open. Yet some of them are turned away."

The predawn queue of pregnant women w... en begin queuing

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The predawn queue of pregnant women waiting outside the Guguletu Antenatal Clinic. Some women begin queuing in the early hours of the morning.

Hospital has no staff for new ICU

Sowetan 9/4/84 (98)

By MZIKAYISE EDOM

THE new intensive care unit at the Boksburg-Benoni Hospital has been standing empty for the past 10 months because there is no trained staff to man it.

As a result, accident victims and all other patients in need of prolonged intensive care, have had to be transferred to Baragwanath and the Johannesburg Hospitals.

The hospital is the only one of four hospitals on the East Rand that has a modern and adequately equipped intensive care unit. The other three have special care units, which cannot accommodate critically ill or badly injured patients.

Sisters

Dr Louis Kaplan, the superintendent at the hospital, confirmed that the intensive care unit has been a white elephant since it was erected early last year because the hospital did not have the staff for it.

He said at least three fully qualified sisters and some training nurses are needed for the unit to offer a 24-hour service.

"The hospital is doing all it can to recruit the staff to man the care unit and we hope that it will be opened soon," Dr Kaplan said. "Meanwhile we will continue transferring critical and badly injured patients to Baragwanath and other hospitals for treatment."

Campaign to promote health in townships

(98) E. Post 11/4/84

Post Reporter

THE Department of Co-operation and Development has embarked on an audio-visual campaign to promote awareness about issues including child care, health and family planning in the Eastern Cape townships.

This follows the creation of a liaison department within the Department of Co-operation and Development which is providing videos of an educational and entertaining nature, according to Mr Rodney Reynolds, a liason officer in charge of the local project.

The local mobile video unit has about 30 videos providing information on the new Black Taxation Act, cholera, tuberculosis, soccer, boxing, music, Venda marriage, road safety, the role of the Urban Foundation in providing more housing, nature and the need for education.

Mr Reynolds said the project had been initiated in Johannesburg last year after people had complained that they often had to wait all day at the Department's offices with nothing to do.

He said the videos had proved popular among township people in Johannesburg and the Eastern Cape region was chosen as the next experimental area.

"The project is still in its infancy and I am trying to establish the best times and places for the videos to be screened," he said.

"I am also trying to ascertain the response of people to the project and if it is a success it will probably be expanded nationally," he said.

Videos on sport and education are to be screened at schools in the Port Elizabeth townships and videos on tuberculosis, cholera and family planning are currently being shown in Duncan Village, East London, during Health Week.

However, Mrs Molly Blackburn, PFP MPC for Walmer, has voiced concern about the possible ideological content in one of the 30 videos, entitled *Transkei Road to Independence.*

She said the potential existed for a pro-Government viewpoint to be conveyed through this medium at the cost of public funds.

Mrs Blackburn said Mr Andrew Savage, PFP MP for Walmer, would be raising some questions in Parliament about the expense of the video programmes and screening equipment and their possible aim.

Mr Reynolds said he could not comment on whether the video in issue aimed at pushing a Government line.

"I merely understand it to be providing information on Transkei," he said.

Sorry, Sothos only

Sowetan 13/4/84

TRIBALISM has reared its head in medicine: the Elizabeth Ross Hospital in QwaQwa insists that all its student nurses must be Sotho-speaking.

The hospital introduced a policy this year that only citizens of the tiny homeland will be admitted as student nurses. Any nurses from outside the homeland should be Sotho-speaking, and no Zulu or Xhosa-speaking nurses will be admitted.

The hospital's superintendent, Dr N Mogasoa, told **The SOWETAN** yesterday that it was one of the hospital's policies, introduced early this year, that only QwaQwa citizens be admitted as trainee nurses.

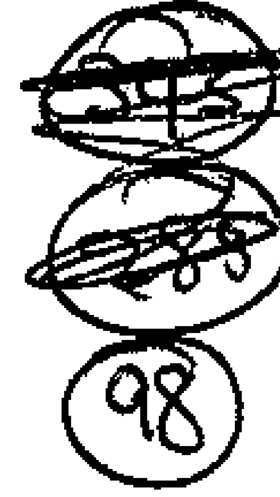
Policy

"This is a directive from the QwaQwa government and there is nothing the hospital can do about it," he said.

A Ms Mamakote, the hospital's senior matron, said the hospital had to introduce this policy because QwaQwa citizens were not taken for training as nurses in Transvaal hospitals.

Sowetan 16/4/84

Boy in centre of hospital row



By LEN MASEKO

AN injured Springs boy released from the Far East Rand Hospital "without being properly treated" is in the centre of a blazing controversy after it was later discovered that the hospital had failed to detect a "serious" fracture on his elbow.

Eight-year-old Sifiso Masuku (8) was playing with schoolmates when he broke his right arm on Thursday last week. His family immediately took him to the hospital where, to their astonishment they were told an x-ray examination showed no fracture on the boy's arm.

Sifiso's father, Mr Albert Masuku, told The SOWETAN yesterday: "It was when the boy's arm started swelling the following day that we decided to take him to a private doctor. The doctor recognised immediately he had a fracture and advised us to go to a private radiologist. To our shock, the radiologist's X-ray check revealed a fracture of a serious nature".

Sifiso — accompanied by the doctor — was taken back to the Far East Hospital where a second X-ray examination revealed that, in fact, the boy was injured.

"This sort of thing should not be allowed to continue unchecked. How many similar cases have occured at hospital before this happened, one should be asking himself," Mr Masuku told The SOWETAN.

"There must be something wrong in that hospital. My son could have been crippled for life had we not decided to take the matter up with a private doctor. I had to part with a lot of money in doctor's fees to check if my son had a fracture."

The hospital's superintendent, Dr Dion Cloete, said yesterday that the family should have first lodged a complaint with him "instead of running to the Press."

"We are not 100 per cent perfect. I have investigated the matter and the boy is now being treated by the hospital free-of-charge. Sometimes it is possible — especially in cases where children break their bones — that fracture is not visible during the initial X-ray check," Dr Cloete said.

Asked what double-check measures the hospital employed in cases where an X-ray examination revealed no injury to ensure this was in fact so, Dr Cloete said: "Unfortunately, people only come once for treatment. I would advise people to come to hospital again if pains persist.

Neglect claim is not true, says Koch

16/4/84 E. Post (98)

By WENDY FRAENKEL

REPORTS claiming that nothing had been done to provide much-needed health facilities in the African townships in Port Elizabeth were quite untrue Mr Louis Koch, Chief Director of the Eastern Cape Development Board, said today.

He was responding to reports on papers presented at the Second Carnegie Inquiry into Poverty and Development in South Africa by Miss Caroline White, senior lecturer in the Department of Anthology at the University of Cape Town.

Mr Koch said that not only did a specialist health evaluation committee exist but that three community health service centres for the townships would be built in the next three years, the first being started this year.

"The first, valued at R750 000, is to be built at New Brighton this year and the next two centres, costing R400 000 each, will be built at Zwide from 1985 to 1987.

"They will cater for all health facilities and will be run by medical staff under the guidance of Dr J E Sher, the Medical Officer of Health," he said.

The ECDB would see to the building of the centres and the Port Elizabeth Municipality would the clinics within their boundaries.

"Those outside the municipal boundaries will be run by the Dias Divisional Council and other responsible bodies."

Mr Koch said it was "totally untrue" that local authorities were unaware of what was happening regarding health in the townships.

He said a health committee consisting of members from the ECDB, representives from State Health, the Provincial Administration and local authorities, such as the municipality and the divisional council.

He said this board evaluated the health matters regularly and action taken.

He said that at present ECDB funds were at a premium but emphasised that the health service had been an on-going one for some years and that their arrangements were not "haphazard", as claimed.

Mercury 18/4/84 (098)

Hospital fees up 50 pc, but poor get help

Pietermaritzburg Bureau

HOSPITAL charges in Natal are set to rise by nearly 50 percent, said Dr Fred Clarke, the MEC in charge of hospital services, yesterday.

But at the same time, more people will benefit from low-cost medical care. The income thresholds — below which patients are treated free, or at reduced rates — are to be raised.

Dr Clarke said that Exco approved the new fee structure yesterday. It would be put before the Provincial Council for final approval during the next session, starting on May 14.

If the new rates are approved, they will come into effect from July 1.

Dr Clarke said patients who earned more than the prescribed income limits would pay between 46 and 48 percent more. But this would still be considerably less than rates in private hospitals.

The current rate for a bed in a provincial hospital was R15 a day, against around R85 in a private hospital, he said.

Dr Clarke said the raising of the income thresholds would make low-cost medical care more accessible.

He gave as examples of the new thresholds, R900 a month for a single patient with no dependants, as against a current limit of around R700; while for a member of a very large family, with seven children or more, the cut-off point would be raised from R1 040 a month to R1 600.

BLACK BUSINESS

Soweto clinic

(98) FM 20/4/84

A privately-owned black clinic, the first of its kind in SA, is being built in Soweto near Baragwanath Hospital. The R2,3m clinic, named Lesedi (Light), will have 250 beds, a fully-equipped intensive care unit plus paediatric and radiology sections.

The project is being developed by a group of black businessmen and medical practitioners, with one white doctor among the black shareholders.

A trust — Sechaba Trust — has been formed with representatives from big business and the Urban Foundation among its members. It will "pass on experience and give guidance to the board of directors (of the clinic) in running the business," says Beau Loots, Lesedi's only white shareholder.

Community

"Our guiding principle" says Loots, "is that if we are successful, we will establish similar projects elsewhere in the black community." Membership of the trust also includes black doctors and white businessmen.

Soweto doctor Nthato Motlana, who is spokesman for Sechaba Trust, says there is no 51/49% black/white shareholding in Lesedi Clinic. "Lesedi is owned by a group of black businessmen and professional people, with only one white shareholder, Beau Loots, who was involved with us from the very beginning," he says.

"The 30 shareholders, who will own and control the clinic on behalf of the people of Soweto, raised R300 000. The balance is in the form of loans. No gifts, no hand-outs, no philanthropy — simply loans which must be repaid. For our dignity and respect, it is necessary that they be repaid, so that that money can be used elsewhere on similar projects," says Motlana.

Motlana ... 'no gifts and no hand-outs'

Funds for the projects amount to R3,5m of which R2,3m will be used to build the clinic and the balance spent on equipment and facilities.

Says Motlana: "Over the last 20 years many young black doctors have acquired specialist skills in disciplines like orthopaedics, neurosurgery, general surgery and so on. All of them are living and working overseas because there are no facilities where they can practise their profession here."

TIMES, April 22 1984

R175m needed for Natal health service

By PRAVEEN NAIDOO

MORE than R175-million will have to be spent on upgrading hospitals to provide an adequate public health service for the nonwhite communities in Natal.

And more posts for medical personnel will have to be created to cope with the increasing workloads at provincial hospitals.

This emerged from an interview this week with the MEC in charge of Hospital Services, Dr Fred Clarke, following a recent Sunday Times investigation into conditions at Chatsworth's R K Khan Hospital, the largest hospital for Indians in Natal.

The probe found that because of severe overcrowding at the hospital's out-patient department, some patients have had to wait eight hours for treatment.

Following the probe, the executive of the Durban South Doctor's Guild, which represents over 100 doctors in private practice in areas surrounding the hospital, said they had been trying to improve "far from ideal" conditions at the hospital for 15 years.

Dr Clarke said conditions at the hospital were due to the increase in the workload from 600 patients a day to 2 000.

"More people are going to provincial hospitals instead of going to private doctors because of the economic slump," he said.

But additional doctors could not be employed because posts were frozen until November last year.

Priority

"We need to create many more posts," he said. "All the available posts are filled."

He said priority will be given to spending money on improving hospitals for the black communities.

"We are very conscious of the needs of coloureds, Indians and blacks. Hospital attendances at white hospitals are decreasing," he said.

Dr Clarke said the situation at the massive Phoenix township north of Durban was "critical" because of the absence of health facilities.

"A R4-million health centre is to be completed this year to serve the area, but Phoenix could do with a hospital."

He said the Government had promised to build a 500-bed hospital in the township.

About R75-million will have to be spent on upgrading the King Edward VIII Hospital, where conditions are "disastrous", and another R105-million will be needed for the proposed teaching hospital in Cato Manor.

TV man's death sparks apartheid row

Argus 23/4/84

Argus Correspondent

JOHANNESBURG. — The Transvaal Department of Hospital Services will investigate the circumstances surrounding the death of television announcer Vivian Solomons if it receives complaints about the treatment he received after being fatally injured in a road accident.

This assurance was given today by the Director of Hospital Services, Dr Hennie Grove.

Mr Solomons was buried on Saturday amid allegations that although critically injured he had been shunted from one department to another at Klerksdorp Hospital while attempts were made to establish his race group.

Vivian Solomons

Dr Grove said he was aware of claims that Mr Solomons's race had apparently led to some confusion and that, as in any other case, there would be an investigation if the department received a complaint.

Mr Solomons, the first coloured continuity announcer on SABC-TV 1, died after a road accident on April 13.

It is understood that he was first taken to the white Lichtenberg Provincial Hospital. Because of his condition it was decided to transfer him to Klerksdorp Provincial Hospital.

At the coloured section of the hospital he was apparently thought to be an Indian and in the Indian section was thought to be white.

Mr Jac Rabie, leader of the Labour Party in the Transvaal, is reported to have alleged that Mr Solomons's colour was a cause of confusion and is said to have reported the matter to Mr Boetie Abramjee of the South African Indian Council.

'Laws killed SABC man'

CAPE TIMES 23/4/84

98

Staff Reporter

"APARTHEID killed Vivian Solomons — not his wounds," Mr Peter Marais, leader of the People's Congress Party, declared yesterday.

He was commenting on a Sunday newspaper report that the popular TV announcer — who had been seriously injured in a car accident — was pushed from one section of the Provincial Hospital at Klerksdorp to the other because of uncertainty about his racial classification.

He eventually died before being treated in the white section of the hospital after having been refused admission to the coloured and Indian sections, the report, in the Rapport Ekstra, said.

Mr Marais said yesterday he was "shocked and dismayed" by the report. "It is clear that his chances of survival would have been increased if there had been no quibbling about whether he was white, coloured or Asian.

"Those who apply the apartheid laws with such viciousness and insensitivity will one day come to regret their foul deeds," he said.

"Apartheid measures should not be applied when any person's life is at stake. The authorities must be warned that the patience of

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people of colour is running out fast."

Mr Marais added that it looked "more and more" as if the tricameral parliament would become the battlefield for the "biggest-ever race confrontation in South Africa" unless white attitudes were seen to change before August 22.

According to the report, personnel at the Klerksdorp hospital could not decide whether Mr Solomons should be admitted to the white, coloured or Asian section.

He was allegedly rejected at the coloured section because he was said to look like an Indian.

Personnel at the Indian section decided he was white because of his green eyes.

He was finally admitted to the white section but died while he was still being "pushed around", the report says.

It quoted the acting superintendent of the hospital, Dr D Warnes, as saying Mr Solomons "would have died in any case".

She reportedly added she did not believe there were any grounds for complaints, and would not order an inquiry.

TV man: MEC denies any delay

98 Star 24/4/84

By Sue Leeman,
Pretoria Bureau

The Transvaal Department of Hospital Services has denied that there was any delay in the treatment of critically injured SABC-TV continuity announcer Mr Vivian Solomons.

In a statement issued this morning, MEC Mr Daan Kirstein replied to allegations that treatment was delayed while staff at the Klerksdorp Provincial Hospital tried to ascertain Mr Solomons's race group.

He said an investigation by the hospital had shown that "everything possible" had been done to help Mr Solomons but that it had been "humanly impossible" to save his life.

Mr Solomons died at the hospital on April 13 after a collision between his car and a cement truck near Lichtenburg.

Mr Kirstein said he had personally instructed the superintendent of the Klerksdorp Hospital to investigate the handling of Mr Solomon's case.

"He states that Mr Solomons was initially examined by a local doctor in Lichtenburg where it was found that he needed urgent specialist attention.

"After initial emergency attention, Mr Solomons was taken to the Klerksdorp Hospital. A Lichtenburg doctor had contacted a Klerksdorp surgeon who arranged for Mr Solomons to be admitted immediately to Ward B10, a white surgical ward.

"At 1.30 pm Mr Solomons stopped breathing and at 1.35 heart massage and further resuscitation measures were unsuccessfully applied. Doctors are of the opinion that the patient died at 1.30 pm.

Mr Kirstein said all provincial hospitals had instructions to treat any emergency patient regardless of his race.

SATV man's death: Probe?

Cape Times, 24/4/84

JOHANNESBURG. — The Transvaal Department of Hospital Services will investigate the death of TV announcer Vivian Solomons if it receives any complaints about the treatment he received after being critically injured in a road accident.

This assurance was given yesterday by the Director of Hospital Services, Dr Hennie Grove.

Mr Solomons was buried on Saturday amid allegations that although critically injured, he was shunted from one department to another at the Klerksdorp Hospital while attempts were made to ascertain his race group.

Dr Grove said he was aware of claims that the race of Mr Solomons had apparently led to confusion, and there would be an investigation if the department received a complaint.

Mr Solomoms, a continuity announcer on SATV, died after a road accident on April 13.

Reports said Mr Solomons was first taken to the white Lichtenberg Provincial Hospital. It was later decided to transfer him to the Klerksdorp Provincial Hospital.

At the coloured section of the hospital he was apparently thought to be Indian, and in the Indian section he was thought to be white.

Mr Boetie Abramjee of the South African Indian Council has asked for an immediate inquiry into the circumstances surrounding the death of Mr Solomons.

Mr Abramjee said that in the case of a critically-injured person, the first priority should be to give him emergency treatment. Decisions about his race should be of secondary importance. — Sapa

Political row over Solomons

CAPE TIMES 25/4/84

98

Own Correspondent

JOHANNESBURG. — A major political row has erupted over allegations regarding the circumstances surrounding the death of SATV announcer, Vivian Solomons.

The Progressive Federal Party said yesterday that it will raise the issue in the Provincial Council next month to clear up confusion and to ensure that "circumstances never arise again where a man's skin colour becomes more important than his need for immediate treatment".

The MEC charged with Hospital Services in the Transvaal, Mr D P Kirstein, denied yesterday that there had been any delay in admitting Mr Solomons to the Klerksdorp Hospital

The controversy erupted when Mr Boetie Abramjee, a South African Indian Council member, and Mr Jac Rabie, Transvaal leader of the Labour Party, announced they would be urging the Administrator of the Transvaal, Mr Willem Cruywagen, to order a probe into the death of Mr Solomons.

● **Leading article, page 14**
● **Teleletters, page 15**

The Cape Times
WEDNESDAY, APRIL 25, 1984

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Hospital apartheid

THERE are conflicting versions of what took place at Klerksdorp hospital as Mr Vivian Solomons lay grievously injured after a car accident. If one version of the facts is correct, it is tragically ironic that the first coloured announcer on TV 1 should have died in circumstances that epitomized the effects of apartheid. No one can say whether the alleged switching of the desperately injured Mr Vivian Solomons from one hospital department to another contributed directly to his demise, if this indeed, did take place. According to newspaper reports, Mr Solomons was first taken to the white Lichtenburg hospital after his involvement in an accident. Then he was transferred to the Klerksdorp provincial hospital. At the coloured section, he was apparently thought to be Indian. At the Indian section, he was thought to be white. His racial classification, on this version of the facts, therefore, assumed greater importance than the need to treat him with the utmost urgency. If this was indeed the case, the government should send a directive immediately to *all* hospitals, ordering them to waive whatever racial rules still apply if life is at stake. They should waive all racial rules whatever the circumstances, but that would perhaps be too much to expect. The director of hospital services in the Transvaal, Dr Hennie Grove, said Mr Solomons' death would be investigated *if his department received a complaint*. This complacent response was quickly overtaken, however, when the incident raised a storm of protest and exposed what appears to be naked racism in hospital services. Mr Kirstein, MEC in charge of hospital services in the Transvaal, and presumably more responsive to public opinion than the departmental head, said everything possible had been done for Mr Solomons and there had been no delay in admitting him to the hospital.

It is some advance that Mr Kirstein should be at pains to dispel an impression of racism. What the full and precise facts of the matter may be has yet to appear. In any event it is noteworthy that the Nationalist press has been moved to comment in strong terms. Yet they should not be too surprised that less advanced elements in their ranks still adhere to a policy that not even the Prime Minister has yet specifically asked them to discard.

Solomons case — Minister reacts

CAPE TIMES 26/4/84

(98)

Own Correspondent

JOHANNESBURG. — Emergency treatment should be given to anyone immediately at any provincial hospital irrespective of race or colour, the Minister of Health, Dr Nak van der Merwe, said in Cape Town yesterday.

Dr Van der Merwe was reacting to the growing row over the death of TV announcer Mr Vivian Solomons this month.

Mr Solomons died in Klerksdorp Hospital after a road accident near Lichtenburg, Western Transvaal, after he was allegedly moved about the hospital while personnel tried to determine his race.

Asked to comment on reports that there were alleged delays at the hospital after Mr Solomons had been admitted, Dr Van der Merwe said it was government policy that medical emergencies should be treated as such and without delay.

Should an emergency be treated in any other way it would be out of "stupidity".

Dr Van der Merwe said that to his knowledge the Transvaal hospital authorities followed the correct procedure.

Meanwhile, a spokesman for the Progressive Federal Party yesterday confirmed that the party would raise the issue in the Provincial Council.

ARG W 26/4/84

Appeal to stop black removals

Parliamentary Staff

MR Ken Andrew (PFP Gardens) has appealed to the Prime Minister to take a fresh look at policies affecting blacks in the Peninsula and to stop forced removals.

Speaking during the Prime Minister's budget vote, Mr Andrew said the Prime Minister would strike a blow to improve race relations in the Western Cape by giving an assurance that existing black townships would be maintained and improved and by permitting 99-year leases.

He also called for an investigation into the establishment of an industrial area next to Khayelitsha.

If the Prime Minister did these things — none contradicting his party's basic policy — then a great deal of uncertainty would be removed.

Mr Andrew said he was extremely concerned about the frequent confrontations that he taken place between the various authorities and black communities in the Peninsula over the past decade.

"I am equally concerned about the growing anger among blacks about aspects of Khayelitsha and the potential that exists for confrontation and violence on a greater scale than ever before in the Peninsula," he said.

Turning to objections to moving, Mr Andrew said residents of Nyanga, Langa and Guguletu had lived in the townships for decades, they had established homes and had invested time and savings there.

The move to Khayelitsha would result in high commuting costs and long commuting time.

ARGUS 26/4/84

Solomons case: It's a lie — PM

THE allegation that race classification problems delayed emergency treatment of coloured television announcer Vivian Solomons, who died recently after a car crash, was "a deliberate lie" says the Prime Minister, Mr P W Botha.

He was responding during debate on his department's budget vote to Dr Alex Boraine (PFP Pinelands), who had referred to the controversy surrounding Mr Solomons's death.

Dr Boraine was saying that although Mr Botha deserved credit, the Prime Minister also had responsibilities, and turned as an example to the race classification issue said to be involved in the death of Mr Solomons, who was SABC-TV's first coloured presenter.

"That is a deliberate lie," interjected the Prime Minister.

"I say it is an allegation," insisted Dr Boraine. — Sapa.

this particular matter will fall under general affairs in future?

*The MINISTER: This matter?

*Mr H D K VAN DER MERWE: Yes.

*The MINISTER: Mr Speaker, this question the hon member should again . . . [Interjections.] The Voortrekker Monument is a White affair. Therefore it is an own affair. The hon member should know that. Why does he then put a question like that to me? [Interjections.]

Petrol: lead content

*7. Mr R R HULLEY asked the Minister of Mineral and Energy Affairs:

What was the average lead content of (a) 93 and (b) 98 octane petrol sold in the Republic during the latest specified period for which figures are available?

The MINISTER OF EDUCATION AND TRAINING (for the Minister of MINERAL AND ENERGY AFFAIRS):

The average lead content of petrol during 1983 was the following:

(a) 93 Octane petrol: 0,53 grammes/litre

(b) 98 Octane petrol: 0,76 grammes/litre

Hansard Q.61. 1019

Squatter dwellings demolished

27/4/84

*8. Prof N J J OLIVIER asked the Minister of Co-operation and Development:

(1) Whether officials of the Western Cape Development Board demolished any squatter dwellings in April 1984; if so, (a) what total number of dwellings, (b) in what areas were these dwellings situated and (c) how many persons were affected by these demolitions;

(2) whether any alternative housing or shelter was made available to the persons concerned; if not, why not; if so, where in each case;

(3) whether these officials were accompanied by members of the South African Police in armoured vehicles; if so, (a) why, (b) on whose request and (c) what action was taken by the South African Police on these occasions?

†The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(1) Yes.

(a) 199.

(b) Nyanga Black residential area and Crossroads Black residential area.

(c) The number is unknown.

(2) No, but a site in Crossroads Black residential area was offered to squatters whose structures were demolished. They, however, refused the offer.

(3) Yes.

(a) In order to provide protection to officials of the Development Board against possible violent action by the squatters. Some members of the staff of the board were in the past attacked with dangerous weapons.

(b) At the request of the board.

(c) No steps were taken by the South African Police. They were only present in order to provide protection should violence have occurred.

Hansard Q.61.1020

Black townships: clinics

27/4/84

*9. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether there are any (a) State and (b) privately administered antenatal clinics in the Black townships of Cape Town; if so, (i) how many in each case and (ii) where are they situated; if not, (aa) why not and (bb) what antenatal facilities are available to Blacks in Cape Town;

(2) whether his Department plans to construct any such clinics in these Black townships; if not, why not; if so, (a) what is the nature of these plans and (b) when is it envisaged that these facilities will be available to the public;

(3) whether he will make a statement on the matter?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) and (b) No;

(aa) antenatal care is the responsibility of the Cape Provincial Administration;

(bb) antenatal provincial clinics are at Langa, Guguleto, Nyanga, Crossroads and Khayelitsha;

(2) no;
as this is not the responsibility of the Department;

(3) no.

Hansard Q.61.1021

Soweto: properties

27/4/84

*10. Mr P G SOAL asked the Minister of Co-operation and Development:

(1) Whether the West Rand Development Board has transferred its properties in Soweto to the Soweto City Council; if not, (a) why not and (b) when will they be transferred; if so, when was this transfer completed;

(2) whether he has received any representations from any city or town councils in this regard; if so, (a) when, (b) from which councils and (c) what was (i) the nature of the representations and (ii) his response thereto?

†The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(1) No.

(a) No formal request for such transfer has so far been received.

(b) The matter will be considered as soon as a formal request is received.

(2) No, but the Management Committee of the Soweto City Council has discussions with officials of the Department of Co-operation and Development about the matter on 16 March 1984.

(a), (b) and (c) Fall away.

Hansard Q.61. 1022

Nyanga dune site

27/4/84

*11. Mr K M ANDREW asked the Minister of Co-operation and Development:

(1) Whether any groups of persons are living in tents and/or temporary plastic shelters on or near the Nyanga dune sites; if so, (a) what total number of persons were living in such tents and/or shelters as at the latest specified date for which figures are available and (b) when did they first occupy these sites;

(2) whether these persons received permission to move into the area concerned; if so, (a) when, (b) from whom and (c) for how long was it envisaged that they would live in these tents and/or shelters;

(3) whether it is the intention to provide them with alternative accommodation or sites for the erection of temporary structures; if not, (a) why not and (b) what steps are to be or have been taken in respect of these persons; if so,

(4) whether any progress has been made in providing them with such accom-

two unopposed members resigned, creating a further vacancy. The six vacancies which then existed were to be filled in terms of regulation 63 of the Election Regulations. During February 1984 nominations were invited and five candidates were nominated unopposed leaving one vacancy for which nomination have been invited again.

(b) The present councillors are—

Messrs H V Makubalo, G F Magawu, J Badi, I M Moile, N Tsobo and Mrs C. Skweyiya.

*14. Mr P H P GASTROW—Law and Order—Reply standing over.

Wentworth

*15. Mr P H P GASTROW asked the Minister of Community Development:

(1) Whether his Department intends to upgrade Wentworth; if so, (a) when will the work on the project commence, (b) what will the upgrading entail, (c) how much will it cost and (d) when will the upgrading be completed;

(2) whether he will make a statement on the matter?

The MINISTER OF COMMUNITY DEVELOPMENT:

(1) At this stage the improvement of conditions in Austerville is receiving priority whilst the upgrading of Wentworth is still being investigated.

(a), (b), (c) and (d) Fall away.

(2) I hope to be able to make more details in this regard available in the near future.

†The hon member is welcome to discuss this matter further when my Vote is discussed.

Mr D W WATTERSON: Mr Speaker, arising out of the reply of the hon the Minister, can he tell me whether Wentworth forms part of the City of Durban and whether the people living there pay rates to the city council?

The MINISTER: Mr Speaker, I do not know off-hand, but I shall ascertain what the position is.

Q. Col. 1028 27/4/84

Eastern Cape: facilities for mentally retarded Black children

Hansard

*16. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether there are any facilities in the Eastern Cape at present for mentally retarded Black children who cannot be cared for at home; if not, (a) why not and (b) where are these children accommodated; if so, (i) where are these facilities located and (ii) how many children can be accommodated in them;

(2) whether there are plans to extend these facilities; if not, why not; if so, (a) what is the nature of these plans, (b) where will these extensions be effected, (c) when is it anticipated that they will be completed and (d) how many children will they be able to accommodate upon completion?

†The MINISTER OF HEALTH AND WELFARE:

(1) No;

(a) thus far retarded children in the Eastern Cape were accommodated in Randwest Sanatorium in Krugersdorp and in Waverley

Sanatorium in Germiston because of financial constraints on available funds;

(b) in Randwest Sanatorium in Krugersdorp and Waverley Sanatorium in Germiston;

(2) no;

(a) there are no plans at present to extend the facilities at Randwest or Waverley Sanatoria;

(b), (c) and (d) falls away.

27/4/84

Port Elizabeth: hospital for Black psychiatric patients

Q. Col. 1029 Hansard

*17. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether a hospital for Black psychiatric patients is to be built in the Port Elizabeth area; if not, why not; if so, (a) where will it be built, (b) when is it due to be completed, (c) what is the total estimated cost involved and (d) how many beds will be provided;

(2) whether he or any member of his Department has received any representations concerning the siting of this hospital; if so, (a) when, (b) from whom and (c) what was (i) the nature of the representations and (ii) his response thereto?

†The MINISTER OF HEALTH AND WELFARE:

(1) Yes;

(a) Missionvale;

(b) 1990;

(c) the provisional estimate is R56 million;

(d) 932;

(2) No.

SABC: discussions on internal memorandum

*18. Mr D J DALLING asked the Minister of Foreign Affairs:

Whether (a) he, (b) the Deputy Minister of Foreign Affairs, (c) any member of his Department and/or (d) any member of the Government had discussions with any officer of the SABC on any of the main points set out in an internal memorandum issued by the SABC on 11 April 1984 and headed "Radio Services in Black Languages: Complete Radio Coverage" (Reference No JHB/cv/0087); if so, (i) when did these discussions take place, (ii) who were parties to the discussions, (iii) what aspects of the contents of the memorandum were discussed and (iv) what was the outcome of the discussions?

†The DEPUTY MINISTER OF FOREIGN AFFAIRS:

(a), (b), (c) and (d): no.
(i), (ii), (iii) and (iv): fall away.

Mahatma Gandhi Memorial Trust

*19. Mr R A F SWART asked the Minister of Health and Welfare:

(1) Whether he has taken any steps in respect of the collection of funds for the Mahatma Gandhi Memorial Trust; if so, (a) what steps, (b) when and (c) why;

(2) whether he has received any representations in this regard; if so, (a) when, (b) from whom and (c) what was (i) the nature of the representations and (ii) his response thereto;

(aa) Seshego Roller Mills (Pty) Ltd.

(bb) To equalize capital borrowed by Seshego Roller Mills from the Lebowa Development Corporation and the Northern Transvaal Co-operative.

(cc) R116 000.

(dd) Capital to be repaid on demand. Interest equal to the Bank prime rate or as mutually agreed upon is charged, with an agreed minimum of 14%. Interest is payable monthly.

(2) Yes.

(3) Yes. The Northern Transvaal Co-operative stood surety.

(1) (a) (i) Secondly:

(aa) Packsure (Pty) Ltd.

(bb) Financing in respect of fixed and working capital.

(cc) R900 000.

(dd) R100 000 per annum and interest.

(2) Yes.

(3) Yes. A registered bond on all floating assets, a sworn valuation of machinery and equipment and a cession to the Lebowa Development Corporation of debtors, decentralization concessions and company shares (including franchise) and all other funds of the company.

(4) No.

(5) Falls away.

(6) No.

WEDNESDAY, 2 MAY 1984

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†Indicates translated version.

For oral reply:

Kirkwood Sanatorium

*1. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether his Department plans to extend the Kirkwood Sanatorium in the Eastern Cape; if not, why not; if so, (a) why, (b) what will be the nature of the extensions and (c) how many beds will be provided;

(2) whether the plans for these extensions have been approved; if not, why not; if so,

(3) whether tenders have been (a) called for and (b) accepted; if not, why not; if so, when are the extensions due to be completed?

†The MINISTER OF HEALTH AND WELFARE:

(1) Yes;

(a) to provide facilities for adult psychiatric patients, and mentally retarded Black and Coloured children for whom no provision presently exists in the Eastern Cape;

(b) ward accommodation, dining facilities, occupational therapy and classroom facilities;

(c) 100 adult psychiatric beds and 200 beds for mentally retarded children;

(2) the plans for the extensions have been approved by the Department.

(3) (a) and (b) No; because the Smith Mitchell organization, owners of the existing facilities will carry out the extensions themselves, the extensions are due to be completed not later than January 1985.

Eshowe/Gingindhlovu corridor: farms

*2. Mr R A F SWART asked the Minister of Co-operation and Development:

(1) Whether farms in the Eshowe/Gingindhlovu corridor acquired by the South African Development Trust have been transferred to the kwaZulu Government; if so, when; if not, why not;

(2) whether it is the intention to transfer this land to kwaZulu; if not, (a) why not and (b) what steps are to be taken in respect of this land; if so, (i) when (aa) was this land acquired and (bb) is it due to be tranferred to kwaZulu and (ii) why was it not transferred to kwaZulu before this date;

(3) (a) who administers this land and (b) for what purpose is it being used at present;

(4) whether any of these farms are being leased to White farmers at present; if so, (a) how many, (b) why and (c) to whom is the rental being paid;

(5) whether he will make a statement on the matter?

The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(1) No, because the final consolidation proposals are still to be considered and after a decision on the proposals have been taken negotiations in regard to the use of the land and incorporation of the land in kwaZulu will have to take place.

(2) Yes.

(a) and (b) Fall away.

(i) (aa) Mainly in 1975.

(bb) As soon as the matters mentioned under (1) have been disposed of.

(ii) Because the matters mentioned in (1) have to be disposed of before incorporation can take place.

(3) (a) The Department of Co-operation and Development.

(b) The land is being rented for normal farming purposes.

(4) Yes.

(a) Three farms.

(b) In order to preserve the land in its present state and to use it to some advantage until incorporation is effected.

(c) The South African Development Trust.

(5) According to a Government decision Trust land must be handed over as soon as possible to the national and/or independent state concerned.

Mabensu/Nsumu: expropriation of land

*3. Mr R A F SWART asked the Minister of Co-operation and Development:

(1) Whether the South African Government has expropriated any land at (a) Mabensu and (b) Nsumu in Natal; if so, (i) when and (ii) what area of land in each case;

(2) whether this land is to be given to KwaZulu for consolidation purposes; if not, what steps are to be taken in respect of the land; if so,

(3) whether this land has been transferred to the KwaZulu Government; if so, when; if not, (a) why not, (b) when is it due to be transferred and (c)(i) who administers this land at present and (ii) for what purpose is it being used?

Ciskei to build new hospital

Cit Pers 6/5/84 (98)

THE 129-year-old ST MATTHEWS Mission Hospital outside Keiskamahoek will soon be replaced by a modern 250-bed hospital.

Ciskei health minister H C Beukes performed a sod-turning ceremony at the R18-million hospital this week, when he announced that St Matthews would become a community health centre.

Mdantsane's Cecilia Makiwane Hospital will soon become an autonomous nursing college linked to the Fort Hare University.

Cecilia Makiwane will provide a base for nurses to practise general nursing, midwifery, community health and psychiatry, Dr Beukes added.

The hopital will also serve as specialist referral hospital to provide services in obstretrics, gynaecology, surgery and orthopaedics.

Doctors 'unable to deal with black patients'

Star 9/5/84 (98)

By Susan Pleming

The doctor-patient relationship in black hospitals was very poor, Mrs Susan van Zyl, a lecturer in the department of communication studies at the University of the Witwatersrand, said last night.

Mrs van Zyl, who spent three months researching the doctor-patient relationship at the Hillbrow Hospital, told the annual Wits Medical Students Conference that doctors did not have the training to deal with patients from different cultural groups.

"In Hillbrow Hospital I found patients were not greeted by name and I never heard doctor-initiated explanations about patients' conditions.

"I also noticed how the overcrowded ward conditions militated against individuality. White patients have their territory marked by flowers, biltong and other personal belongings, but I saw only one black patient at Hillbrow Hospital who had her own clothes with her," said Mrs van Zyl.

Mrs van Zyl pointed out that language differences posed a large problem. Many doctors were unable to remember or pronounce black patients' names.

Another speaker, Professor Michael Simpson, deputy dean at the University of Natal, said medical students were not adequately trained to foster a good doctor-patient relationship.

"Communication skills are very important and should not just be a decorative part of a medical course," he said.

The professor said on admission to hospital a patient could encounter as many as 42 different people who failed to introduce themselves or say why they were doing certain procedures.

"Many doctors and nurses would rather do procedures than talk to a patient. Many nurses, for example are petrified of a dying person and so will avoid communicating with him — they would rather check the monitoring machines or fluff up the patient's pillows than have to communicate with him."

The health services 'not trusted'

People should see the benefits of health services instead of being apathetic towards them, Dr David Boonzaier, lecturer at the University of Cape Town's biomedical engineering department, said yesterday.

"One of the main problems is that people do not trust health services. Health programmes are failing because of apathy towards any government service," he said during a conference on medicine and technology at Johannesburg Hospital.

Dr Boonzaier said people should be persuaded that changed patterns in their lifestyles would help them survive.

CAPE TIMES 12/5/84

MPC calls for aid to combat malnutrition

Staff Reporter

THE AVERAGE daily cost of a provincial hospital bed rose from R12,06 to R46,80 between 1973 and 1983 and the co-operation of everyone was needed to help authorities keep pace with inflation, an executive member of the Provincial Council, Mr P J Loubser, said this week.

Speaking at the opening of R2,7 million worth of extensions to the Postmasburg Hospital, Mr Loubser appealed to the local community to co-operate in family planning and in combating malnutrition.

Devoting much of his speech to malnutrition and its effects on the manpower potential of countries, Mr Loubser said that residents of countries affected by malnutrition were often accused of being "lazy" and lacking in initiative.

However, research had shown that these traits were largely due to protein deficiencies in early childhood.

A long-term study among malnutritive and protein-deficient patients in Chile had shown that although the patients outgrew the symptoms, their intelligence quotients had been noticeably below-average.

"We all have a heavy responsibility in this regard — someone once said that to get your priorities right one had to compare daily hospital costs of malnutritive patients with the price of a bag of mealies."

It was clear, Mr Loubser said, that this health problem could not only be cured by medical "miracles", but that political and economic involvement was equally important.

Extensions to the Postmasburg hospital include 43 additional beds for blacks, a new X-ray department, enlargement of administrative accommodation, a new mortuary and extensions to the black nurses' dining room.

Modern private hospital planned for Paarl

ARGUS 15/5/84 (98)

Tygerberg Bureau

PLANS for a modern private hospital at Paarl — the first of its kind in the Boland — have been submitted to the Tygerberg Town Council for approval.

Paarl town planner Mr A Swanevelde confirmed yesterday that the application to establish the hospital had been received, but said it would not be considered by the council before June.

The architect, Mr Sas Hamman, said the eventual cost would be between R3,5-million and R4-million.

FOUR BLOCKS

The hospital, consisting of two blocks of two and four storeys, would be built on the corner of Berg River and Castle Streets as an extention of the existing Odeon Centre.

The hospital was aimed at reducing the urgent need for better medical facilities for the black population in the area, Mr Hamman said.

COMMITTEE

An advisory committee of doctors had been formed to advise the developers of the needs involved.

The diagnostic department would be particularly modern and facilities for families of patients to sleep overnight would be provided.

'Health Bonds' to be debated

Staff Reporter

A SCHEME for collecting funds for health and welfare services, similar to the current Bonus Bond system, will be proposed to the Provincial Council today at the start of its May-June session.

The opposition spokesman on health in the council, Dr John Sonnenberg of Green Point, has given notice of a motion requesting the Administrator of the Cape, Mr Gene Louw, to ask the government to investigate selling "health bonds" to raise money "specifically" for health and welfare services.

'Shortage'

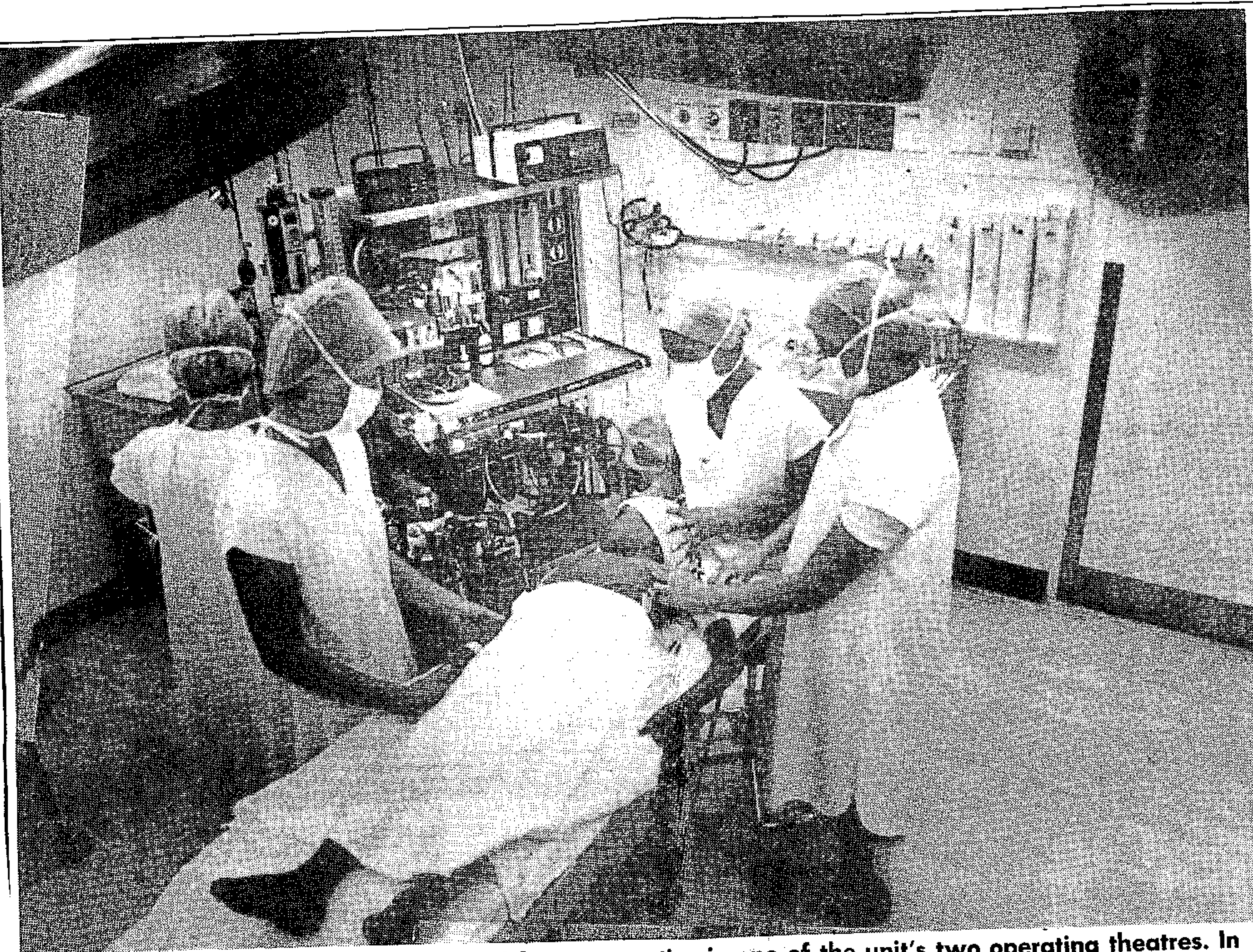
In his notice of motion Dr Sonnenberg refers to the "chronic shortage of funds which militates against the provision of an adequate health-care system for all the inhabitants of the Republic of South Africa".

During the four-week session, the council will also be asked to approve a budget of R1 771-million for the Cape for the next financial year.

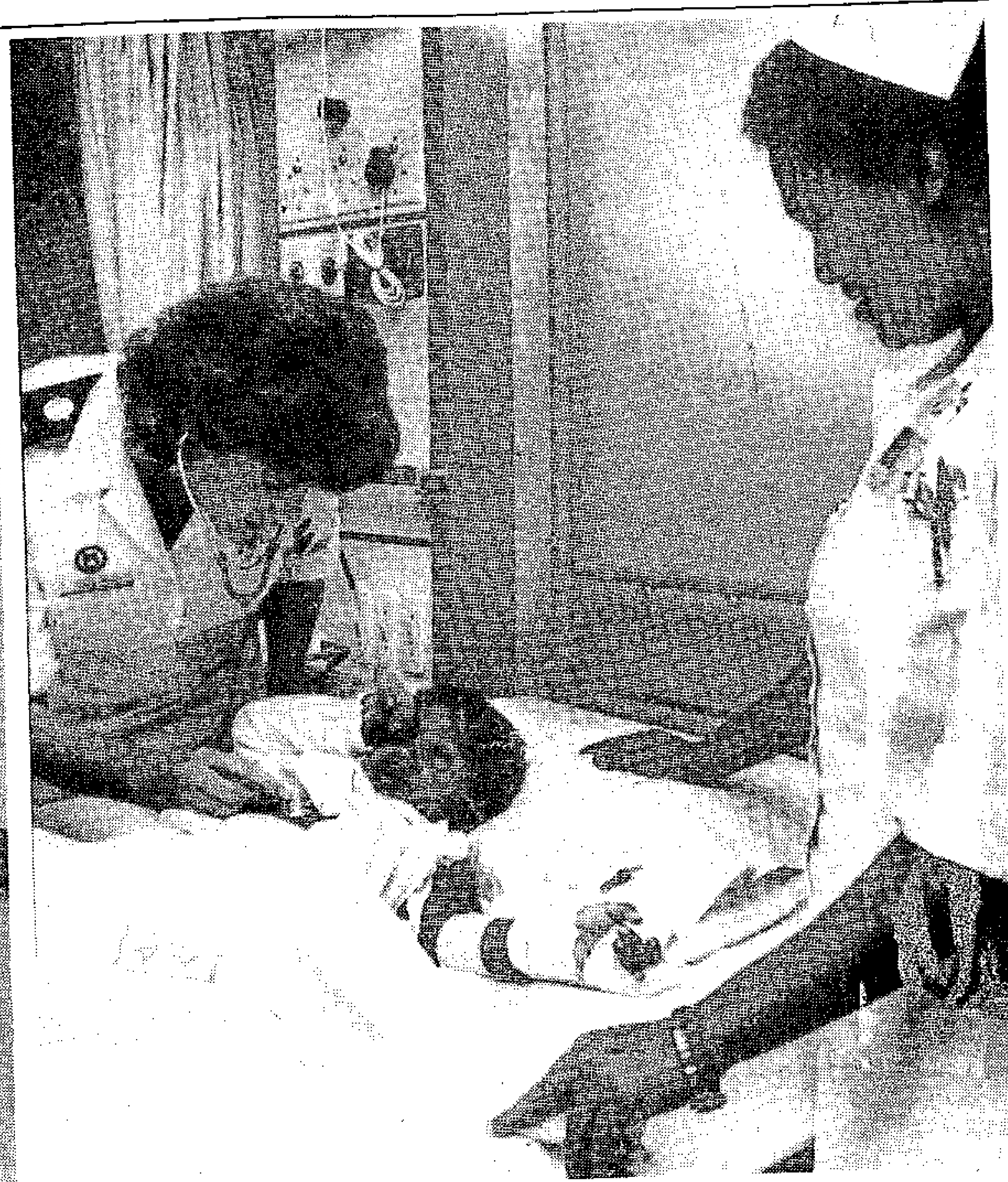
This figure is 16 percent up on last year's budget but this is in line with the central government's increase in estimates and most of the extra revenue is expected to be provided by the government subsidy.

Mr Louw will make his budget speech tomorrow afternoon, but the budget debate will be adjourned until Monday. He is expected to budget for a deficit in the hope that the economic situation will improve sufficiently next year to make up the shortfall.

Other items to be debated during the session include the opposition's motion of no confidence in the government, an amendment to the Education Ordinance to allow married women teachers to retain their posts, and the controversial Land Use Planning draft ordinance which was referred to a select committee for consideration after its first reading during the February session.



A 10-year-old heart patient is prepared for an operation in one of the unit's two operating theatres. In the background is an anaesthetic machine.



Pictures: WILLIE DE KLERK, The Argus

Sister Elizabeth Hollinshead, left, and Staff Nurse Clara Dlamini attend to a three-year-old patient.

SA's first trauma unit for children opens in city

Argus 18/5/84

(98)

War Memorial Children's Hospital in Rondebosch — began admitting its first patients this month.

Provincial Reporter

MORE than 1 000 Peninsula children are injured each month in accidents, the Administrator, Mr Gene Louw, said today in opening the new R1-million trauma unit at Red Cross Children's Hospital, Rondebosch.

The unit is designed specifically to treat them and to save their lives.

Mr Louw said that in the three months from December 1983 to February 1984, a total of 3 131 injured children were treated at three Peninsula hospitals alone — an average of 1 043 children a month, or 34 a day, or more than one an hour.

In the home

Sixty-eighty percent of the accidents took place in and around the child's home.

The need for parents, teachers, the media and policy-makers to take steps to help reduce accidents was obvious.

Mr Louw said South Africa's first paediatric trauma unit would cost R750 000 a year in staff salaries.

The R1,1-million unit includes a 10-bed ward with two operating theatres and the most up-to-date surgical equipment. The ward formerly housed the hospital's administrative staff.

Better chance

According to the hospital's superintendent, Dr J G L Strauss, an injured child stands a better chance of recovery if treated in a specialised paediatric trauma unit than in a general trauma hospital unit.

"The margin of error in treating an injured child is much smaller than for an adult because of their smaller body mass, more fragile bone structure and because their internal organs are more exposed.

"Therefore it is natural to expect a person trained and experienced in paediatric care to observe these variations more accurately and therefore react more vigorously to its dangers," Dr Strauss said.

Loss of blood

A third of deaths among children between the age of five and 14 resulted from injuries, Dr Strauss added. The loss of just one cup of blood, a minor loss for an adult, could be critical for a child.

The unit is the brainchild of Dr Syd Cywes, professor of paediatric surgery at the University of Cape Town, who is in overall charge.

It gives another fillip to hospital treatment of children in Cape Town, which, in the Red Cross Children's Hospital, already has the country's only children's hospital.

The trauma unit is headed by Dr John Gordon, a graduate of the University of Cape Town medical school, who returned to Cape Town in March from Zimbabwe to take up the post.

Consultants

Dr Gordon headed the surgery department of the Salisbury group of hospitals before embarking on a private practice in Harare.

Assisting him in the new unit are four specialist consultants — an orthopaedic surgeon, a plastic surgeon, a neurosurgeon and a cardio-respiratory physician.

There are also six full-time registrars (trainee-surgeons who already have several years' experience as doctors), a matron, seven senior professional nurses, six sisters and 31 staff nurses and nursing aids.

The team of child specialists includes two anaesthetists, as well as physiotherapists and social workers.

Cape Flats

The paediatric trauma unit will serve the southern suburbs and the Cape Flats — the area presently covered by the Groote Schuur, Victoria, Somerset, Red Cross, Woodstock and False Bay hospitals.

But it will accept cases referred from hospitals throughout the country.

Dr Strauss expects the unit to handle about 80 cases a day soon. Many of the patients will remain in the unit only long enough for emergency treatment.

But the unit's staff will keep an eye on their patients after they have been transferred elsewhere for convalescence.

A small heart patient has trouble breathing, but the paediatric trauma team knows exactly what to do — and quickly. From left, Staff Nurse Stephanie Duminy, Sister Elizabeth Hollinshead, Dr Reinhardt Lechtape-Gruter, a trainee orthopaedic-and-plastic surgeon, and Sister Jenny Abrahams.

Argus 21/5/84 (98)

... but enough money for new Groote Schuur

Provincial Staff

WORK on the new Groote Schuur Hospital will not be affected by the drastic cutbacks in provincial spending this year.

In the 1984-85 budget, presented to the Cape Provincial Council last week by the Administrator, Mr Gene Louw, R28-million was provided for the project this year. An amount of R12-million has already been spent on the new building and on parking decks.

The total cost is estimated at R200-million and the project is due to be completed in six to seven years.

CANCER TREATMENT SECTION

Last year a provisional amount of R171 000 was set aside for additions to L-block at Groote Schuur, its cancer treatment section. This year's budget provides for R1,5-million for the section, with the remaining R2,2-million still to be voted.

At Tygerberg Hospital, R1,7-million has already been spent on the new oncology building, which will house a department for the study and treatment of tumours, including cancer.

A further R4,1-million is provided this year for the R10,3-million scheme.

NEW FAURE HOSPITAL

Work is nearing completion on the new Faure Hospital, which will be a transit point for cancer patients from Groote Schuur and Tygerberg receiving nuclear treatment at the national accelerator centre.

An amount of R1,8-million has already been spent on the R3,8-million Faure Hospital, with R1,7-million to be provided this year.

The linking of the highly specialised unit at Faure with the cancer study and treatment units at Groote Schuur and Tygerberg will give the Cape some of the most modern and versatile cancer treatment facilities in the world.

INTENSIVE-CARE UNIT

Work will also continue this year on the three largest Cape hospital projects outside the Peninsula.

An amount of R2,7-million is provided in the budget for a R4-million new intensive-care unit and additions to the casualty department at Port Elizabeth's Livingstone Hospital.

The casualty department at Provincial Hospital in Port Elizabeth is being enlarged and improved at a cost of R436 000, of which R308 000 is to be provided this year.

KING WILLIAM'S TOWN

At King William's Town work on the new R15,7-million Grey Hospital will get underway, with R2,7-million being provided in the estimates.

Porterville is also to have a new hospital. The total estimated cost is R1,7-million, of which R1,1-million was provided in this year's budget.

8-25pc rise in medical, dental fees

Political Correspondent

MEDICAL and dental fees for members of medical schemes are to be increased by between 8,8 percent and 25 percent from July 1, the Minister of Health, Dr C V van der Merwe, has announced.

Medical fees will rise by 8,8 percent and dental fees by 10 percent, with an additional increase of 15 percent for general practitioners within the dental profession.

The minister said the Medical and Dental Council had proposed a general increase of 33 percent in dental fees, but he was not prepared to accept this.

This will be the last time the minister will have to determine a fee on the recommendation of the council.

In terms of the Medical Schemes Amendment Act, passed this year but not yet implemented, fees will in future be determined by the Representative Association of Medical Schemes after consultation with medical associations.

Storm brews at hospital

Sowetan 24/5/84 (98)

By MONK NKOMO

GIFTS totalling hundreds of rands intended for black leprosy patients at the West Fort Hospital in Pretoria West, are allegedly taken and used by the hospital staff, The SOWETAN was told yesterday.

A reliable source also revealed that scores of patients at the hospital's occupational therapy department, where they make wreaths, were allegedly "robbed" of their wages by a white nursing assistant who pays them half what they are supposed to earn.

All these incidents are alleged to have happened in the past five years.

Money

The SOWETAN also established that quotations for equipment at the hospital were used to buy furniture for the members of the staff.

A medical doctor and an employee at the hospital's administrative section were involved in this transaction.

It is also reliably understood that there were certain black nurses who borrowed money from patients and later refused to pay them back. Certain nurses, it was alleged, also squandered money given to them by patients for safekeeping.

A spokesman for the Department of Health and Welfare yesterday confirmed there were certain irregularities and "lack of control" at the hospital and that a full-scale inquiry was held in connection with these allegations.

He added: "An investigation was launched in December last year after we received several complaints. After establishing that there were irregularities at the hospital, we changed the staff that was in control of certain activities. The new staff will be in charge of these activities as from June 1, this year."

Acute shortage of doctors for 30 000 Atlantis residents

PEOPLE ARE DYING THERE

C. Herald 26/5/84 (98)

By Gary van Dyk

THE hospital serving the approximately 30 000 residents of Atlantis has an acute shortage of doctors and at least one family in this giant west coast township believes that this has led to the death of a relative.

At weekends especially, casualties have to make the long trek to Cape Town to receive treatment.

Disgruntled residents have complained to the authorities regularly for a long time now but nothing appears to have been done to improve matters.

Mr Andy van Aswegan, former chairman of the Atlantis Civic Affairs Association, experienced the full weight of the doctor shortage when his young daughter, Vanya, was involved in an accident last year.

He said: "While my wife and I were at work one day we were told that my daughter had been knocked down by a car at about 3 30 that afternoon.

TRANSFERRED

"At the hospital we were informed that there was no doctor available and that my daughter would have to be transferred to Groot Schuur Hospital for treatment. An ambulance was summoned and eventually left at about 4 pm."

He added that he had quickly borrowed a friend's car and arrived at Groot Schuur at about 4 45 that afternoon. But the ambulance had not yet arrived, he said, and repeated calls to Atlantis could not establish what had happened to it.

"Finally it turned up at 6 40 that evening," said Mr van Aswegan, "and I eventually got home at half-past-twelve that night."

Another family's encounter with the hospital resulted in a great loss for them.

AFTER HOURS

When Mrs Florence Thysen, 60, complained of a pain in her leg on Saturday March 17 this year her family first tried taking her to a private doctor, but when they discovered that there was not one available after hours, they decided to take her to the hospital.

There, family members claimed, she was given an injection and some pain pills by a nurse on duty. She was then told that if the pain persisted she should come back the Monday because a doctor was not at the hospital over the weekend.

● *MR Andy van Aswegan — no doctor available*

But her family decided that a doctor's opinion was necessary and took her to Tygerberg hospital where doctors discovered that she had suffered an embolism (a clot) in her arm. Unfortunately an emergency operation was not enough to save her and she died the following day.

IMPROVE

The distraught family was still recovering from their loss but felt that Wesfleur Hospital would definitely have to improve its services.

"A doctor is definitely needed here at all times," said a family member. "Atlantis is a growing community and desperately needs a fully operative hospital. Nobody can afford to travel long distances when a life is at stake."

Dr EH Erasmus, superintendent at the hospital, said he was unaware of any problems.

"People with complaints about the hospital must write to me. I can act only when complaints are in writing," he said.

ALWAYS

"There is a 24 hr service here," he said, "and a doctor is always on duty, even if he is not at the hospital. The nursing sister on duty decides if the doctor should be called out over weekends."

Dr Erasmus also mentioned that the doctors lived in Melkbosstrand and were not called out frequently.

Atlantis residents have been complaining about the local hospital since 1981 when the matter was raised at a residents' association meeting. One of the speakers said then that "Atlantis must be the only place in the world where nurses decide whether an injury or illness warrants calling out a doctor after hours".

MONDAY, 28 MAY 1984

†Indicates translated version.

For written reply:

Hospitals/hospital beds

895. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a) hospitals and (b) hospital beds were available for (i) White, (ii) Coloured, (iii) Asian and (iv) African patients in the Republic as at the latest specified date for which figures are available;

(2) how many clinics were operating for each race group in the White areas of the Republic as at that date?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) 629.

(b) (i) 43 803;

(ii), (iii) and (iv) 77 542;

(2) unknown (total for all race groups are 1 050).

Shipping industry

914. Mr D J N MALCOMESS asked the Minister of Industries, Commerce and Tourism:

(1) Whether his Department has at any stage provided (a) a 25 per cent subsidy to shipyards and (b) an 80 per cent loan to purchasers of South African-built ships; if so,

(2) whether his Department still provides these benefits; if not, (a) why not and (b) when did it stop providing them;

(3) whether his Department paid out any amounts in benefits of this nature to shipyards and purchasers of South African-built ships during the past three financial years; if so, (a) what amount was paid out to such (i) shipyards and (ii) purchasers in the 1981-82, 1982-83 and 1983-84 financial years, respectively, and (b) what were the relevant percentages in respect of such (i) subsidies and (ii) loans in each of these years?

The MINISTER OF INDUSTRIES, COMMERCE AND TOURISM:

(1) (a) and (b) Yes.

(2) Yes. In the financial year 1984-85 assistance will be granted only in respect of contracts for which applications for subsidies and/or loans have already been approved.

(a) and (b) Because of the heavy demands on the exchequer it has been decided not to grant subsidies and/or loans in respect of new contracts during the current financial year.

(3) Yes.

(a)	(i) R	(ii) R
1981-82	8 760 597	6 108 298
1982-83	12 744 973	7 627 547
1983-84	5 076 986	2 674 096

(b) (i) 10 per cent and 25 per cent; of the contract price in respect; of vessels of 200 to 499 and 500 to 6 000 gross register ton, respectively.

(ii) 80 per cent maximum of the contract price only if the vessel is built for a South African owner.

Note: Subsidy and loan payments are usually made over a period of more than one year in respect of a particular contract. The percentages show in (3)(b)(i) and (ii) are those provided for under the financial aid scheme to the shipbuilding industry.

'A bottomless pit'

Cape Times 29/5/84

Staff Reporter

THE demands made on health services in South Africa appeared to be a bottomless pit, the Administrator of the Cape, Mr Gene Louw, said yesterday.

Speaking at a City hotel during a one-day seminar on cost-effective management in government and private hospitals, he said the budget for health services in the Cape Province for the current financial year was about R720-million.

At present the Department of Hospital Services employed about 45 000 people.

Mr Louw said South Africa had a combination of First and Third World socio-economic structures. Setting objectives, therefore, became a fine art.

"We have the people and the systems, but as any worthy manager must do, we also ask ourselves whether our infrastructure is performing at optimum or at mediocre levels."

Mr Louw said the administration, with the SA Medical Research Council, was establishing means to evaluate present services and to probe how future development should take place.

Hospital fees to go up again

AK645 31/5/84 (98)

By BRIAN STUART
Provincial Reporter

CAPE hospital fees — increased by 50 percent on April 1 — are going up again soon, with the new increases probably affecting out-patients and those receiving a number of specialist in-patient services.

The Department of Hospital Services is to present the Executive Committee with proposals for a new structure of hospital fees not later than July 31.

In the Cape Provincial Council yesterday Mr Piet Loubser, MEC in charge of hospital services, said the daily cost of a patient in a provincial hospital had increased from an average of R44,77 in 1981 to R63,43 in 1983.

PRICE RISES

He said only five percent of this was recovered from hospital fees.

The costs of hospital care continually increased because of price rises and the necessity to replace outdated equipment.

He estimated that the rise in GST to 10 percent from July 1 would, in itself, increase hospital costs in the Cape by R7-million.

Although hospital fees had been increased on April 1, Cape fees still compared favourably with those of private hospitals and the fees in other provinces, Mr Loubser said.

"Apart from these basic tariffs which have been increased, there are still a variety of special tariffs relating to services at provincial hospitals, and these are now receiving attention.

"We are thinking in particular of the analysis of blood samples, liver function tests, the comprehensive tariffs for coronary thrombosis patients who receive a series of physiotherapy treatments, the treatment of Army patients and the cobalt treatment of private out-patients."

Mr Loubser said other aspects of the present hospital fee structure were also being examined prior to recommendations to be made to the Administrator and Executive Committee before July 31. These included:

- The possible withdrawal or extension of the present system by which out-patients paid for only the first two treatments in each calendar month.
- A possibile nominal charge for the use of hospital transport by out-patients.
- A possible compulsory nominal levy for out-patient treatment.
- A possible additional levy for out-patient treatment, with the exception of emergency cases, "in regard to wealthy patients who misuse hospitals after hours and at weekends".
- A revision of the means test and income level determining whether a patient is classified as a private or hospital patient.

Mr Loubser also suggested that different fees may be charged at different hospitals in future, based on the patient's income level.

For example, there might be one fee for training hospitals, another for city hospitals, another for hospitals in larger and fast-developing towns (Worcester and George, for example) and another for the purely country towns.

FUNDS SHORTAGE

He added: "As a result of the dilemma in which the Hospitals Department finds itself, the Executive Committee has been kept informed during the past year of attempts made to maintain a reasonable standard in our services in spite of the gnawing shortage of funds."

The Department of Hospital Services had been conducting a programme since February aimed at cutting costs, he said.

Mr Loubser rejected a plea by Dr John Sonnenberg (PFP Green Point), Opposition spokesman on hospital fees, for prescribed medicines to be exempted from GST. He said this could lead to greater tax on other essential items.

Cape Times 29/5/84

Hospital beds: A third for whites

Political Staff

HOUSE OF ASSEMBLY. — More than a third of the 121 345 hospital beds in South Africa were for white people, the Minister of Health, Dr Nak van der Merwe, disclosed yesterday.

Replying to a question tabled by Dr Marius Barnard (PFP Parktown), Dr Van der Merwe said 43 803 hospital beds were available for white patients at the 629 hospitals in South Africa.

A total of 77 452 beds were available for coloured, Asian and African patients.

Dr Van der Merwe also said there were 1 050 clinics for all races in the white areas of South Africa.

Banned from clinics for not signing

City Press 3/6/84

DEFIANT Natal University Medical School Students, who won't sign a loyalty pledge to the Ulundi Government, are not going to be allowed to work in KwaZulu hospitals and clinics.

And the dean of the Medical School, Professor S Kallichurun, says she is becoming increasingly worried about the effects the future of health services in KwaZulu. So far 23 students have refused to sign the pledge.

Last week, Prof Kallichurun and four students met the full caucus of the Legislative Assembly in Ulundi, to discuss the issue.

She said afterwards that they had been "well received" in Ulundi, but she still felt concern because KwaZulu "needs all the doctors it can get."

The bursaries of the students are not being cancelled, Chief Buthelezi said after the meeting. Instead they are being discharged from the KwaZulu Civil Service, which had paid them annual salaries of R2 800 but their bursaries of R1 500 will continue.

He said that the defiance shown by certain students had ended their relationship as employees of his government and it had been decided that they would be prohibited from working in KwaZulu hospitals and clinics.

Chief Buthelezi has also reacted to leaflets calling for a boycott of the University of Zululand graduation, which have been circulating on the Nyoye campus.

Chief Buthelezi says that he had already suggested that students who supported the view expressed in the pamphlet should stay away from the ceremony. He will preside at the graduation on June 30 in his capacity as chancellor of the university.

The leaflet calls on students to boycott because it claims Chief Buthelezi and his supporters were responsible for the events on the campus last year, which left four dead.

ARGUS 4/6/84

98

Two new Peninsula hospitals planned

By BRIAN STUART
Provincial Reporter

TWO new hospitals and six community health centres specifically to serve the black and coloured communities in the Peninsula are being planned by the Provincial Administration.

Cabinet approval has been sought for the development of a major teaching hospital attached to the University of the Western Cape.

"There is a great need for additional hospital facilities for coloured and black people in the Peninsula," Mr Piet Loubser, MEC in charge of hospital services, told the Provincial Council today.

HEIDEVELD

During the 1960s the province had planned a hospital with 1 500 beds, to be built between Heideveld and Guguletu.

However, in 1975 it was decided at Cabinet level to build the hospital adjoining UWC.

The Cabinet approved in principle the establishment of a medical faculty at UWC and an adjoining teaching hospital, and told the Province to shelve temporarily the proposed Heideveld-Guguletu hospital.

Mr Loubser said that for a variety of reasons nothing had been done.

"Because the need for such additional facilities has now reached such proportions that the planning can no longer be delayed, the Administrator (Mr Gene Louw) wrote to the Minister of Constitutional Development and Planning (Mr Chris Heunis) last December to ask that the freezing of the project should be lifted."

If a "favourable" reply was received from the Government, planning would re-open.

Mr Loubser said the new township of Khayelitsha would accommodate 250 000.

NEAR FUTURE

"Health facilities will also have to be provided here in the near future," Mr Loubser said.

Community health centres were planned for Ravensmead, Mitchell's Plain, Kraaifontein-Scottsdene, Bonteheuwel, Bellville South and Belhar.

Tribute to Louis Washkansky

Provincial Staff

GROOTE Schuur Hospital's operating theatre in which Mr Louis Washkansky had the world's first heart transplant is to be turned into a memorial to him.

The theatre is to be restored to the form it was at the time of the operation on December 3, 1967.

This would be a tribute to Mr Washkansky's "daring and unselfish service to medical science and to humanity", Mr Piet Loubser, MEC in charge of hospital services, told the Cape Provincial Council today.

Mr Loubser paid tribute to Professor Chris Barnard, who performed the operation.

"But one also thinks of Mr Louis Washkansky,who gave permission for the operation .. I cannot but describe his unselfish act as a heroic deed."

PROVINCIAL COUNCIL

'Facelifts for rich while poor can't afford medical care'

ARGUS 5/6/84

98

Provincial Staff

POORER people in the Cape are not seeking proper medical care because of its cost, while wealthy patients are having "subsidised" face-lifts at provincial hospitals, says Dr John Sonnenberg (PFP Green Point), Opposition spokesman on health.

Dr Sonnenberg pleaded in the Provincial Council yesterday for a revision of tariffs, including a more realistic means test as a basis for fees at provincial hospitals.

Reduced revenue from free health services for more poor people could be compensated for by increasing fees for medical-aid patients and wealthy patients.

The means test had been unchanged when the scale of fees was revised in February 1982 and again in April this year. The unrevised test was "unrealistic and in many cases absurd".

Private doctors

Dr Sonnenberg said a result of the 50 percent increases in fees in April was that many people who should be seeking medical advice were not doing so and others were not returning for follow-up treatment because of the costs.

"The ironic situation has been reached that it is cheaper for these poor people to see a private medical doctor."

Dr Sonnenberg said that in a sample survey at 11 hospitals, omitting teaching hospitals, 106 168 operations were performed in 1983, of which 60 percent involved private patients. At present, medical aid societies were prepared to pay higher fees than those levied at provincial hospitals.

"My suggestion is that medical-aid patients should be charged the fee that medical aid is prepared to pay. Those patients not covered by medical aid should be charged the standard tariff, provided the means test is revised."

Dr Sonnenberg said cosmetic plastic surgery was done in provincial hospitals, frequently on wealthy patients, who were charged only the standard hospital tariff and no theatre fees.

"I am talking of face-lifts, nose jobs, enlargement or reduction of breasts.

"It is surely an abuse that hospitals subsidised by the taxpayer should be used for such purposes unless an economic fee is payable for these operations."

Mr Piet Loubser, MEC in charge of hospital services, announced last week that a revised tariff structure was to be presented to the Provincial Executive Committee before July 31.

The Hospitals Departments was considering withdrawing or extending the present concession by which a patient paid for a maximum of two visits a month and the possibility of levying fees for the use of hospital transport and the use of facilities by wealthy patients.

Replying to Dr Sonnenberg yesterday, Mr Loubser said his department was in constant consultation with medical aid societies. It was policy that when medical aid patients were treated in provincial hospitals, they should pay the maximum rate — "medical aid schemes cannot expect the province to subsidise them".

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National States

(a) Full time: nurses
—Kwandebele 1.
—Kangwane 1.

(b) Part time—none.

Dental clinics

897. Dr M S BARNARD asked the Minister of Health and Welfare:

How many dental clinics had been established in respect of each race group in (a) the Republic, and (b) each specified national state whose government had not yet taken over health services, as at the latest specified date which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) Whites—68.
Coloureds—36.
Indians—7.
Blacks—35.
For all race groups—84.

(b) Kangwane—Blacks—5.

Notifiable diseases

898. Dr M S BARNARD asked the Minister of Health and Welfare:

How many cases of each notifiable disease were notified in respect of each race group in 1983?

The MINISTER OF HEALTH AND WELFARE:

Diseases	Whites	Coloureds	Asians	Blacks	Unspecified
Cholera	9	8	230	6 557	9
Typhoid	43	67	21	4 994	8
Paratyphoid	0	0	0	1	0
Tuberculosis	660	10 957	402	42 470	143
Brucellosis	60	2	0	19	0
Leprosy	3	1	0	120	0
Diphteria	1	6	0	22	0
Meningitis	49	315	3	251	0
Tetanus	5	18	1	261	0
Poliomyelitis	0	4	0	87	0
Measles	1 275	1 435	20	11 734	59
Viral hepatitis	732	399	52	644	46
Rabies (Human contacts)	—	—	—	—	136
Trachoma	0	1	0	567	0
Malaria	115	15	7	805	3
Toxoplasmosis	1	0	0	1	0
Primary malignancy of bronchus	125	116	12	105	0
Primary malignancy of lung	63	30	9	44	0
Malignancy neuplasm of pleura	0	1	0	0	0
Poisoning from any agricultural or stock remedy	4	20	0	60	0
Lead poisoning	0	0	0	2	0

KwaZulu: extention

971. Mr H D K VAN DER MERWE asked the Minister of Co-operation and Development:†

(1) Of how many parts does the national state of KwaZulu consist;

(2) whether it is the intention to extend the area of this national state; if so, (a) when and (b)(i) how many hectares are to be added and (ii) what is the estimated cost thereof?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) 25, plus 4 areas which are being administered by KwaZulu Government in terms of Proclamation R.19 of 1981.

(2) The intentions of the Government in regard to the consolidation of KwaZulu will only be known when the Government makes known its recommendations in this regard in the usual manner. The process that will lead to the announcement of the Government's intentions is presently under way.

Matriculation examination

989. Mr H E J VAN RENSBURG asked the Minister of National Education:

How many White pupils entered for the matriculation or an equivalent examination in (a) 1981, (b) 1982 and (c) 1983?

The MINISTER OF NATIONAL EDUCATION:

(a) 1981 – 64 291.

(b) 1982 – 61 302.

(c) 1983 – 64 621 (preliminary statistics).

WEDNESDAY, 6 JUNE 1984

†Indicates translated version.

For oral reply:

Prime Minister:

South West Africa: amount paid to political party/front

*1. Mr J H HOON asked the Prime Minister:†

(1) Whether (a) the Government and/or (b) the Administrator-General of South West Africa paid an amount to a political party or front in South West Africa in the past five years in settlement of a case certain particulars of which have been furnished to the Office of the Prime Minister for the purposes of replying to the question; if so, (i) what are the particulars of the case, (ii) what amount was paid and (iii) to what political party or front was it paid;

(2) whether statutory authority for this payment was obtained; if not, why not; if so (a) when, (b) under what statutory provision and (c) who granted this authority?

†The ACTING PRIME MINISTER: Mr Speaker, I request that the reply to this question stand over. [Interjections.]

Mr H D K VAN DER MERWE: Mr Speaker, arising out of the hon the Acting Prime Minister's reply, I should like to ask him when we shall receive a reply to the question.

The ACTING PRIME MINISTER: As soon as I have the facts at my disposal. [Interjections.]

Mr H D K VAN DER MERWE: Further arising out of the hon the Acting Prime Minister's reply, I want to ask whether that is a promise. [Interjections.]

Staffing at PE hospital 'totally inadequate'

By WENDY FRAENKEL

THE nursing staff at the Port Elizabeth Provincial Hospital is "totally inadequate" and even the most basic nursing care is sometimes absent.

This alarming statement forms part of a combined report on the lack of funds allocated to the Eastern Cape for staff and hospital equipment, drawn up by doctors and nursing staff attached to the Provincial Hospital.

The report was presented by Mrs Molly Blackburn (PFP MPC for Walmer) in the Provincial Council yesterday.

In an interview today, Mrs Blackburn said she gleaned from the report that even though the in-patients at the hospital increased by almost 1 200 from 1982 to 1983, no additional nursing posts were created.

She said she had submitted this combined report to the Department of Hospital Services in February. She heard nothing from them for a fortnight.

"I phoned them and was told that I would be contacted but after waiting another four months without hearing a word, I was forced to present it at the session yesterday.

"The main emphasis of the report was the shortage of nursing staff and the fact that additional posts cannot be created, especially for theatre and the orthopaedic wards.

"The report even quoted an instance of one sister being responsible for two orthopaedic floors, 68 beds and also being on call for tractions in the rest of the hospital.

"On most nights she only had two junior staff members on each floor to cope with patients."

Mrs Blackburn said the hospital urgently needed 50 additional nursing assistant posts to compensate for the fact that student nurses no longer were of any use in the day-to-day care of patients.

"The nursing staff stressed that the nurses allocated to the wards were too junior and they were too junior to be trusted with more than simple, menial tasks," she said.

"There is also a high rate of absenteeism and resignations because of the exhausting overwork. It appears that nurses resigning are often not replaced and their positions

● Turn to Page 3

Staffing at Provincial Hospital 'totally inadequate'

● From Page 1

are only filled after special applications have been made and considered."

Mrs Blackburn said the nurses also complained that all post-operative cases were normally returned to their wards by the recovery room staff but that an exception was made of the orthopaedic unit. These cases were made to wait while the sister herself did trips backwards and forwards to accommodate porters with patients.

Mrs Blackburn said the report said that, because of heavy pressures of work, procedures were often carried out half-heartedly and short cuts were used.

Mrs Blackburn said nurses often had to work five and six late nights consecutively and if anyone complained they were told that their jobs came first.

However, Mrs Blackburn said that after presenting the report at the session, the MEC of hospital services, Mr P J Loubser, said the matter would be looked into and she felt from his tone that he meant what he said.

● The Chief Matron of the Provincial Hospital, Matron Leonie Stander, today denied that the hospital had a shortage of nursing staff.

She said there were sufficient trained members of staff — in fact, there was even a waiting list — and 123 student nurses had joined the staff between January and May.

Matron Stander did agree, though, that there had been an increase of almost 1 200 in-patients to the hospital between 1982 and 1983 without any increase in the nursing staff complement.

"The junior nurses are not having to shoulder responsibilities as suggested by the report — there are three to four sisters per ward and the juniors are never left on their own. At night there is a sister present to support the nurses."

She said there was not a particularly high absenteeism rate at the hospital and that the 51 nurses off sick today, were all accounted for. She said they had not been replaced by additional nurses.

She denied that patients from the orthopaedic section of the hospital often had to wait outside the theatre before a porter cound be found to take them back to their wards. She said that if did happen, it was rare.

Matron Stander said procedures done "half-heartedly" had never been brought to her notice. Her matrons doing ward rounds had never received complaints from patients about this.

She also denied that nurses were reluctant to work on consecutive late nights. "Many nurses actually ask to work late nights and anyone working overtime is paid for doing so," she said.

● See Page 9

Treatment in hospital 'same for all races'

By Sue Leeman, Pretoria Bureau

Patients in black provincial hospitals receive exactly the same treatment as those in white hospitals, the MEC for hospital services, Mr Daan Kirstein, told the provincial council yesterday.

He admitted that the black institutions were overcrowded but said the standard of medical treatment was the same.

Treatment at black hospitals such as Coronation, Baragwanath and Hillbrow was "unsurpassed even in white hospitals", he added.

Mr Kirstein was reacting to allegations by the Progressive Federal Party earlier this session that people of race groups other than white received inferior treatment at the province's hospitals.

He said that in 1984/85 the hospital service would devote two-thirds — R100 million — of its capital works expenditure to improving black hospitals.

Concerning nurses' salaries, which in some categories are 30 percent lower for blacks than whites, Mr Kirstein said the Government believed in wage parity and had made great strides over the past four years to bring this about.

In 1979/80, black nurses' salaries increased 23 percent against 12 percent for whites. The next year blacks got 38 percent and whites 16 percent. In 1982/83 the increases were more than 37 percent for blacks and about 34 percent for whites.

Mr Kirstein said salary parity depended on financial circumstances: "It is not something which can be brought in overnight."

Defending the province's recent decision to increase hospital tariffs, Mr Kirstein said the executive committee had been informed at short notice of the Government's decision to cut its subsidy to the province for 1984/85 by nearly R100 million.

Licence revamp 'a step backwards'

By Sue Leeman, Pretoria Bureau

The reclassification of certain vehicle licensing categories in the Transvaal has drawn fire from the PFP opposition in the provincial council.

Mr Alan Gadd (PFP, Yeoville) yesterday criticised the definition of the new heavy articulated vehicle category, saying it would allow someone tested on a 3½-ton bakkie to drive a 25-ton truck.

"I believe this is a step backward as far as safety is concerned."

Mr Danie van Zyl (NP, Maraisburg) endorsed Mr Gadd's view, saying the matter had to be reconsidered.

The lower limit might have to be raised to four or six tons, he said.

Racehorse killed in collision with car

Own Correspondent

CAPE TOWN — A racehorse was killed and a motorist hurt today in a collision at Milnerton.

The horse, Titralac, threw its rider and bolted while being exercised near the corner of Koeberg and Racecourse roads.

Police said the horse was killed when it was struck by a car shortly after 6.40 am.

The motorist, Mr R C Knipe, of Gie Road, Table View, had neck and other injuries and was taken by ambulance to Conradie Hospital.

Mr Alec Soteriadis, a Milnerton racehorse trainer, said the accident happened after Titralac had dumped its rider.

JCE gets Villa sculpt

A sculpture by Eduardo Villa was unveiled at the Johannesburg College of Education yesterday as part of the college's 75th anniversary celebrations.

The rector of JCE, Professor R Conacher (centre), told the several hundred students in the audience that the college had established a reputation for professional conduct and academic standards of the highest order.

He said the sculpture would act as a reminder of each student's contribution to the campus.

Studying the work are SRC president Miss Joanne Levithan and sculptor Eduardo Villa.

● Picture by Etienne Rothbart.

Secu empl acqu

Pretor

An employee of the N been acquitted on ch police reservists and

Mr Sandile Wit Yelwa (29), of Alexa Johannesburg, had pl ed not guilty to charges.

Mr Yekwa said tha the evening of the dent, he attended a p in Atteridgeville. hitch-hiked home bu came tired of wal and sat down beside road.

A police van sto beside him and he im diately handed the w on he had with him well as documents - cluding his Nationa telligence Service pointment certifica to the reservists.

Reservist Const Dawid Petrus Smith the court that he and servist Constable F

Call to involve the litterbugs

By Diane Stuart

The main aim of Keep South Africa Beautiful (KSAB) was to involve those who had created the litter problem, chief executive Mr Bill Heunis said yesterday.

Speaking at a meeting to commemorate World Environment Day, he said more than R55 million was spent annually

this is why it is so important to get people involved and committed to our project," he said.

During World Environment Week, KSAB and its eight associations will distribute posters to schools, libraries and municipal offices, to make people aware of the litter problem.

In September a "Keep

Banquet on September 19, at which people and groups will receive recognition for their work towards creating a cleaner and better environment.

The KSAB programme began when the packaging industry formulated a campaign to recycle waste materials.

"But today we see re-

people it is socially wrong to litter, we can begin talking about beautifying the country, recycling, litter separation and restoration," he said.

Earlier this year Durban involved more than 30 000 peole in an 'awareness week'.

KSAB is privately run but supported by the In-

Matron says PE hospital has sufficient nursing staff

6/6/84

By WENDY FRAENKEL

THE Chief Matron of the Port Elizabeth Provincial Hospital has denied that the nursing staff at the hospital is "totally inadequate" and that even the most basic nursing care is sometimes absent.

Matron Leonie Stander was reacting to the shock report tabled in the Cape Provincial Council by Mrs Molly Blackburn, PFP MPC for Walmer, this week.

The report said that there was a lack of funds allocated to the Eastern Cape for nursing staff and medical equipment.

The main emphasis of the report was directed at the shortage of Port Elizabeth Provincial Hospital nursing staff, especially staff in the theatres and orthopaedic wards.

"There are sufficient registered nurses on the staff — in fact, there is even a waiting list," Matron Stander said. " We even had 123 students joining us between January and May this year."

Matron Stander did agree, however, that there had been an increase of almost 1 200 in-patients at the hospital between 1982 and 1983, without any increase in the staff complement.

"The junior nurses are not having to shoulder responsibilities as suggested by the report — there are three to four sisters per ward and the juniors are never left on their own," she said. "At night there is a sister present to support the nurses."

She also denied that there was also a high rate of absenteeism because of the exhausting overwork. She said that all absenteeism could be accounted for and that of the 51 nurses who were absent from work on Monday, 40 were ill and the rest had to take care of sick children.

She added that these nurses had not been replaced, but that the hospital had coped without them.

She also denied that work overloads resulted in "half-hearted" procedures, short-cuts and delegation of work to unskilled nurses.

She said that matrons doing ward rounds had never received complaints from patients.

"I agree that nurses often work five and six late nights consecutively, but they never complain and those who do work overtime often request to do so anyway," Matron Stander said. "Anyone working overtime is always reimbursed."

● The Medical Superintendent of the Provincial Hospital, Dr John Harvey, agreed that more funds were needed for additional nursing posts, equipment and facilities, but he felt that patient care had not suffered as a result.

He said the nursing situation at the Provincial Hospital had improved since last year.

PFP: Hospital fees driving patients away

7/6/84 (98) S Tow

By Sue Leeman, Pretoria Bureau

Tariffs at Transvaal provincial hospitals — raised on April 1 this year — are now competing with those charged by the private sector, according to the Progressive Federal Party provincial spokesman on hospital affairs, Mrs Irene Menell.

Mrs Menell said this was moving people away from provincial institutions into the arms of private practitioners, where they now felt they could get a better deal.

She called for the revision of the present tariff structure, saying the definition of income categories was "wildly unrealistic".

One of these was the category which embraced people with an income of between R600 and R1 250 a year.

She asked that the in come ceiling in this category be raised to R2 400 a year, and that private patients be classified as those with salaries above R2 400.

The category for private patients gave cause for concern. Here people with a gross annual income of more than R1 250 now paid R20 for an out-patient visit — double what they had paid before April 1.

The daily fee for in-patients in this category had risen from between R20 and R30 to the current flat rate of R45.

Mrs Menell also pleaded on behalf of the chronically ill, saying a retired couple with a real household income of R400 a month could in terms of the new tariffs pay R960 a year — 32 percent of their real income less rent — on out-patient treatment for one partner.

She asked that a new tariff scale be drawn up specifically for chronically ill patients, saying a schedule of recognised chronic conditions should also be instituted.

People with an annual income of less than R480 should, she said, be regarded as indigent and entitled to free treatment or treatment at a nominal cost.

MEC for hospital services, Mr Daan Kirstein, said the province's hospital service currently treated around eight million people annually — an increase on the 6,6 million patients dealt with in 1982/83.

"How can you therefore say that we are driving people away?"

Mr Kirstein said the Government still subsidised provincial hospital services by around 90 percent.

"No-one in this province needs to forego medical treatment because he cannot afford to pay," he said.

It's cheaper, but you pay more

HOW THE PEOPLES' SUBSIDISED HEALTH SERVICE COSTS THE PEOPLE TWICE THE PRICE

This woman believed the R2 fee was obligatory

A VISIT to one of the Transvaal's provincial hospitals — 90% subsidised to provide 'inexpensive' health care — costs more than twice as much as a visit to a private doctor for some patients.

And thousands of people are being tempted into a diagnose-yourself health service.

They are opting for a private doctor — guessing or hoping that their medication will not exceed R10 — instead of for a hospital where the higher fee includes drugs.

Countless lower-income patients would do better going to a private doctor with an informal 'composite' fee structure, which includes injection and drugs, than to a hospital.

For some, the personal attention and shorter queues may make the private doctor a more attractive option in any case if it's just a rand or two difference.

These are some of the consequences of the hospital tariff increases announced by the Administrator of the Transvaal, Mr Willem Cruywagen, and which came into effect on April 1.

It is not known how many people are affected in this way, but included, for instance, are single people with a gross monthly income of more than just R210 or a couple living on R312.

Also included is any member of a family of four (black or white), with a gross monthly income of more than R520 a month.

New fees

Patients in this category pay R20 for a single out-patient visit. A private doctor charges R8,80 increasing to R9,50 when new fees for private doctor consultations come into effect on July 1.

Last year the average monthly earnings of whites was R1 128, Indians R542, coloureds R385 and blacks

By GRAHAM WATTS:

R289, according to the Central Statistical Services in Pretoria.

The tariff increases come with a revised patient category system based on 'computed income' — total gross family income divided by the number of household members plus one.

While the tariff system works in favour of those in the lowest income brackets it is those in the "twilight" economic zone which is above bare subsistence level — but only just" who are suffering most from the tariff increases, according to the Progressive Federal Party's provincial spokesman on health, Mrs Irene Menell.

Mrs Menell said that "a little old lady in a room somewhere living off her savings which produce an income of say R250 a month will have to spend nearly 10% of her monthly income, plus transport costs, on a single out-patient visit to a hospital".

Mrs Celia Swartz — private doctor 'costs less'

Pictures: KEVIN MACINTOSH

The ordinance under which the tariffs were revised provides for reclassification procedures in the case of financial hardship.

"But," said Mrs Menell, "the people who need to use that procedure most ...

doctor if she had an "ordinary complaint" because it would cost her less, but her doctor had referred her to the hospital because she had "complications".

Another woman, who declined to be named, said she had to pay R25 every time she brought her daughter to the hospital. This was too much, she said, though she was on a medical aid that paid 20%.

She was not aware of any reclassification procedure.

At Hillbrow Hospital it appeared most out-patients assumed they had to pay R2 for every visit, no matter how much they earned or how many visits they made.

One woman, who would not be named because she "feared trouble" said she earned R40 a month as a domestic worker and had to bring her son to the hospital regularly.

She just paid her R2 every time, because she believed that was what she had to do.

She knew of no reclassification procedure.

In the hospital services budget before this session of the provincial council, fees are expected to bring in R79-million — R19-million (or 31%) more than last year.

About R427-million (55%) of the record R778-million hospital services budget is to go on salaries, wages and allowances.

About R24-million is to go on "other allowances" alone.

Mrs Menell told the provincial council this week the cost to society of having "inadequately treated or untreated ill health" was incalculable.

She said there were other areas in the budget where the money could be made up.

One of these was hospital management, she said.

Part of the problem lay with the "single request-type budget" in which "the more you ask for the more you are likely to get, even if it is less than you asked for".

'Socialistic'

The MEC for hospital services, Mr Daan Kirstein, asked whether the PFP "wants us to be a socialistic country".

"To say that province is chasing away patients is just untrue," he said.

Mr Kirstein said the provincial hospital service had treated 6,6-million patients last year and the figure was expected to be 8-million this year.

"And you ask whether we are facing up to our responsibilities ..." he said.

"We are doing everything in our power to help those who are not able to help themselves. I want to give the assurance that there is nobody in this province who needs to go without medical treatment because he or she cannot afford it."

KwaNdebele

814. Mr R A F SWART asked the Minister of Co-operation and Development.

(a) How many residents of KwaNdebele were employed (i) within and (ii) outside its borders in each of the latest specified five years for which figures are available, (b) in which sectors of the economy were these persons employed in each case and (c) what employment opportunities are (i) available at present to and (ii) planned for the unemployed residents of KwaNdebele?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(a) (i) Labour is a function that has, in terms of the National States Constitution Act, 1971 (Act 21 of 1971), been transferred to KwaNdebele and this information is therefore not kept by the Department of Co-operation and Development.

(ii)	
1979	172 698
1980	203 006
1981	191 857
1982	200 549
1983	96 525

(b)

	1979	1980	1981	1982
Agriculture	28 377	37 246	26 153	25 975
Mining	8 632	13 399	9 643	8 088
Manufacturing	23 896	28 874	30 876	37 689
Construction	20 617	27 566	31 105	32 960
Wholesale/Retail	15 074	16 306	15 768	17 407
Government Service	16 631	22 185	21 210	22 986
Domestic Services	34 750	39 414	38 021	37 898
Other	24 721	18 016	19 081	17 546
TOTAL	172 698	203 006	191 857	200 549

	1983
Agriculture	6 759
Mining	4 984
Manufacturing	11 055
Electricity/Gas/Water	5 029
Construction	20 636
Wholesale and Retail Trade	7 719
Transport	5 933
Financing and insurance	3 396
Domestic Services	22 604
Other	8 410
TOTAL	96 525

(c) (i) and (ii) As stated under (a) (i) above labour matters have been transferred to KwaNdebele and it is not known how many employment opportunities are available or what steps the Government of KwaNdebele has taken or will still take in this regard. As a result of financial assistance rendered by the RSA Government to KwaNdebele for the creation of job opportunities 1 816 unemployed persons will be employed temporarily.

Unemployed residents of KwaNdebele are also as far as possible placed in employment in the Pretoria area by the Central Transvaal Development Board.

Patients: per capita expenditure

896. Dr M S BARNARD asked the Minister of Health and Welfare:

What was the average *per capita* expenditure on (a) White, (b) Asian, (c) Coloured and (d) African (i) in-patients and (ii) out-patients in 1983 or as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

In the annual reports of the Departments of Hospitals Services and the Department of Health and Welfare there are no separate statistics available for White, Asian, Coloured and Black patients. It is therefore not possible to estimate the average *per capita* expenditure for the different race groups. Costs are not divided between in- and out-patients.

Citizenship certificates

920. Mr R A F SWART asked the Minister of Co-operation and Development:

How many citizenship certificates (a)(i) had been issued and (ii) remained to be issued to citizens of each national state as at 31 December 1983 and (b) were issued in 1982 and 1983, respectively?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(a) (i)

KwaZulu	1 567 683
Lebowa	258 042
Qwaqwa	144 564
Gazankulu	96 654
KaNgwane	4 513
KwaNdebele	52

The following figures are estimates:

(ii)

KwaZulu	1 887 401
Lebowa	1 368 799
Qwaqwa	999 099
Gazankulu	467 174
KaNgwane	515 031
KwaNdebele	256 348

(b)

KwaZulu	9 650	25 792
Lebowa	1 321	1 703
Qwaqwa	4 997	6 898
Gazankulu	527	635
KaNgwane	2 242	2 271
KwaNdebele		52

Hotel schools

967. Mr S S VAN DER MERWE asked the Minister of Industries, Commerce and Tourism:

(1) How many (a) White, (b) Coloured, (c) Indian and (d) Black persons (i) applied for admission to and (ii) were accepted for study at each specified hotel school in the Republic in 1984;

(2) whether his Department has received any representations regarding these schools in 1983 and 1984; if so, (a) from whom, (b) when and (c) what was (i) the nature of the representations and (ii) his response thereto;

(3) whether he plans to extend the facilities at these schools to cater for more students; if not, why not; if so, when?

The MINISTER OF INDUSTRIES, COMMERCE AND TOURISM:

(1)

		(i)	(ii)
Witwatersrand Technikon	(a)	431	143
	(b)	—	—
	(c)	—	—
	(d)	—	—
Sastri College	(a)	—	—
	(b)	10	10
	(c)	—	—
	(d)	297	206
ML Sultan Technikon	(a)	41	30
	(b)	6	3
	(c)	59	39
	(d)	61	6

can only be taken when the investigation in respect of the proposed council for standards, evaluation and certification referred to in paragraph 4.5.5 of the White Paper on the Provision of Education in the RSA, has been completed.

Certain person declared a listed communist

*15. Dr F HARTZENBERG asked the Minister of Law and Order:†

(1) Whether a certain person, whose name has been furnished to the Minister's Department for the purposes of his reply, has been declared a listed communist; if so, when;

(2) whether this person is still a listed communist; if not, when was his name removed from the list;

(3) whether this person is resident in the Republic at present; if not, (a) what are his whereabouts at present and (b) when did he leave the Republic if so,

(4) whether he will furnish any further particulars in regard to this person; if not, why not; if so, (a) where is this person resident at present and (b) by whom or what concern is he employed?

The MINISTER OF LAW AND ORDER:

(1) No.

(2)–(4) Fall away.

Westfort Hospital, Pretoria

*16. Dr W J SNYMAN asked the Minister of Health and Welfare:†

(1) Whether (a) White and (b) non-White patients are treated at the Westfort Hospital in Pretoria; if so, what categories of (i) White and (ii) non-White patients;

(2) whether any patients are treated in this hospital by order of Attorney-General; if so, what categories of (a) White and (b) non-White patients;

(3) whether any security measures are taken at this hospital in regard to such patients; if not, why not; if so, what security measures?

†The MINISTER OF HEALTH AND WELFARE:

(1) (a) Yes;

(b) yes;

(i) leprosy

(ii) leprosy and psychiatric;

(2) no;

(3) falls away.

Westfort Hospital, Pretoria

*17. Dr W J SNYMAN asked the Minister of Law and Order:†

(1) Whether any (a) complaints were lodged and/or (b) charges were laid with the South African Police recently in connection with alleged theft at the Westfort Hospital in Pretoria; if so, (i) what was the nature of the alleged offences and (ii) on what dates did these offences occur;

(2) whether the South African Police has investigated these complaints and/or charges; if not, why not; if so, with what result?

The MINISTER OF LAW AND ORDER:

(1) (a) and (b) Yes.

(i) and (ii) Complaints of the alleged theft of a television set, a firearm, cooking oil and a motorcar battery were lodged with the Police on 1, 5 and 15 January and on 15 April 1984 respectively.

(2) Yes. The investigations have not yet been completed.

Westfort Hospital, Pretoria

*18. Dr W J SNYMAN asked the Minister of Law and Order:†

(1) Whether any (a) complaints have been lodged and/or (b) charges have been laid with the South African Police since 1 January 1984 in connection with alleged assaults of Whites by non-Whites in the vicinity of Westfort Hospital in Pretoria; if so, what are the particulars of each of the complaints and/or charges;

(2) whether the South African Police has investigated the complaints and/or charges; if not, why not; if so, with what result?

†The MINISTER OF LAW AND ORDER:

(1) (a) and (b) Yes. Four complaints of alleged rape and one of alleged robbery in which cases the victims were threatened with knives were lodged with the South African Police.

(2) Yes. The investigations have not yet been completed.

Huhudi community

*19. Mr P G SOAL asked the Minister of Co-operation and Development:

(1) Whether the residents of Huhudi are to be moved; if so, (a) why, (b) when, (c) where will they be moved to and (d) how many persons are involved;

(2) whether his Departement has held discussions with the Huhudi community regarding the proposed move; if not, why not; if so, (a) when and (b) what was the response of the community;

(3) whether he or any member of his Department has received any representations from the Huhudi community; if so, (a) when and (b) what was (i) the nature of the representations and (ii) his response thereto?

The DEPUTY MINISTER OF CO-OPERATION:

(1) to (3) The matter will be discussed on 31 August 1984 with all the interested parties.

Blacks (Urban Areas) Consolidation Act

*20. Mr M A TARR asked the Minister of Co-operation and Development:

How many persons resident within the prescribed area of Pietermaritzburg qualified for rights under section 10 of the Blacks (Urban Areas) Consolidation Act, No 25 of 1945, as at the latest specified date for which figures are available?

†The DEPUTY MINISTER OF CO-OPERATION:

11 844 as at 31 May 1984.

Luckhoff: resettlement

*21. Mrs H SUZMAN asked the Minister of Co-operation and Development:

(1) Whether residents of the Black township at Luckhoff in the Orange Free State were resettled recently; if so, (a)(i) why, (ii) when, (iii) on whose authority and (iv) where were they resettled, (b) how many (i) families and (ii) individuals were involved, (c) how many of these residents are employed at Luckhoff and (d) what is the distance between this township and the resettlement area;

(2) whether facilities have been provided for them at the resettlement area; if not, why not; if so, what facilities;

(3) whether any compensation has been paid to them; if not, why not; if so, what compensation;

Hospitals for Port Alfred, Kirkwood approved

98

E. Post 16/6/84

Weekend Post Reporters

PROPOSALS for new Province-aided hospitals at Port Alfred and Kirkwood won the approval of the Region D Advisory Committee yesterday.

Chairman of the committee, Mr Louis Koch, said today an earlier application by the Kirkwood hospital committee for a regional hospital in the area had been turned down, but it decided to support the application for a provincial hospital there.

Mr Tom Dreyer, chairman of Port Alfred's hospital committee, told Weekend Post today he was confident the resort — whose psychiatric hospital is being closed down amid strong public opposition — would have a R3-million 40-bed, multiracial hospital soon.

His committee had been working on plans for the new hospital for five years and intended that it should be built on a seven-hectare site near the town's high school, above the east bank of the Kowie River.

In order to qualify for a Province-aided hospital, it was necessary for the town to raise 5% of the capital, and this had been done. The town had raised more than R200 000 through various activities arranged and supported by the townsfolk.

The hospital they wanted would provide 12 beds for whites and 28 for blacks.

Mr Dreyer said: "We have been struggling to get a provincial-aided hospital for years, and we have reached the point where our architect is revising plans to meet the requirements of the provincial authorities."

Dr Ettienne le Roux, Regional Superintendant of Hospital Services in the Eastern Cape, said he understood that plans for a provincially-aided hospital already existed for Kirkwood.

How many (a) White, (b) Coloured, (c) Asian, (d) Black and (e) other students were registered in 1983 and 1984, respectively, at each technikon falling under the control of his Department?

The MINISTER OF INTERNAL AFFAIRS:

	(a)	(b)	(c)	(d)	(e)
M L Sultan Technikon					
As at 31 December 1983	61	114	3 283	128	—
As at 31 May 1984	73	92	2 908	163	—
Technikon Peninsula					
As at 31 December 1983	16	2 328	18	22	—
As at 31 May 1984	55	2 168	19	29	—

The above figures include part-time students.

Technikons

1009. Mr H E J VAN RENSBURG asked the Minister of Internal Affairs:

How many (a) White, (b) Coloured, (c) Asian, (d) Black and (e) other members of the academic staff were there at each specified technikon under the control of his Department in (i) 1983 and (ii) as at the latest specified date for which figures are available?

The MINISTER OF INTERNAL AFFAIRS:

	(a)	(b)	(c)	(d)	(e)
M L Sultan Technikon					
(i) As at 31 December 1983	53	1	62	—	—
(ii) As at 31 May 1984	60	1	79	—	—
Technikon Peninsula					
(i) As at 31 December 1983	52	81	4	—	—
(ii) As at 31 May 1984	56	131	4	—	—

Hospital beds

1036. Mr S S VAN DER MERWE asked the Minister of Health and Welfare:

Whether there is a shortage of hospital beds or (a) Coloured and (b) Asian persons in the Republic; if so, (i) what was the shortage in each case as at the latest specified date for which figures are available and (ii) what steps are being taken to overcome this shortage?

The MINISTER OF HEALTH AND WELFARE:

(a), (b)(i) and (ii) There are no seperate statistics available for Asians, Coloureds and Blacks. Beds are only divided into White and non-White beds. The shortage of beds for Coloureds and Asians can therefore not be estimated separately from those for Blacks.

Armscor

1046. Mr P G SOAL asked the Minister of Defence:

Whether (a) Armscor and (b) any of its subsidiaries have established undertakings in decentralized areas in or near the national and/or independent Black states; if not, why not; if so, (i) which subsidiaries, (ii) where in each case, (iii) what total amount has been invested by Armscor in these areas and (iv) how many jobs have been created as a result?

The MINISTER OF DEFENCE:

(a) and (b) No, because most of the factories of Armscor and its subsidiaries were existing facilities which were taken over by the Armscor Group and further developed. Where extentions were undertaken considerations such as availability of specific expertise and the proximity to the parent plant and industrial areas played a rôle.

WEDNESDAY, 20 JUNE 1984

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†Indicates translated version.

For oral reply:

Prime Minister:

South West Africa: interim government

*1. Mr F J LE ROUX asked the Prime Minister:†

(1) Whether the South African Government recently made an offer to Swapo in regard to the constitution of an interim government in South West Africa; if so, when;

(2) whether this offer was made subject to certain conditions; if so, what is the purport of the conditions;

(3) whether Swapo responded to this offer; if so, what was Swapo's response;

(4) whether he will make a statement on the matter?

†The PRIME MINISTER:

(1) No.

(2), (3) and (4) Fall away.

†Mr F J LE ROUX: Mr Speaker, arising out of the hon the Prime Minister's reply, I just want to enquire whether his attention has been drawn to the reply furnished by the hon the Acting Prime Minister to a similar question that was put to him last week during the absence of the hon the Prime Minister?

†The PRIME MINISTER: Mr Speaker, I have not seen the reply, but it cannot be what the hon member is insinuating it was.

Ministers:

Limpopo River: sisal hedge

*1. Mr T LANGLEY asked the Minister of Defence:†

(1) Whether the planting of the sisal hedge along the Limpopo River on the border between the Republic and Zimbabwe has been completed; if not, (a) why not and (b) when is it expected to be completed; if so, when;

(2) what is the total cost in respect of this hedge up to now;

(3) whether the hedge or any part thereof was planted by contractors; if so, (a) what was the contract price, (b) who are or were the contractors and (c) in what manner were these contractors decided upon;

(4) whether the hedge serves its purpose; if not, (a) when is the hedge expected to serve its purpose and (b) subject to what prerequisites?

†The MINISTER OF JUSTICE (for the Minister of Defence):

(1) No.

(a) Because of financial restrictions

'Bitter' employee refuses award

CAPE TIMES 21/6/84

98

Staff Reporter

A DARKROOM assistant at Somerset Hospital in Green Point on Tuesday refused to accept a plaque at a long-service awards lunch at the hospital because she protested at receiving only about R300 a month after 27 years' service.

"I cannot put on a happy face at this occasion because I find it an insult to give me a plaque while refusing to give me an increase in salary," Mrs Louise Reuben said.

She said she wanted the plaque to be given to Mr Solly Rodwell, head of the X-ray department where she was employed, to impress on him how bitter she felt about receiving only about R300 a month.

The acting hospital secretary, Mr D Eversen, said Mrs Reuben had recently been offered two other posts, either as a housekeeper or as a technical assistant, which would have meant an increase in salary but that she had refused both.

Cape Times 25/6/84

Housing costs hit aged hard

By DIANE CASSERE

THERE IS widespread concern about the plight of pensioners and the frail aged because of rocketing costs of accommodation, which is now beyond the financial reach of all but the wealthy elderly.

In Cape Town, pensioners in the "economic" class can expect to pay up to R500 a month for full board at homes for the aged. This compares with tariffs of between R200 and R300 a month at residential hotels in good areas.

Sectional title development is placing tremendous pressure on pensioners, forcing people out of their flats in areas such as Gardens, Sea Point, Green Point and other areas.

Eroded

There are more than a million South Africans of all races over 65 and by the turn of the century there will be more than two million, according to the South African National Council for the Aged (Sanca).

Many of these people planned for their retirement, but inflation has eroded their savings.

Where the monthly income is less than R300, which the State then regards as sub-economic, the pensioner will pay about 80 percent of his or her pension in return for accommodation at a State-subsidized home.

Mr Tony Folker, chairman of Sanca, said a resident in a State home for the aged would pay two-thirds of his income, which included interest on capital investments.

Serviced

If the person is physically frail and in need of help, this figure rises to three-quarters of the income, and for the totally helpless and senile, 90 percent.

The Cape Peninsula Organization for the Aged runs many institutions for the aged, some of which the State subsidizes, and others which are commercial ventures.

Disa House, Gardens, is in the latter category. According to Mr Ian Tedder, director of CPOA, Disa House is "more like a boarding house". It was built by CPOA funds and while all rooms are serviced, the monthly fee of R209 mininum/R255 maximum covers only lodging and two meals a day.

But rising costs are leading to constant increases. A Disa House resident recently wrote to the Cape Times:

"Six-monthly increases are now the order of the day. For example, there were increases in July 1982 (R25), February 83 (R25), October 83 (R15), March 84 (R16) and a further increase is scheduled for October.

"There is so much insecurity. People are even looking for part-time work to supplement their meagre pensions."

The CPOA has four homes in coloured areas, two of which are Nerina in Bishop Lavis and Erica in Athlone.

These are State-subsidized and residents pay 80 percent of their pensions for full services, board, lodging, medical care and in some cases clothing.

Mr Tedder said the State paid R170 per month per person in these cases.

Sea Point Place, also run by the CPOA, has often been in the news as a result of dissatisfaction over rising costs.

"Sea Point Place was built with State funds. It operates both as a home for the frail aged in the sub-economic group — where they pay 75 percent of their income — and as a residence where the economic group pay R550 maximum per month," Mr Tedder explained.

Double

Pinelands Place, also CPOA, operates for people in the upper income bracket.

A resident said she and her husband paid R742 for double accommodation which included a lounge, bedroom, bathroom and cooking area. They had been there for two years, during which time there had been three rent increases. Another was expected in October.

Two meals a day are provided, electricity is paid for by the resident and parking is an extra R4. Single accommodation is roughly half that, and there are many additional services provided at low cost.

Not all are as fortunate. Recently an elderly man who had moved into a Wynberg home, wrote to the Cape Times:

"I pay nearly R500 a month for a room which I share with four other men. There is no heating of any kind and no qualified medical staff.

"There is no telephone in the annexe where I stay and I am allowed one bath a week. The doors are locked nightly at 6pm until the following morning.

"What would happen if there was a fire?"

It is unlikely that the provision of further funds during the current financial year will lead to increased shipbuilding activities. In view of the tight financial situation of the State, it was, therefore, decided not to reserve funds for possible new contracts during the current financial year.

(98) Hansard Q. 61. 1795 27/6/84

Health services/pensions

*10. Mr E K MOORCROFT asked the Minister of Co-operation and Development:

Whether his Department is responsible for (a) health services and (b) the payment of pensions in Mgwali, Lesseyton, Wartburg, Mooiplaats, Goshen and Kwelera areas, respectively; if not, (i) who is responsible for these matters and (ii) where are pensioners in each of these areas required to collect their pensions; if so, (aa) what is the nature of the health services provided, and (bb) where are the pensions paid out, in each area?

†The DEPUTY MINISTER OF CO-OPERATION:

(a) Yes.

(b) Yes. The Ciskeian Government renders these services on an agency basis on behalf of the Department of Co-operation and Development with the exception of the paying of pensions at Goshen, where the Department pays the pensions.

(aa) A health clinic is maintained in each of these areas. A comprehensive communal hospital-centric health service is rendered by the Ciskeian Government.

(bb) The Newlands Tribal Office, for residents of Newlands;

the Zibula Tribal Authority Office, for residents of the Mgwali/Wartburg area;

the Kwelera Tribal Authority Office, for residents of Kwelera;

the Kwenxura Tribal Office and the Mooiplaats shop in Soto Village for residents of Kwenxura/Mooiplaats;

the Tribal Authority Office at Lesseyton for residents of Lesseyton; and

the Goshen trading store, for residents of Goshen.

Hansard Q. 61. 1796 27/6/84

Stockenström

*11. Mr E K MOORCROFT asked the Minister of Co-operation and Development:

Whether any compensation has been paid to members of the Stockenström Coloured community for property expropriated for consolidation purposes; if not, why not; if so, (a) how many persons received compensation and (b) what was the total amount paid out in compensation?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

No. Written offers have already been made to the Coloured owners concerned and are presently being considered by them. For this reason no properties belonging to members of the Coloured community in the Stockenström area have at this stage been expropriated on behalf of the South African Development Trust. The payment of compensation in terms of the Expropriation Act does, therefore, not arise.

Stockenström

*12. Mr E K MOORCROFT asked the Minister of Community Development:

(1) Whether, with reference to his reply to Question No 21 on 25 May 1984, his Department's investigation into the resettlement of the Stockenström Coloured community has been completed; if so, where is this community to be resettled; if not,

(2) whether any progress has been made in regard to the matter; if not, why not; if so, (a) what progress and (b) when is it anticipated that the investigation will be completed?

†The MINISTER OF COMMUNITY DEVELOPMENT:

(1) No.

(2) Yes.

(a) Surveys were made.

(b) The date can unfortunately not be determined. Mr Speaker, the hon member should really give me a little more time. He asked the same question last month. That leaves me very little time to reply to such a complicated question!

Public relations consultants

*13. Mr B W B PAGE asked the Minister of Transport Affairs:

(1) Whether, with reference to his reply to Question No 12 on 20 June 1984, the National Transport commission invited tenders for the services of public relations consultants in respect of toll road projects; if not, why not; if so, (a) when, (b) how many tenders were received and (c) what is the name of the successful tenderer;

(2) whether the lowest tender was accepted; if not, (a) why not and (b) on what basis were the present consultants awarded the contract?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes, tenders were invited on a selective basis.

(a) During the latter half of 1982.

(b) Five.

(c) Kirkpatrick, Marais and Associates.

(2) No.

(a) The acceptance of the lowest or only tender is not always advisable.

(b) On merit after adjudicating the presentations submitted by the respective tenderers. Mr Speaker, the hon member knows very well how our system works. He himself has had concessions from the Railways in the past.

Mr B W B PAGE: Mr Speaker, I had an open tender and mine was the lowest.

Tsitsikamma Toll Road Project

*14. Mr B W B PAGE asked the Minister of Transport Affairs:

Whether with reference to his reply to Question No 13 on 20 June 1984, what was the total number of guests present at the opening of the Tsitsikamma Toll Road Project?

†The MINISTER OF TRANSPORT AFFAIRS:

Unknown, but 400 guests were catered for.

Public relations/marketing consultants: postage costs

*15. Mr B W B PAGE asked the Minister of Posts and Telecommunications:

(1) With reference to the reply of the Minister of Transport Affairs to Question No 11 on 20 June 1984, (a) what is the (i) name and (ii) rank of the Post Office official who instructed a messenger of the firm of public relations/marketing consultants concerned to endorse offical envelopes with the said firm's stamp prior to accepting them for mailing, (b) why did this official give these instructions and (c) how many such envelopes were involved;

C. Herald 30/6/84 (98)

Turned away from day hospital

'Husband earns too much,' mum is told

A YOUNG Grassy Park mother says she was turned away from the local day hospital last week because her husband earned more than R240 a month.

Mrs Charmaine Valentine said: "My son, Trivino, just over a year old, had a bad cold and had been vomiting. My husband who is an electrician had been unemployed for two weeks. I had no money and didn't know what to do about Trivino, so I decided to take him to the day hospital, hoping they'd help.

"After I had given them Trivino's details, the clerk at reception wanted to know how much my husband and I earned a month. I told them my husband's salary used to be R140 a week but that he'd been unemployed for two weeks.

"I earn R61 a week at the clothing factory where I work. When the clerk at reception heard this she told me that I could not be helped by the day hospital as my husband earned too much. She told me to go to a private doctor.

MEDICINE

"I then went to a doctor in the area but he could not give me the necessary medicine free of charge because he didn't know me. Eventually, I went to a doctor at Red Cross who agreed not to charge me.

"I think the way my child and I were treated at the day hospital was wrong. Nobody examined the child. He could have been seriously ill, what then? Because I was turned away from the day hospital in my area I had to miss two days work to travel around looking for a doctor who could help me. I can't afford to go to a private doctor."

COMPLAINED

General practitioners have slated the practice of turning those who earn more than R240 a month away from day hospitals. Doctors from the Grassy Park, Retreat and Wynberg areas said they regularly treated patients who had been turned away by day hospitals.

One doctor complained of having difficulty coping with all the patients he is forced to see as a result.

At a private doctor, patients pay R8,80 for consultation. Treatment for a minor illness like bronchitis could cost R8,74. A routine blood test and X ray could cost R84,73.

● A medical superintendent, who did not want to be named, said that the R240 limit had been in force since 1962.

"People with special problems could be exempted from the limit if they filled in certain forms," he said. He disclosed that the R240 limit was likely to be reviewed soon.

ry, Monday, July 2, 1984

Plea to turn Grey's into black hospital

Mercury 2/7/84

98

Pietermaritzburg Bureau

KWAZULU'S Edendale Hospital is unable to offer the necessary hospital care to the black population of Pietermaritzburg because of 'chronic overcrowding, shortages of staff, increasingly obsolete equipment and highly inefficient administration'.

This is the view of the Natal Inland branch of the Medical Association of South Africa, which has made top level appeals to have the old Grey's Hospital in the capital turned into a hospital for blacks.

Masa has recommended that in the interests of overall optimal medical care for all population groups in Pietermaritzburg and its surrounds, Grey's — which is to be vacated next month — should be retained for black in-patient care.

The association motivated its request in a memorandum submitted to the influencial Pietermaritzburg Co-ordinating Committee which was established recently by the city council.

The memo was also studied by the city council which has come out in support of retaining the old Grey's once the new R56 million hospital becomes operational.

In its memo, Masa said: 'It is apparent that the needs of the white community, and, to a large extent, those of the Indian and coloured communities, are well catered for, but that the same cannot be said of the blacks.

Inefficient

'Because of the chronic overcrowding, shortages of staff, increasingly obsolete equipment and highly inefficient administration, Edendale is not able to offer the necessary hospital care to the black population of Pietermaritzburg.

'Should members of that population group require private medical care, there is nowhere where this could be carried out,' said Masa.

The association said it would seem logical, in the face of the current unsatisfactory state of affairs, to ask the Province to shoulder some of the responsibility in maintaining adequate health standards for blacks.

The imminent closure of Grey's Hospital in the city centre would mean that an additional hospital could be created with minimal costs in terms of buildings and equipment by the Province, which could be utilised for black in-patient care.

It was learned yesterday that to turn the old Grey's in to a hospital for blacks in a white area would not be setting a precedent — the Hillbrow Hospital in Johannesburg, formerly the Johannesburg General, has been converted for use by blacks.

The president of the local branch of Masa, Dr P L Cohen, was not available this week but it was learned that Masa has appealed to the MEC in charge of Hospitals, Dr Fred Clarke, to look urgently into the possibility of retaining Grey's and in the meantime suspend any decision to do away with the old hospital.

Grey's won't be black hospital

Mercury 4/7/84 (98)

Pietermaritzburg Bureau

NATAL'S Executive Committee has turned down an application to transform the old Grey's Hospital, due to be vacated later this month, into a hospital for blacks.

The proposal had the support of the Medical Association of South Africa, who claimed that the Edendale Hospital was chronically overcrowded and unable to adequately cater for the needs of the capital's burgeoning black population.

Dr Fred Clarke, MEC in charge of Hospital Services, said yesterday the Group Areas Act had nothing to do with Exco's decision and that it had been based mainly on the lack of finance available to the Province.

Demand

He pointed out that there was a precedent for establishing a black hospital in a vacated white hospital building, with the black Hillbrow Hospital taking over premises once used by the Johannesburg General Hospital.

Although he had been sympathetic to the application for a similar takeover at Grey's, the demand for accommodation by various provincial departments in Pietermaritzburg was great and the provincial purse-strings were already strained to the limit, Dr Clarke said.

Exco had decided that the Department of Hospital Services should move into the building vacated by Grey's, when the hospital moved to its new home at the foot of Town Hill on July 23.

Cost

The Department of Building Services, which already shared Hospital Services' building in Pietermaritz Street, would take over control of the building.

The Department of Museum Services, currently housed near the Supreme Court in College Road, would also move to the old Grey's building, as would a number of smaller provincial sections.

Dr Clarke said the moves had been decided in principle, but no details, such as the probable cost of transfers or dates on which they were likely to take place, had been settled.

Asked about the Teachers' Training College, which had applied to take over part of the Grey's building in place of their present home at the old Governor's residence near the railway station, Dr Clarke said it had been decided that the college should remain where it was and the buildings would be renovated.

Referring to his earlier warning that the R56 million New Grey's complex could become a white elephant as a result of the plethora of applications to establish private hospitals, Dr Clarke disclosed that there were no less than 12 private hospitals under construction, approved or with applications pending, in the province — five of them in the capital.

Dr Clarke said the Province had no part in the approval of private hospitals. This responsibility had been taken away from provincial authorities in 1981 — a step of which he had not approved, he said.

Pinetown

The three new private hospitals under construction in the province are the Highway Clinic at Pinetown, which is to provide approximately 150 beds, the St Anne's Clinic extension in Pietermaritzburg, housing an additional 12 beds, and the Richards Bay clinic which will cater for 10 patients at a time.

Approval has already been granted by the Department of State Health for the construction of the 200-bed Capital Park Hospital in Pietermaritzburg, with 50 beds being provided initially; the Pietermaritzburg Hospital, with between 30 and 70 beds; the Temple Park Hospital in Durban, catering for 200 patients; the Richards Bay Hospital, with 50 beds initially to be enlarged to 200; and the Surgiclinic which will provide an additional 60 private beds in Durban.

Applications have been forwarded to the Government for approval of the Niswani Maternity Clinic in Durban, which will cater for 30 women, the Sydenham clinic conversion, also in Durban, which will provide 100 beds, the Midmedic Clinic in Pietermaritzburg, for which no size has been specified, and another unnamed hospital, with no size specified, in Pietermaritzburg.

● See Editorial Opinion

Mercury 7/7/84

98

Edendale doctors in battle to beat crisis

Pietermaritzburg Bureau

DOCTORS in the obstetrics department at Edendale Hospital here are working 30-hour shifts every two to three days to cope with the crisis brought on by chronic staff shortages.

Edendale, the fourth largest hospital in the country, was forced to cut back its services this month by admitting only emergency cases and refering gynaecological and non-emergency surgical patients to Durban's King Edward VIII hospital.

Unable

But the Mercury has learned that King Edward is unable to handle cases sent from the overloaded Edendale and is sending them back.

Edendale has plunged into a crisis which has aroused serious concern in medical and other circles in the capital.

At present there are about 150 doctors at Edendale Hospital — half the number needed to keep the hospital 'adequately serviced' — to treat about 2 000 patients in its wards, one of its senior doctors said.

The surgery department has only one full-time general surgical consultant instead of the required four because 'the situation has become so poor that consultative staff are not prepared to make a career at the hospital', the doctor said.

Some doctors are working according to a contingency plan, which could be extended to other departments of the hospital if more doctors leave.

This emergency plan is based on a five-hour morning shift twice or three days a week followed by the 30-hour shift.

'This plan ensures that the hospital is manned round the clock and that we have a chance to rest.'

Concern over the beleaguered Edendale Hospital is mounting and calls have been made for the retention of the old Grey's Hospital — which is to be vacated soon — as a hospital for black in-patient care.

The Natal Inland branch of the Medical Association of South Africa is so worried about the situation that it has made top-level appeals for something to be done to improve medical care for black people in the Pietermaritzburg area.

Masa has claimed that Edendale is unable to offer the necessary hospital care to the black population of Pietermaritzburg because of chronic overcrowding, shortages of staff, increasingly obsolete equipment and highly inefficient administration.

Overload

The Edendale crisis has spilled over to King Edward VIII but Edendale has been informed that the Durban hospital will not and cannot accept its overload — even emergency cases.

The chief medical superintendent of King Edward, Dr Justin Morfopoulos, said Edendale was facing a 'huge problem' and it would have to do something fast.

Edendale had the finest reputation in the country and he was 'very disappointed' to see what had been happening to it over the past two to three years.

(98) C. Press 8/7/84

NATAL HOSPITAL CRISIS

HOSPITAL services for black patients are collapsing in large parts of Natal, with the huge Edendale Hospital closing its doors to all but the worst emergencies.

Only the most critical surgical and gynaecological patients are being treated at Edendale – the rest are referred to Durban's King Edward Hospital because of the drastic staff shortage at Edendale.

The Edendale hospital serves a vast area from Umtata to Newcastle, and from the Valley of a Thousand Hills to Northern KwaZulu.

It also deals with referrals from smaller hospitals in the area. Now all these hospitals have been told to send their patients directly to Durban.

One of the major concerns of staff at Edendale is the traditional September baby boom. Wives of migrant workers stream into hospitals in September, nine months after their husbands' Christmas leave, but with one of the obstetrics wards at Edendale closed and all non-emergency cases sent elsewhere, staff are worried about what would happen to these mothers.

They are also concerned about women with cancer of the uterus who should be operated on immediately, but whose treatment is being postponed.

King Edward staff say they are not able to cope with the overload.

"We are normally grossly overworked anyway, but since Edendale's closing, our wards have been chaotic," said a doctor at King Edward.

"It's disastrous. We're even getting emergency cases sent directly here because the ambulance drivers know it's not worth going to Edendale first."

Mercury 10/7/84 (98)

Edendale Hospital a disaster, says doctor

Pietermaritzburg Bureau

KWAZULU'S Edendale Hospital, facing its worst crisis since it opened 32 years ago, has been described by a top medical spokesman in Pietermaritzburg as 'a disaster'.

In an interview yesterday, the chairman of the Natal Inland branch of the Medical Association of South Africa, Dr Phil Cohen, painted a gloomy picture of the situation at the hospital.

Edendale, which had the reputation of being one of the finest hospitals in the country, began its downhill slide when control of it was taken away from the Natal Provincial Administration by the Department of Health, which in turn handed it over to the KwaZulu Government about six years ago, said Dr Cohen.

'Bungling'

What had once been regarded as one of the best training hospitals in the world, had become the victim of 'bureaucratic bungling', Dr Cohen said.

Among the problems facing the hospital were overcrowding, chronic staff shortages, increasingly obsolete equipment and incompetent adminstration.

Built in 1952, Edendale was the training ground for almost every doctor in private practice in Pietermaritzburg.

'We all know it well and we all loved it. Doctors came from all over the world to work there because it offered a blend of training and experience that probably could not be duplicated anywhere else. The world is littered with first-class doctors who got their training at Edendale.

Disenchanted

'It supplied a very good service to the local population. But not any more.'

The problems, said Dr Cohen, began from the time it was taken over from the NPA and it has been allowed to 'run down in respect of equipment and certain facilities and because of staff shortages'.

'Edendale has become overloaded to the extent that it cannot cope any more, and, because of top-level bureaucracy, nothing happens properly.

Highest level

'We have been given many examples of bureaucratic bungling and arrogance over the past few years. One example is where posts are just not confirmed. Top people at the hospital are becoming increasingly disenchanted and have left in fair numbers. Because of this there is a lack of guidance for the juniors.'

Dr Cohen said 30 new posts had been allocated at the hospital.

'Hopefully this will help but one is sceptical about them being filled.'

In a bid to save Edendale, Masa has taken up the hospital's plight at the highest level.

Recently an approach was made to the MEC in charge of Hospital Services, Dr Fred Clarke, that the old Grey's Hospital in Pietermaritzburg be converted into a 400-bed hospital for blacks. Last week a memorandum was sent to State Health in Pretoria about the critical situation at Edendale.

'We see Masa as having two spheres of responsibilities, one to promote the best possible facilities for the treatment of patients and the other to represent the interests of our members. The doctors at Edendale are our members and therefore we are concerned about their working conditions.'

Dr Cohen said Edendale catered for a vast number of blacks, drawing patients from as far afield as Umtata, KwaZulu and Northern Natal. It is the country's fourth largest hospital.

'Here we have a 1 500 bed hospital in a good geographic position and which for the past 35 years has supplied high-class specialist service to the black population. It has now all of a sudden been allowed to disappear, to disintegrate. We cannot let this happen.'

Concern

His association saw only two short-term solutions to the problem: either to allow the old Grey's, which is to be vacated shortly, to become a hospital for black in-patient care, or for Edendale to revert to Provincial control.

Dr Cohen said the main concern to Masa was that patients were not receiving adequate medical care.

'When one analyses the situation one is not really so concerned about the appearance of the hospital — decrepit though it may be — if the patient care is good. But when there are unnecessary deaths simply because of the chaos, then that is an untenable situation which calls for something to be done.'

KwaZulu bid for private hospital for black patients

African Affairs Correspondent

THE KwaZulu Department of Health and Welfare has asked the Natal Provincial Secretary to convene a meeting to discuss the establishment of a private hospital for blacks in Pietermaritzburg in order to relieve pressure on Edendale Hospital.

This was disclosed yesterday by the secretary of the department, Dr Darryl Hackland. He was commenting on reports of acute staff shortages at Edendale.

Dr Hackland said blacks represented an 'up and coming' clientele as far as private hospital treatment was concerned. Many blacks were now subscribing to medical aid schemes and were also being paid out by motor vehicle insurance and workmen's compensation funds.

He said KwaZulu authorities were interested in the use of the old Grey's Hospital or St Anne's Hospital for private black patients.

Dr Hackland said he was looking forward to applications for the 15 new doctors' posts to be created at Edendale Hospital as an immediate step to ease the staffing crisis.

He said KwaZulu authorities had already received an application for a doctor's post in the Department of Surgery.

(2) (a) what amount has been paid by the Trust to White farmers affected by Ciskeian consolidation since the date of independence, (b) how many White farmers received these payments and (c) how many hectares of land have been handed over to Ciskei by the Trust since that date;

(3) (a) how many hectares of land are currently being held by the Trust and (b) (i) how many hectares of land have been hired out by the Trust to White farmers, (ii) how many White farmers are involved and (iii) what are the terms of lease regarding the (aa) period of lease and (bb) payment per hectare;

(4) (a) what amount of money was acquired in rentals during the latest specified period of 12 months for which figures are available and (b) to what use has this money been put?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) The figures are not readily available.

(b) Approximately 116 000 hectares.

(2) (a) and (b) No special register is kept in respect of this information and to obtain it will require the performance of a great quantity of work, which in the circumstances is not deemed justified.

(c) 100 000 hectares.

(3) (a) Approximately 27 000 hectares.

(b) (i) 25 500 hectares.

(ii) 50.

(iii)(aa) The land is leased for a period of 1 year.

(bb) Rentals are calculated at 2% of the value of grazing and 3% of the value of irrigation and arable land.

(4) (a) Approximately R173 000.

(b) Rentals are deposited to the South African Development Trust Revenue Account and appropriated by the Trust by means of the estimates.

Trading licences

1116. Mr R A F SWART asked the Minister of Co-operation and Development:

How many trading licences for Black persons were in operation in (a) the Republic and (b) each province as at the latest specified date for which figures are available?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

Trading licences are issued by local authorities and the information if not kept in a central register.

The information requested is therefore not available.

Hansard Q. Col. 2048 12/7/84

Institutions for the aged

1117. Mr R A F SWART asked the Minister of Co-operation and Development:

(1) How many (a) State and (b) private institutions for the aged were there for Black persons as at the latest specified date for which figures are available;

(2) what total number of (a) persons could be accommodated in, and (b) applications for admission were (i) received and (ii) refused by, such (aa) State and (bb) private institutions in 1982 and 1983, respectively?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) Nil.

(b) 5 as at 1 June 1984.

(2) (a) 344.

(b) As these private institutions for the aged are managed by autonomous welfare organizations or Black local authorities the Department of Co-operation and Development does not have this information on record.

Information regarding facilities in the national states is not on record at the Department of Co-operation and Development due to the fact that control over Health and Welfare matters were transferred to the national state governments.

Institutions controlled by the Development Boards or Black local authorities are not regarded as State or private institutions. In this regard the honourable member is referred to the reply to question 1023 of 1984.

Welfare organizations: subsidies

1131. Dr M S BARNARD asked the Minister of Co-operation and Development:

(1) What are the present subsidies paid by his Department to private welfare organizations for the different post levels of social workers;

(2) what percentage of the scale average for social welfare positions is paid by his Department to private welfare organizations;

(3) whether this percentage is to be increased; if not, why not; if so, (a) when and (b) by what amount?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) *Social Workers*
Salary subsidy: R893,78 per month.
Administrative subsidy: R341,42 per month.

(b) *Supervisors*
Salary subsidy: R1 325,86 per month.
Administrative subsidy: R458,88 per month.

(c) *Management Posts*
Salary subsidy: R1 507,44 per month.
Administrative subsidy: R458,88 per month.

(2) 75%.

(3) No. The basis of subsidization, namely 75% of the scale average of a corresponding post in the Public service, is maintained by all functional departments in respect of the different population groups. That is the basis approved by the Treasury.

Hansard Q. Col. 2050 12/7/84

Old-age pensioners

1133. Mr B B GOODALL asked the Minister of Co-operation and Development:

What total number of Black old-age pensioners were there in the East London area as at the latest specified date for which figures are available?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

1 470 as at 1 June 1984.

Chronically ill aged persons

1134. Mr B B GOODALL asked the Minister of Co-operation and Development:

Whether there are any facilities for the care of chronically ill aged Black persons in the East London area; if not, why not; if so, (a) what facilities, (b) how many persons can be accommodated in these facilities and (c) what total amount has been allocated for the care of such persons in this area?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) Yes.

(a) The Provincial Hospital.

(b) Unknown. At present there are no such patients at the hospital, probably because facilities for such patients exist at Peddie and Mdantsane in Ciskei.

(c) Amounts are not allocated to specific areas. For the 1984/85 financial year R287 000 has been estimated for care of the chronically ill.

Hansard Q. Col. 2051 12/7/84

Development Boards

1143. Mr P G SOAL asked the Minister of Co-operation and Development:

(a) What are the (i) names and (ii) qualifications of (aa) the chairman and (bb) each of the members of the board of each specified Development Board, (b) what amounts are they paid in (i) salaries and/or (ii) allowances in each case and (c) by whom was each appointed?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(a) (i) The names of the Chairman and Deputy Chairman appear under (aa).

West Rand Development Board

(aa) Mr J C Knoetze.
Mr C P Venter.

(bb) Messrs F J Beyleveldt, J W du Toit, O A W van Zyl, J C Fick.

East Rand Development Board

(aa) Mr A D Niemandt.
Mr H C Immelman.

(bb) Messrs A J Nel, R S Gosse, Dr M P Cilliers, Mrs M P Warffemius, MPC.

Central Transvaal Development Board

(aa) Mr C H Kotzé.
Mr J G Toerien.

(bb) Mr J J Prinsloo, Dr P G J Louw, Prof Dr C F Swart, Mr N Vlok.

Northern Transvaal Development Board

(aa) Dr T L Boshoff.
Mr P P Fouche.

(bb) Messrs J E Vorster, J M C Dippenaar, J J Storm, H P Eloff.

Eastern Transvaal Development Board

(aa) Mr G J van der Merwe.
Dr G F J van Rensburg.

(bb) Mr J Z Celliers, Dr H J Geyer, Mr E Shrosbree, Mr J S F Scheepers.

Western Transvaal Development Board

(aa) Mr S W P de Waal.
Mr J T Burke.

(bb) Messrs H Prinsloo, D Archer, Prof L van Heerden, Mr C C C van Eeden, MPC.

Highveld Development Board

(aa) Mr H F Breytenbach.
Mr J I du Toit.

(bb) Messrs R P Botha, W A de Klerk, N du Toit, F R P Schutte.

Western Cape Development Board

(aa) Mr F S J Maritz.
Mr J E Carstens.

(bb) Messrs B W Lategan, A W Bester, J G Brandt, Prof D E W Schuman.

East Cape Development Board

(aa) Dr J Wessels.
Mr R L de Lange.

(bb) Messrs A T Meyer, G P Morum, Dr J A Erwee, Mr F H Kotze.

Nothern Cape Development Board

(aa) Mr G H Venter.
Mr H J H Lubbe.

(bb) Messrs J P de Wet, S Lombard, J H Viljoen, S E Bellingan.

Southern Orange Free State Development Board

(aa) Mr H N le Roux.
Mr J I Cronje.

(bb) Messrs A M Wessels, F van Rooyen, Prof Dr W J H Vrey, Mr H B M Coetzee.

Oranje Vaal Development Board

(aa) Mr H P van Nieuwenhuizen.
Mr H C van der Walt.

(bb) Messrs H M Habig, C E Fairweather, M M Meyer, G S Visser.

Natalia Development Board

(aa) Mr K R H Eggers.
Prof J L W de Clerq.

(bb) Messrs A C J E Schmidt, P J Marais, O G Jones, R E Hudson-Reed.

(ii) (aa) and (bb) All the Boards consist of members who possess the qualifications laid down by statute. In this regard the hon member is referred to section 4 of Act 4 of 1984.

(b) (i) Chairmen receive R18 000 per annum, except for Mr J C Knoetze, Chairman of the West Rand Development Board, who holds the office on a full time basis and is paid a salary of R44 850 per annum plus 12%.

Deputy Chairmen receive R13 000 per annum.

Members receive R6 000 per annum.

(ii) All members of Development Boards are further entitled to a subsistence allowance of R53 per day of 24 hours and R2,20 per hour for every hour in excess of a 24 hour period when they are

HOSPITAL FEE SHOCK

THE BARAGWANATH Hospital has given details on the classification of patients according to income and number of dependants — and some patients are to pay R45 for a day's stay at the hospital.

By SELLO RABOTHATA

According to the superintendent, Dr Chris van der Heever, on admission or as soon as possible thereafter, all patients admitted to the Transvaal Provincial Hospitals will be classified according to their family income, with observance of the number of people in their household into one of three categories.

The three categories are:

- Free patients;
- Part-paying patients; and
- Private patients.

The TPA said in respect of part-paying cases a nominal fee or daily tariff is payable, while for private patients a daily tariff is obvious.

Pension

Free patients will be those who have no income whatsoever, or who receive a pension or allowance in terms of the Social Pensions Act; are children who are in the care of persons, association of persons or a registered children's home; are minor unmarried mothers who are in the institutions for unmarried mothers and who are admitted for their confinement; are donors, lodgers and/or relative belonging to the above mentioned patients who are exempted from any hospital fees.

Part-paying patients will be those patients whose family income is R3 000 per annum with four people in his household. This patient will be classified in the category H4. This patient will have to pay a nominal fee of R15 per admission but if he belongs to a medical aid scheme it will be changed to R20 per day.

Deposit

Private patients will be those patients with four people in their household whose family income is more than R6 250. This patient will be classified in the category P3, therefore he will have to pay R45 per day whether he belongs to a medical aid or not.

According to the regulations, it is expected from a patient to pay a deposit or to supply the hospital with a membership card to prove that he belongs to a medical aid scheme which accepts responsibility for the hospital account.

Accounts

Other points raised were: On admission all patients are informed in writing of their classification, as well as particulars concerning the nominal fee or daily tariff; if they have financial problems or their medical scheme benefits are exhausted, they must consult the hospital social worker for advice in connection with reclassification into a lower category; if the patient or person who is responsible for the payment of the account is not satisfied with any re-classification being done by the hospital officials, he may appeal to the hospital board.

Accounts raised must be paid as soon as possible, preferably on discharge of a patient, or arrangements made with the hospital to settle it in instalments.

Sowetan 20/7/84 (98)

R25-m clinic to be built in Sandton

98

9/8/84 Star

By Susan Pleming

A R25 million medical clinic will open in the plush suburb of Morningside in Sandton next year.

Situated on the corner of Rivonia and West roads, the 200-bed Morningside Clinic, which is backed by Escom's Pension Fund, will provide a "wide variety of specialised medical care", according to the clinic's developer, Mr Richard Wostenholm.

Among the disciplines to be accommodated are orthopaedics, gynaecology, paediatrics, plastic surgery, ear, nose and throat specialists, general surgery and urology.

"There is a need for a clinic of this nature and we have found that most of the hospitals and clinics in the Johannesburg area are terribly overbooked. There are not enough hospital beds or theatres available," Mr Wostenholm stressed.

He said he would not be "in competition" with the provincial hospitals.

"We are not in competition with the provinicial hospitals and it is not our aim to rob them of their nursing staff — we may look into training nurses ourselves.

"We want to make a comfortable, fairly general purpose hospital which offers a high standard of medicine."

Ward facilities in this four-floor complex will range from the exclusive R200-a-day suite to the general ward based on medical aid rates.

There will be eight operating theatres and a computerised clinical pathology laboratory and radiology department.

The clinic will also house a shop, hairdresser and a pharmacy as well as a coffee and sandwich shop for use by visitors and patients.

'New constitution entrenches worst'

By Gary van Staden, Political Staff

South Africa's new constitution entrenches the worst features of the Westminster system while omitting the best.

This view was expressed by Mrs Helen Suzman of the Progressive Federal Party when she gave her 32nd Parliamentary report-back to her Houghton constituency last night.

"The new constitution is based on apartheid and entrenches the worst features ... namely 'winner-take-all' elections and centralised power while leaving out the best feature — universal franchise under the rule of law," Mrs Suzman said.

The meeting, held at the Houghton Primary School, was attended by about 200 people.

Mrs Suzman added that although the PFP had advocated a "no" vote in the referendum, the party had accepted the result and would take its seats in the new tricameral Parliament.

"Not to do so would have been an abdication of our responsibilities."

She briefly outlined impressions of major reports which had been handed in to the last session of Parliament:

- On the Eloff Commission report on the SA Council of Churches she said although the motives which brought it into being were "obviously political" she was pleased to note the Government had taken no action against the SACC.
- On the Hoexter report on the functioning of the courts, Mrs Suzman said, "I was pleased they addressed the problem of pass law offences and the role of poverty in the context of Influx Control violations."

Mrs Helen Suzman ... "Constitution entrenches the worst and leaves out the best."

(98) Star 9/8/84

Increase in hospital tariffs slated by Menell

Political Staff

Increased provincial hospital tariffs could result in unattended illnesses deteriorating to the point where expensive medical intervention was required and to an increase in infant mortality, Mrs Irene Menell (PFP) said last night.

Mrs Menell, MPC for Houghton, said the "scandalous" increase in tariffs had placed health care beyond the reach of many.

"Health care is not affordable to chronically sick patients in all but the higher income brackets.

"It is not affordable to those who have to be hospitalised or receive treatment over a period of time except some of those in the very lowest income categories and for the wealthy patient," she added.

She said medical aid society members would enjoy the benefit of their schemes but most users did not have that cushion.

Mrs Menell said tariffs for lower income categories had been increased by 350 percent while those slightly better off faced a 100 percent increase.

"I moved a motion calling for the urgent review of the tariffs and the income categories on which they were based with particular reference to the chronically ill who really need a different tariff scale," she said.

"Although our suggestions were not directly dealt with in debate by the MEC, I did detect some willingness to give."

(98) Star 8/5/84

Hillbrow hospital to be renovated for Indians

By Susan Pleming

The old "non-european" hospital in Hillbrow will be opened to Indian patients at the end of the year after rennovations costihg R280 000.

Mr Danie Kirstein, MEC in charge of hospital services, said the new hospital would "relieve pressure" on Coronation Hospital which now admits Indian patients.

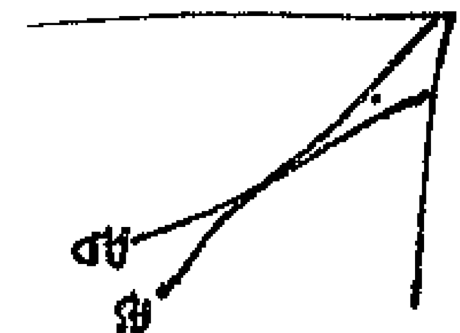
"Coronation Hospital is overcrowded and some 30-bed wards have more than 40 beds crammed into them. This new hospital will accommodate 150 to 160 patients," he said.

There were still not enough Indian nurses or doctors for the newly rennovated hospital and Mr Kirstein said black nurses would probably be employed.

"There is always a problem with nursing staff and doctors, but we will be making use of doctors from the Hillbrow Hospital."

He said the proposed R6 million 100-bed Lenasia Hospital would be completed by the end of 1984.

The Lenasia Hospital will have three basic wards, three operating theatres, two x-ray diagnostic rooms and a casualty ward.



SUNDAY TRIBUNE, JULY 22, 1984

From crisis to crisis . . . the giant Natal hospital that treats more than a million people every year

THE EDENDALE TIME BOMB!

By Rod Jackson-Smith

EDENDALE, the vast black hospital near Pietermaritzburg, is a medical time-bomb which the KwaZulu Government hopes to defuse with a massive multi-million-rand three-year plan.

While the benefits of the plan — which has already been implemented — will take time, there is truth in claims by Dr Phil Cohen, chairman of the Natal Inland branch of the Medical Association of South Africa.

He said Edendale, once regarded as one of the finest training hospitals in the world, had become victim of bureaucratic bungling; he cited overcrowding, staff shortages, inadequate equipment and incompetent administration as major reasons for the decline in the quality of its medical services.

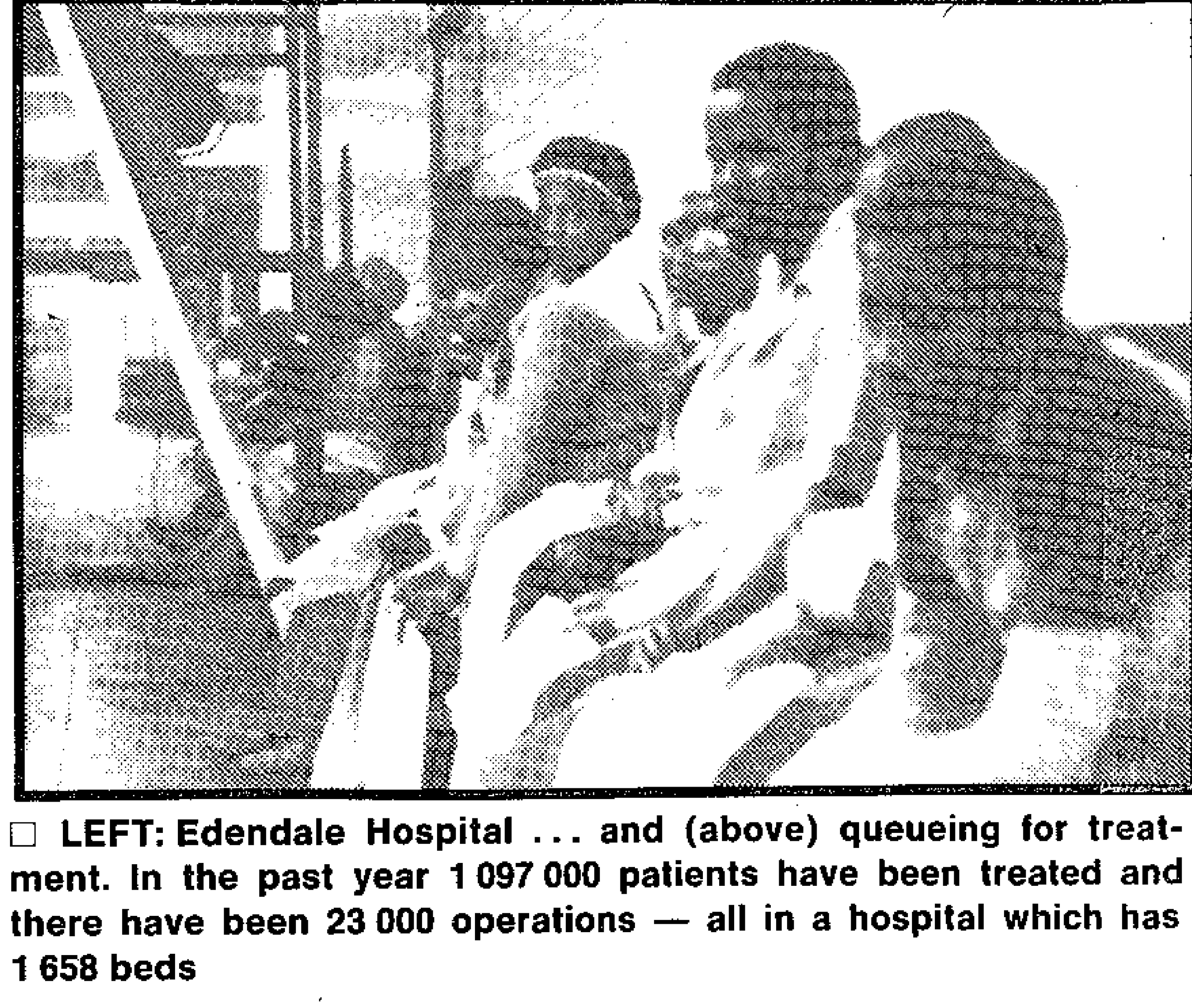
Dr Cohen said the hospital's current crisis had its roots in the decision some six years ago to transfer control of its administration from the Natal Provincial Administration to Pretoria, which in turn handed this function to the KwaZulu Government.

But to lay all the blame for the hospital's undoubted ills at the door of KwaZulu's Department of Health is as inaccurate as it is unfair — as a reading of the its early history discloses.

□ CRISES and Edendale Hospital have been uncomfortable bedfellows throughout the chequered 30-year history of this major medical institution which, in spite of its poor image, remains a vital factor in preventing the collapse of hospital services in Natal.

During the past 30 years many diagnoses of the hospital's ills have been made and remedies applied. But it is susceptible to the recurring maladies of poor administration, staff shortages and inadequate equipment, all of which threaten the quality of medical care administered to the more than one million patients treated there annually.

This concern for the hospital's patients prompted Dr Phil Cohen, chairman of the Natal Inland branch of the Medical Association of South Africa, to label the hospital 'a disaster'.



□ LEFT: Edendale Hospital . . . and (above) queueing for treatment. In the past year 1 097 000 patients have been treated and there have been 23 000 operations — all in a hospital which has 1 658 beds

In 1975, an article was published in the *SA Medical Journal* which outlined the reasons for establishing Edendale Hospital 21 years earlier and which also sketched problems, similar to those being encountered today, which plagued it when it was firmly under the control of the NPA.

Staff shortages in particular were highlighted in the article, which was published in the August 23, 1975 edition of the journal. According to the article this problem was evident within the first two years of its existence.

"The minutes of the hospital staff committee meetings held during the first two years reflect concern about the lack of patient accommodation and the shortage of junior medical staff," the article said.

That the hospital has seen, and survived, other crises is evident from the article: "A further crisis occurred in April 1957 when, as a protest against the introduction of discriminatory pay scales, and especially against their retrospective application, all the non-white interns and medical officers resigned at short notice. This development, in a hospital which was already understaffed . . ."

And that the hospital and its staff were victims of seemingly mindless bureaucratic decisions in its dim and distant past finds support in this observation made in the article:

Cross-purposes

"Another aspect which might perplex the casual but comprehensive observer, is that though the doctors and nurses and their administering authorities have had a common goal, they seem, at times, to have been acting at cross-purposes.

"Furthermore, it might seem that doctors and nurses sometimes fight a battle on two fronts; one of which is the treatment of patients and the other of which is directed towards preventing bureaucracy from hindering them in their efforts."

While it is clear that some of the present weaknesses in the hospital were evident years ago this does not justify the current problems, a fact which the hospital's medical superintendent, Dr Nicholas Karnezos, readily admits.

"There is some truth in what is being said about the hospital, but to be frank it's all been said before. Something which does need attention though is the appointment of properly trained administrators," he told the **Sunday Tribune** this week.

"Without properly trained staff it is impossible to delegate as there is no one to delegate to. Everything has to be referred back to Ulundi, which also has its administration problems. They try very hard, but they just can't cope," said Dr Karnezos.

This often led to long delays in purchasing vitally needed equipment, the timeous appointment of new staff members and the creation of new posts to cope with the increasing demands being placed on the hospital and its services.

Staffing

In current circumstances it was difficult to attract staff.

"Some of our doctors are working a 110-hour week. When the average civil servant works less than 40 hours a week how can working here be an attractive proposition?

"But in spite of all the gloom the doctors we do have work hard as a team to keep the services going. Without their devotion and that of the nursing staff the place would have collapsed a long time ago," he said.

"During the past year the hospital treated 1 097 000 patients and its 1 658 beds had an occupancy rate of 86,4 percent. In the same period 23 000 operations were performed.

"These figures underscore the vital role the hospital plays in the provision of hospital services in Natal.

"It is obvious that it is in everybody's interests that the hospital continues to function. If this hospital had to close its doors, can you imagine what would happen to hospital services in this region?"

On one point Dr Karnezos is adamant: While the hospital does have its problems these have not led to the withdrawal or withholding of treatment to patients, one of the primary concerns of the Medical Association.

"We have standardised our treatments in such a way that we do not waste money, but expensive treatment is not withheld."

This week saw the KwaZulu Department of Health approve the creation of 30 new posts for doctors at the hospital, a step which will effectively increase the services available and relieve hard-pressed medical staff.

"Much has been done in the past few months, particularly since Dr Frank Mdlalose, was appointed Minister of Health.

"Given time, money and proper planning we will overcome these problems," said Dr Karnezos.

Dr Mdlalose was equally confident that problems at the hospital would be overcome. He told the Sunday Tribune this week that the KwaZulu Government had approved the expenditure of R6,6 million at Edendale Hospital during the next three years.

NOW THE UNDERTAKER STEPS IN TO GIVE A HAND

By TERRY SHAPIRO

AN Imbali undertaker has offered to help out with one of Edendale Hospital's ongoing crises.

The problem in question is that of the hospital's 17-ambulance fleet. Only three are in running order; 10 have been written off and four await repair.

The hospital is "experiencing a few difficulties", according to senior superintendent Dr Derek Lawson.

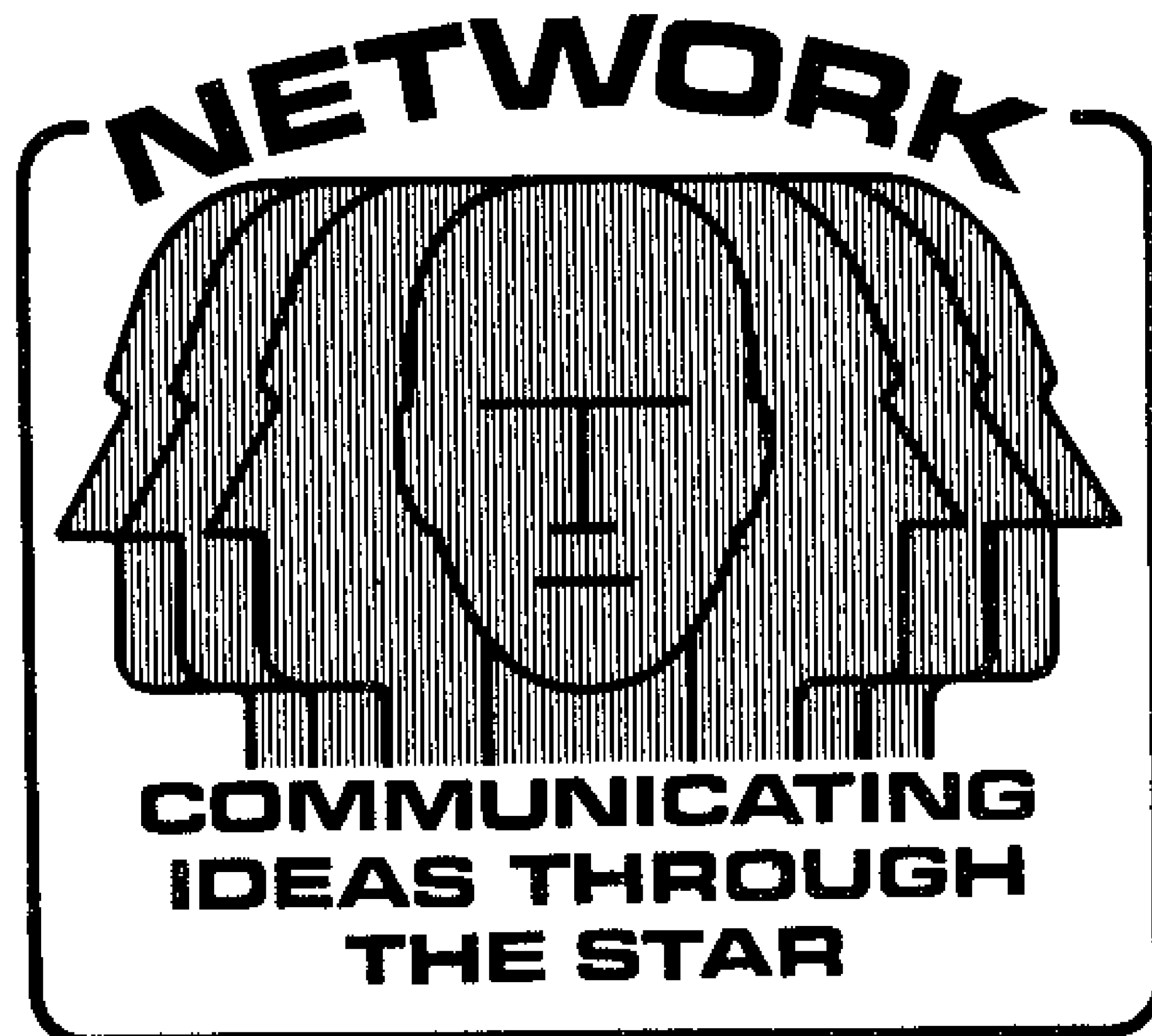
An application from undertaker Mr S A Mntungwa to solve the problem with his four-vehicle fleet of white Valiant ambulances is being considered by Ulundi.

Replacement of the hospital vehicles is expected "within a couple of months".

Meanwhile the remaining three hospital vehicles are attending local calls and the Red Cross and Santa have started running services to Edendale from Pietermaritzburg's outlying districts.

(98) Star 14/2/84

Health care: a sick system



In the previous article of Network's new series on health, Andre Spier of SYNCOM gave the economic background to the steeply rising costs in providing health care. Here he looks at what this cost escalation means.

Our present system of health care is troubled by something more problematic than inflation: the economic incentive to those earning a living from medicine is based on disease, not health. And on cure, not prevention.

Preventive "medicine" absorbs but three percent of our budgets and most preventive procedures cannot be recouped from medical aid.

Thus we are dealing with a system of perverse incentives.

Health professionals are faced with constantly rising costs in medicine, medical technology, hospitals and rentals of premises.

If they want to keep up with these increases and maintain their income levels, fees need to be adjusted periodically.

This posed no problem in the past, since the medical schemes were locked into a system of compulsory guaranteed payment.

The only possible brake on rises in fees rested in the Minister's discretion.

This has put the Minister in an unenviable position. It is impossible to satisfy the doctors, the patients and the medical schemes all at once.

Recent legislation has changed all that. A measure of free market regulations has been introduced: doctors set their fees and the medical schemes decide on their own benefit schedules.

The "buck is now passed" to the consumer, who is traditionally ill-educated to exercise constraint.

Unless the perverse incentives are, at least in part, reversed and alternative health care delivery systems are allowed, the present system will collapse under the demand explosion of the next two decades.

The present growth rate in the number of people taking out medical cover is about six percent a year compounded.

This means that the total number under medical aid will rise from the present 6 million to roughly 50 million by the year 2020.

Black demand for health care in the formal sector may rise 10-fold quantitatively and possibly threefold qualitatively over the next 35 years.

Additional factors aggravating the situation are:

- Near-zero population growth among the affluent but a population growth rate close to three percent among those who can least afford health services.
- Rapid urbanisation of the black population from the present 40 percent to 75 percent by the year 2000, equalling an influx of about 1 million a year.
- Increasing life expectancy at birth for urbanised blacks, with a shift to more costly degenerative and stress-related disease patterns at lower ages because of uncustomary environmental patterns, lifestyles and detrimental dietary habits.
- Increasing unionisation of the black labour force with the non-discriminatory provision of health services written into the labour contracts.
- A dramatic increase of the 65-plus population, who consume per capita far more in health care costs than the younger stratum.

None of these factors can be changed significantly in the medium term since demographic factors tend to change slowly.

There are also secondary factors influencing the demand for care:

- Increased traffic densities and therefore more accidents.
- Rising crime rates as a consequence of higher population densities in sub-standard environments, together with alcohol and drug abuse, cigarette smoking and other hazards of urbanisation and industrialisation.
- Rapid deterioration of the rural areas with grinding poverty, malnutrition and high infant mortality, traditionally translating directly into high population growth. (Mozambique, one of the poorest countries is approaching four percent population growth!)

It is unthinkable that the present health care system, already under considerable stress, will cope with the demand explosion resulting from all these factors in combination.

One must bear in mind too that an increase in the maldistribution of care for a multiracial urbanised population could have serious implications for social stability in South Africa.

Thus a fundamental rethink is needed. (In his next article, Andre Spier discusses some possible solutions).

'Disease palace' training rapped

(98) (95) C-7wing 15/8/84

By CHRIS ERASMUS
Medical Reporter

SOUTH AFRICAN universities produce wonderful doctors in the academic sense, but contribute little to fighting the country's major health problems.

This was said last night by a graduate of the University of the Witwatersrand, Dr Ian Kitai, now practising at a rural clinic in Matabeleland, Zimbabwe, during the second day of the 1984 Medical Students' Conference.

Dr Kitai said his university training had not equipped him to deal with the realities of rural medicine and it was his extra-mural experiences as a student which had helped him cope.

He said it should be realized that the new Johannesburg General Hospital had an annual budget equal to the combined annual resources available to all the "African reserves" in South Africa.

"I was trained in a disease palace by people who seldom left this same palace," said Dr Kitai. The result was an education inappropriate to the needs of the rural majority who were in desperate need of health care.

Working in the southern Matabeleland mission hospital, which serves an estimated 38 000 people, he found malnutrition relatively rare. This was due in part to the knowledge that the local people had of their own nutritional needs.

"I learnt that traditional diets in Matabeleland were considerably better than the nonsense diets being advocated by Western professors. The lesson is that rural people in general know very well how to survive in conditions where urban people never could."

'Arrogant'

Dr Kitai said research into rural nutritional needs had been "very arrogant" in this respect.

Saying that he left university with none of the vital knowledge of appropriate technology required for adequate rural health care — such as how to protect scarce water supplies and build fly-free waterless latrines — Dr Kitai said he suspected that medical students would also leave the University of Cape Town with none of this knowledge, or an awareness of the political economy of malnutrition.

He said the ultimate worth of medical education was the role it played in improving the health of all a country's people and that community health needs, not academic wants, should determine the direction of medical education.

This meant a balanced exposure of students to the communities where they were needed and adequate health facilities to serve these communties. Also needed was at least one compulsory, examinable course in an African language at medical school.

Mr Julian Stern, a fifth-year medical student, spoke to the audience of more than 200 on "Who gets into UCT Medical School and Why". He found that in spite of assertions that admission to the course was unbiased, there was indeed a bias, in favour usually of white, young, upper-class, male, academic achievers, at least one of whose parents was involved in the medical field.

Of the 1 500 applications for admission to UCT Medical School in 1982, more than one in five of white applicants had succeeded, while none of the black applicants had succeeded and only 1,4 percent of Indian applicants had gained admission.

Just more than half the successful applicants (55 percent) were male.

(98)

HEALTH CARE COSTS

Building bills

Pretoria is facing a bill of at least R340m in immediate expenses if it is to have any chance of meeting the increasing burden on public-sector health care.

If the present State system is not drastically altered, the money will have to be spent on training doctors and building additional medical schools and hospitals to cope with the projected increase in population and urbanisation over the next 20 years.

"SA needs to train and retain 20 000 doctors if it is to have an optimum doctor-to-patient ratio of 1:1 500 by the end of the century," says the Syncom 2 report, which was researched and prepared for the Pharmaceutical Society of SA (PSSA). "Nearly one-third of SA's present number of doctors will have retired by the year 2000," says the report. At present, doctor training costs about R100 000 a head.

SA currently has seven medical schools, but the report indicates that an additional seven are needed now, and the country will require 23 altogether (another 16) to meet future needs. "Ideally," says the report, "35 medical schools will be required by 2020." Industry sources point out that, at today's prices, the cost of building and equipping one medical school would be about R15m.

The report questions Pretoria's policy of building "one mammoth hospital after another." The PSSA report calls for a "finer network of sophisticated smaller hospitals throughout SA to meet real demand."

"To initiate a programme like this, the minimum start-up cost would be around R100m," says an idustry source.

"Increasing urbanisation by SA's black population — 75% will be living in cities by 2000 — will mean that about seven totally new cities the size of Soweto will also have to be built and serviced by 2000," says the report.

"SA's current health bill is around R1,3 billion, and this will rise to around R10 billion by 2000," say the sources.

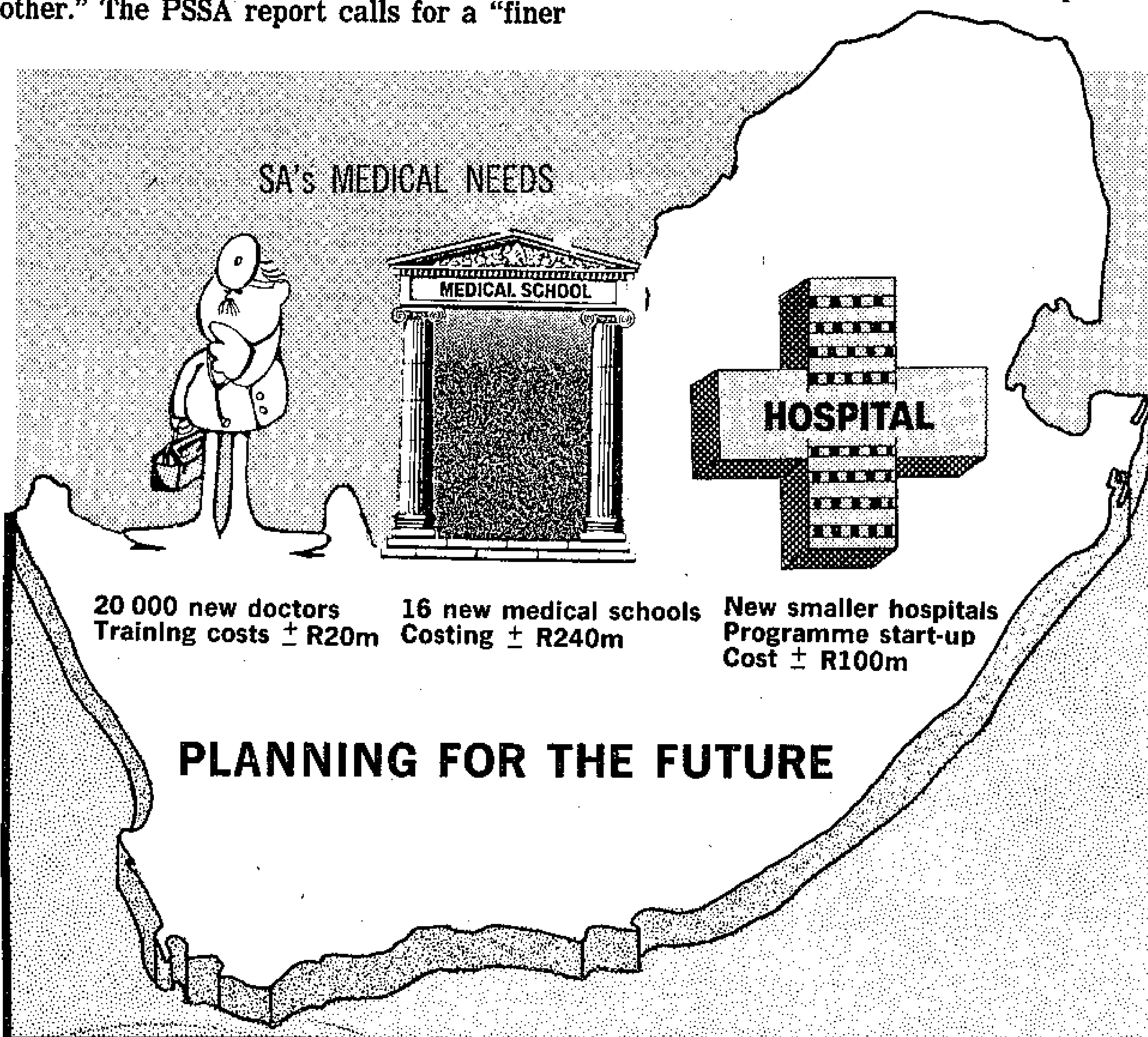
To meet these rising costs, the report points out that renewed emphasis on private-sector involvement on national issues like health must be encouraged. "Neither the private sector or the business community has woken up and prepared themselves to meet this challenge," says the report.

SA's public-sector health service is already under extreme pressure to cope with today's demands. Pretoria has called for the introduction of generic drug substitution, supplying a cheaper drug in place of the branded original, in order to cut costs.

Coupled with this system, industry sources say a patient-filtering programme should be introduced to reduce the load on doctors. Patients would see a qualified nursing sister, or equivalent, to establish whether there is a real need for doctor consultation.

"If this was introduced, many minor complaints could be treated without the doctor being involved, and his time could be more efficiently used for treating serious cases," says the source.

"By introducing a patient-filtering system, costs could be reduced and SA will not need as many doctors. The health bill would then not exceed government's ability to provide," says the source. He points out that although the doctor-patient ratio will be higher, the doctor will not be seeing as many patients and would be better able to handle the load.



New clinic takes medical skills to the people

Pietermaritzburg Bureau

A NEW concept in primary health care in Natal's rural areas has got off the ground with the commissioning of a R270 000 Community Health Centre at Richmond.

Run by a team of specially trained nurses, the new clinic is the first of a number of rural community health centres to be established in the province. Plans are under way for another at Underberg, one at Umzinto and two in the Stanger district.

The clinics will be 'forward observation posts' where illnesses are treated early and where State Health and local authorities can conduct immunisation campaigns against a variety of diseases.

They will also help reduce the number of patients that crowd outpatients departments and wards of major hospitals in Natal.

Contained

Dr Fred Clarke, MEC in charge of hospitals, who opened the new centre, said orthodox major hospitals could not cope with increased demands by black patients.

'Because we are a developing society with the greater sections not being exposed to health education, often illnesses are allowed to develop very seriously before they are brought in for attention,' he said.

Clinics in more densely populated areas, were taking skills to the people and he hoped that many illnesses would be contained before they became too severe.

Dr Clarke said there was little wanting in health infrastructures for coloured, Indian and white people, but the sheer mass of numbers of the black population had influenced the State to embark actively on the erection of clinics such as the one at Richmond.

'If there are outbreaks of serious epidemics, such as cholera, typhoid, malaria, or even rabies, we will have these forward posts, well located to contain any outbreak speedily as near to its source as possible,' he said.

New era

Dr Clarke said the opening of the Richmond Community Health Centre marked a new era in medicine.

'It represents a thoroughly well designed, attractive and functional health facility where the health team consists of and is run by nurses,' he said.

Nurses have been specially trained in primary health care at Clairwood and King Edward VIII hospitals and by the Department of Health and Welfare in Durban.

The centre will be supplied and supervised by Northdale Hospital in Pietermaritzburg and aims to provide comprehensive primary health care which includes a curative out-patient department, a maternity section and a radio-controlled ambulance service.

'This centre is the scene of the future. Highly efficient primary health care centres taken to the people and carefully supervised by and integrated into the major hospitals and teaching centres,' Dr Clarke said.

Missionaries played a key role in 50-year struggle against disease

Venda salutes medical pioneers

98

By Dirk Nel,
Northern Transvaal Bureau

The role of medical missionaries in remote Venda's long struggle against disease was acknowledged during a recent celebration at the Donald Fraser Hospital.

The ceremony marked 50 years of health services in the territory.

But it is clear that even the advent of "independence" has been unable to remedy problems of crisis proportions in other spheres - notably unemployment due to Venda's inability to generate economic growth, and starvation, accompanied by its inevitable partner, malnutrition.

Ironically, an early missionary, Dr Lowell Lamont, reported to the Church of Scotland in 1930: "Health of people good, food plentiful, poverty not in evidence."

When the late Dr R D Aitken and his wife arrived in January 1933 an era of hope for malaria, typhoid, and smallpox sufferers began.

Mrs Aitken, now living with her daughter in Pretoria, recalls that they failed twice to reach their destination because of flooding rivers. They found a deserted missionary house at Vhufuli, overgrown with creepers which had to be chopped away before they could get in.

The Donald Fraser Hospital was opened in August 1934 with 12beds. It was named after the Rev Donald Fraser, moderator of the United Free Church of Scotland, who had a major hand in its establishment.

When Dr and Mrs Aitken left in 1969 the hospital could accommodate 370 patients. Many clinics and schools had been established.

Today the hospital has more than 400 beds, a nurses' home and many other facilities. It has been maintained and extended with donations by the Church of Scotland and large benefactors in this country, as well as a regular government subsidy.

The Siloam Hospital, opened in 1940, also has an interesting history.

It started as a clinic and was visited regularly by Dr Aitken. The ground on which the present hospital stands was bought by the Gereformeerde Kerk of Pretoria in 1927.

Their first missionary, the Rev H du Plessis, arrived in 1928. The first qualified staff nurse at Siloam was Jubilee Ramovha (1938—1943), mother of President Mphephu's wife.

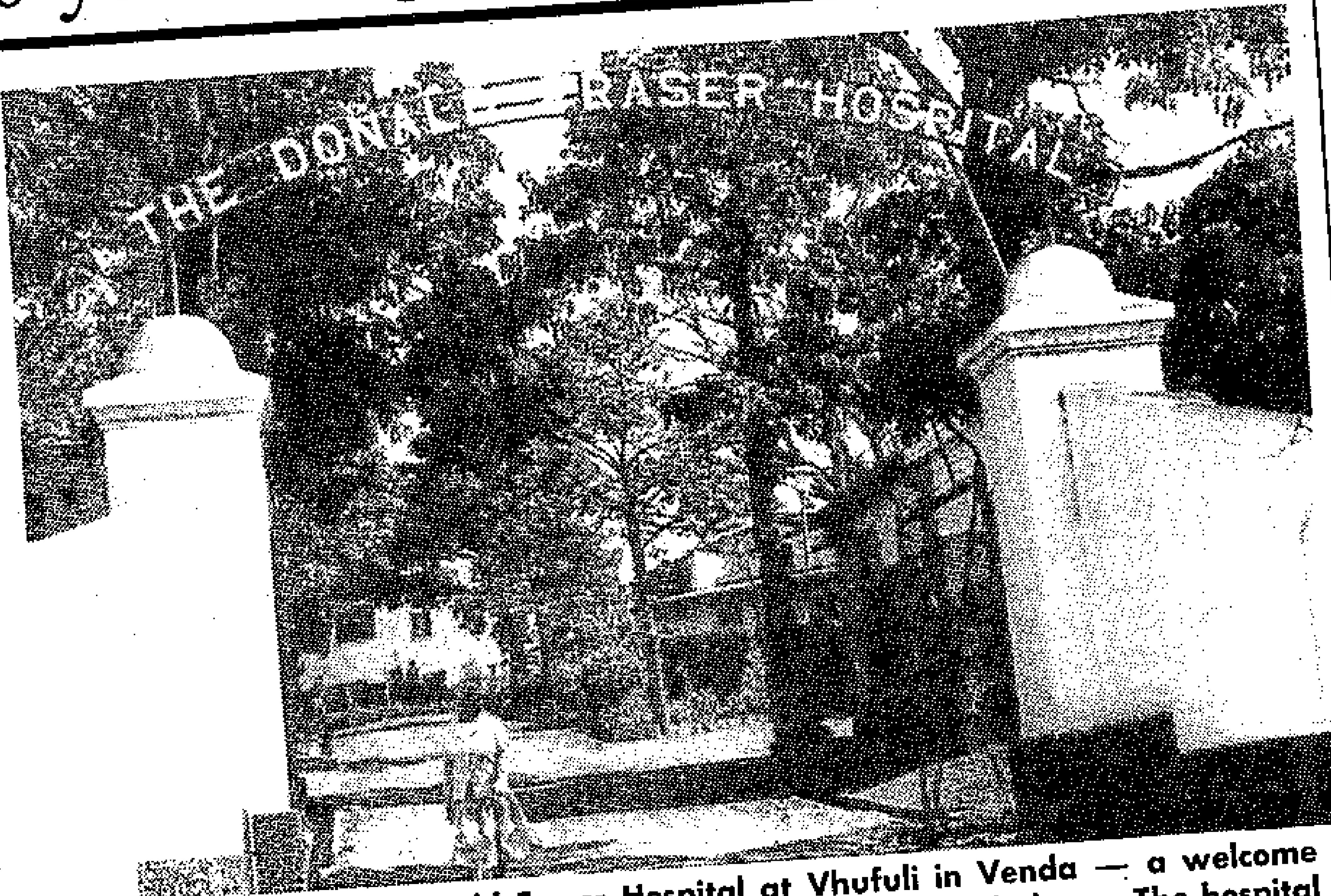
The Tshilidzini Hospital was opened in 1958 and expanded rapidly with funds from the South African Government and the Ned Geref Kerk. Last year President Mphephu opened the new Venda Nurses' Training College there.

Other institutions which have made a vital contribution to health services in Venda are the William Eadie Maternity Home, started by the Salvation Army, and the Hayami Haven for Lepers, opened by the Ned Geref Kerk.

Today the Venda Department of Health controls these five hospitals, as well as two health centres, with 1 600 beds in all. It also supervises 50 clinics and extensive social welfare activities.

But a spokesman admitted that malnutrition, bilharzia, venereal disease and tuberculosis are still rife.

The improvement of sanitation, particularly in schools, is an urgent priority.



The entrance to the Donald Fraser Hospital at Vhufuli in Venda — a welcome sight for many sufferers often brought long distances by ambulance. The hospital was the first in Venda.

Doctor's petition to end ban on whites

Star 23/9/84 (98)

Sunday Times Reporter

A DISTRICT SURGEON has launched a petition in an attempt to end hospital discrimination — against whites.

Dr M A Ghyoot, a senior district surgeon on the Natal North Coast, wants the non-white Stanger provincial hospital upgraded and private wards built so that the facilities can be used by patients of all races.

While white patients may use the hospital's casualty and theatre facilities for emergencies, they cannot stay at the hospital or use the theatre for non-emergency operations.

The nearest hospital for white patients is at Durban, 75 km away.

"I don't see why I can treat an Indian patient at the Stanger Hospital but not a white patient when both use the same facilities in my own rooms," said Dr Ghyoot.

Spread

The petition spread to other doctors' rooms on the North Coast soon after Dr Ghyoot hung it on the walls of his surgery.

"People who have been subjected to racial prejudice and have been unhappy about it should set the example when they have the power to do so," he said.

The acting senior superintendent at the hospital, Dr P M Naidoo, said the hospital was not allowed to admit white patients because of Government policy.

"It stops white patients from sharing facilities in the same way that I cannot be admitted to the Addington Hospital."

Dr Ghyoot said doctors had considered building a nursing home for white patients who can use the Stanger Hospital's theatre but who cannot stay in the wards after their operations.

He said a new hospital had been planned for Stanger but it would not be ready for occupation within the next 10 years.

"But we don't know whether prevalent attitudes will continue when the new hospital is built.

Petition

"I started the petition because I want this situation to be brought to the attention of the authorities.

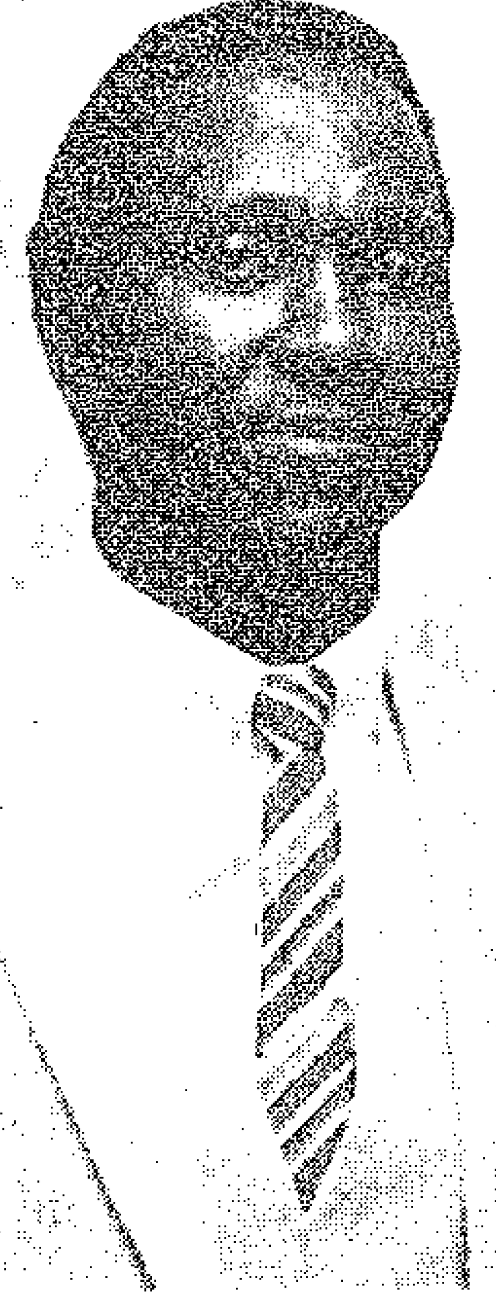
"When we have collected enough signatures we plan to go to the director of hospital services to ask for private wards to be built and the hospital upgraded."

The Director of Hospital Services, Dr J T Vorster, said whites were unable to use the theatre for non-emergency operations only because the hospital lacked the necessary facilities to accommodate them before and after operations.

"The hospital is on the Natal Provincial Administration's priority list for upgrading," he said.

98

Ciskei health services may face drastic cuts


MR LINDI ... grants for parents of retarded children cut.

By Franz Krüger

EAST LONDON — Ciskei health and welfare services may have to be cut back severely if additional funds are not granted.

A spokesman for the Department of Health confirmed this yesterday, and said that a revised estimate of expenditure had been submitted.

The spokesman was answering questions about severe cuts in the budgeted expenditure for the Department of Health approved earlier this year.

The spokesman would not say exactly what would happen if the additional funds were not granted. "When that happens, we will have to look into it," he said.

However, he agreed that large cuts in expenditure would have to be implemented in the light of the cuts in the budget.

Budgeted expenditure for the Departments of Health and Social Welfare and Pensions this year has been cut under a number of headings, as compared with the budget for the Department of Health and Welfare last year. The two departments were split with effect from the beginning of the current financial year.

This is in spite of an overall increase of R12 million. However, most of this increase has gone into the salaries account.

The allocation under this heading has gone up from R20,584 million to R31,654 million, fully R11,061 million. Most other allocations have been cut:

- Transport has been cut by R207 000, or 16 per cent.
- Supplies and services have been cut by R2,304 million, or 25,6 per cent.
- Psychiatric services have been cut by R18 000, or 21,6 per cent.
- Pauper relief has been cut by R98 000, or 47,8 per cent.
- Child welfare has been cut by R334 800, or 25 per cent
- Pharmaceuticals have been cut by R404 000, or 16 per cent.
- Expansion of establishment has been cut by R119 800, or 99,8 per cent.

The Director General of Health, Mr H. Mdleleni, said the last allocation referred to the creation of new posts. This allocation would be the first place to effect savings in a time of economic crisis, he said.

The spokesman said no services had been cut so far, although staff had been requested to implement savings wherever possible.

He said the department might have overspent on their budget on a pro rata basis, but the total allocation had not been exceeded. He would not say whether the department was relying on the additional funds being made available.

However, a spokesman for the Department of Social Welfare and Pensions said earlier that the department "might be in trouble in three months time" if additional funds were not granted.

The Minister of Finance and Economic Development, Chief M. E. P. Malefane, and two senior members of his department held talks with the South African Minister of Finance, Mr Barend du Plessis, on possible additional budgetary aid in Pretoria last week.

It could not be ascertained how the talks had gone, but the Department of Welfare spokesman said the department was hoping for the success of the talks to cover additional spending.

The Director General of Welfare, Mr I. L. Lindi, disclosed recently that grants to parents of retarded children known as single-care grants, were being cut back to effect the spending cuts.

In his budget speech in May this year, the Minister of Health, Dr H. C. Beukes, said the amount allocated for Supplies and Services would be "inadequate" due to limited funds.

Dealing with transport, where there has been a cut of 16 per cent, Dr Beukes said the lack of transport was "one of the main factors causing disruption in the smooth running of health services."

Presenting his budget, Dr Beukes said the additional amount allocated to the Department of Health was due to the revision in nurse's salaries and the recruitment of overseas personnel.

The splitting of the Department of Health and Welfare in two has necessitated the employment of additional administrative staff, including an extra director general, deputy director general, minister and others.

The department would not say how much money has been spent on this additional staff.

During his budget speech, Dr Beukes also announced other salary increases for staff. Some of these increases were effective from as far back as October 1982.

This was for health inspectors. Salaries for medical personnel were increased with effect from 1 November 1983. Those of para-medical personnel from 1 January 1983 and those of social workers from 1 July 1983.

The minister announced that the arrears salaries would be paid during June. Yesterday, the spokesman for the department said only the arrears salaries for doctors had already been paid. The other payments were still being processed.

CHIEF MALEFANE ... bid for additional aid.

R2-m Lenasia clinic funded by community

By Yussuf Nazeer

A R2 million nursing home, the first of its kind built from funds from the Indian community, opened this week in Lenasia.

The 40-bed clinic caters for private and general patients and also has a maternity ward and incubation room for premature babies.

The clinic has about 150 shareholders with investments between R6 000 and R100 000.

"We obtained no loans and we don't owe anyone a cent for this clinic," a Lenmed committee doctor said.

A group of doctors initiated the idea of a large and modern nursing home in Lenasia and formed the medical committee which "pushed" the clinic to completion.

A tribute was paid to one of the founders of the nursing home, Dr R A M Salojee, who is at present being detained under the Internal Security Act.

Hospital reminder to doctors about free prescriptions

E. Post 13/10/84

(98)

Weekend Post Reporter

IN a recent circular, the Port Elizabeth Provincial Hospital has again reminded both doctors and out-patients of its "five-item rule", to try to curb the over-prescription of medicines.

The rule states that only five medicinal items will be supplied to out-patients free of charge.

The Medical Superintendent of the hospital, Dr Leon Cilliers, said this week the rule had been in force for a number of years and it was necessary from time to time to highlight it.

"The five-item limit is, however, only an arbitrary figure and there are many patients who receive more than five kinds of medication because they require them," he said.

Over-prescription was a cause for concern world-wide and medical institutions were trying various ways of curtailing it.

"Yet the five-item rule only serves as a guideline to doctors," Dr Cilliers said.

"Doctors' responsibilities have not changed and no essential medication will be withheld."

He said pensioners often demanded all kinds of remedies, such as cough syrups and tablets for constipation.

"The interaction of drugs in the body is totally unpredictable and the rule is also a preventive measure against ill-matched combinations."

Dr Cilliers stressed, however, that medicine would still be supplied free of charge if required.

Mrs Ann Bolton, director of the Algoa Bay Council for the Aged, said the council had received no complaints from pensioners about the issuing of medicines.

"The measure is a good one, because old people are often over-medicated, anyway," Mrs Bolton said.

Collecting medicines is one of the council's services.

"We have been aware of the five-item rule for some time and only medicines which can be bought over the counter, are withheld," she said.

Rembrandt to build chain of private hospitals

Financial Editor

THE Rembrandt organisation is establishing a multimillion rand chain of private hospitals in the Peninsula.

It has started building a R38-million hospital at Panorama in Parow and intends to begin work next week on a hospital at Mitchell's Plain.

It is also negotiating for a hospital site in the southern suburbs.

Its operating company is Medi-Clinic. It also runs the Leeuwendal Nursing Home and Medipark Clinic which it acquired from Rembrandt's partner in Medi-Clinic, Mr Abe Newman.

Investment

Medi-Clinic's managing director, Dr E de la Harpe Hertzog, said the Rembrandt organisation saw the move into the hospital field as a long-term investment.

The hospital at Mitchell's Plain, for which tenders will open tomorrow, will have 150 beds.

The Panorama hospital will have 326 beds and should be completed by June, 1986.

In addition to general ward facilities it will have a separate block with 57 consulting room suites, two specialised theatres, six surgeries, two other theatres for simple operations, a 27 bed day-care clinic and a six-bed intensive care unit.

It is planned to sell the consulting rooms to medical practitioners under sectional title. They would also be offered shares in the hospital scheme, Dr Hertzog said.

30 percent

The finance was being arranged by Volkskas Industrial Bank through its associate company, Medical Leasing Services (MSL).

Mr Gerald Cloete of Volkskas Industrial Bank says that while an efficient and well-run private hospital could produce a return of around 30 percent on the money invested, the return was usually substantially lower.

Boy Scouts and Sea Scouts, at the Kloofendal festival grounds to celebrate the city's 80th celebrations.

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Apartheid bars whites from local hospital

Star 22/10/84 (98)

Own Correspondent

DURBAN — A quirk of apartheid has barred the whites of Stanger from using a thriving hospital for blacks in the centre of the town.

Now whites, who have to travel 75 km for treatment, have started a petition calling for the Stanger Provincial Hospital to admit them as well as blacks, coloureds and Indians. And some of their support is coming from local Indians.

RIDICULOUS

The doctors behind the petition said their main motive was to get the hospital to open up a few private wards where patients of any race group could be treated.

"We have a ridiculous situation where if anybody has to be admitted to hospital for a few days for minor surgery we have to take them into Durban or up to Eshowe," explained one of the doctors, who may not be named for professional reasons.

About 2 000 whites live in the area.

The hospital treats whites in an emergency, but as soon as a patient's condition stabilises he is transferred to Durban or Eshowe.

Dr James van Zyl, former District Surgeon and Medical Officer of Health for Eshowe, said there had been no problems at the hospital until Indians had taken over the administration.

"The worst thing is that they treat labourers who work around here but come from the homelands while we, who pay the taxes, can't get treated," said Dr van Zyl.

The hospital's acting medical superintendent, Dr Preggie Naidoo, firmly denied any racism and pointed out that Indians had signed the petition.

He said the hospital had no objection to treating white emergency cases and he would have no objection to whites being admitted if additional private wards could be constructed.

However, he pointed out that the 500-bed hospital was extremely busy and always full.

Dr Neville Howes, senior Deputy Director of Hospital Services for Natal, said the province looked on the plight of whites in Stanger with sympathy.

However, a priority was the construction of a nursing home which had already been planned.

Squatters scorn 'pigsty' houses at Khayelitsha

CAPE TOWN — Squatters condemned core houses being provided for them at Khayelitsha as "pigsties, matchboxes and rabbit hutches" at a mass meeting in Crossroads yesterday.

They spoke during a report-back session after hundreds of squatters had inspected the new black township for the first time on Saturday morning.

The tour was arranged by the Crossroads executive committee in line with a decision taken at a meeting the previous weekend.

One speaker said she was amazed how far it was, adding: "The Government is taking us there to throw us away."

Another woman said she had "never in her life" heard of parents having to sleep in one room with all their children. "The houses are not meant for families — they are only fit for pigs." — Sapa.

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Hospital to be built in PE

E. Post 24/10/89

Post Reporter

A MEDICAL and surgical building costing millions of rands is to be built on a site next to the Algoa Chest Hospital in Bethelsdorp once permission is given.

This was said today by Mr D Tabatznik, chairman of the company leasing the property. He said the building housing the Algoa Chest Hospital in Mission Road and the vacant plot next to it were leased from the Port Elizabeth City Council by the Smith, Mitchell Organisation.

Mr Tabatznik said the organisation planned to erect a building on the vacant plot to provide medical and surgical facilities for more than 60 patients.

A survey made by the organisation showed that there was a need in the area for that type of facility.

The project would cost a "couple of million" rands and work on it would start as soon as permission was given by the authorities, Mr Tabatznik said.

(98) C. Times 31/10/84

Luxury venue for malnutrition debate

By BARRY STREEK

THE use of the "opulence" of a luxury Cape Town hotel to discuss malnutrition at the World Medical Association (WMA) conference next year was not becoming to the medical profession, the National Medical and Dental Association (Namda) said yesterday.

It was also "an outrage" that public money was being used by the Department of Health for this purpose, the Cape Town branch of Namda said in a press statement.

Namda, formed two years ago as an alternative to the Medical Association of South Africa (Masa), said the various authorities in South Africa responsible for health had repeatedly claimed that the inadequacies of the health care system were due to the lack of funds.

Examples of these inadequacies were:

- "Day hospitals, rural hospitals and clinics are too few, overcrowded, understaffed, and have inadequate facilities. Mitchells Plain, with a population of a quarter-million, does not even have a proper hospital.
- "High fees are charged for hospital visits (for example, R12 per visit for a person from a family earning R200 per month).
- "Too little is spent on preventive health care programmes (about seven percent of the health budget).
- "Tuberculosis is rife, and the problem is not being adequately tackled.
- "Not enough black doctors and dentists are being trained.
- "Arbitrary cutbacks in the supply of medicines to patients are being implemented at provincial hospitals at present. The Day Hospital in Cape Town have even completely stopped the provision of 'Pro-Nutro' for malnourished children and destitute patients as a cost-saving measure."

Namda said Masa had succeeded in looking after the medical profession very well, but many felt it had "subordinated the health care needs of the majority of South Africans to the interests of the medical profession".

The theme of the WMA conference was to be "a subject relevant to the Third World component of South Africa such as malnutrition".

But, Namda said, this problem was thoroughly discussed at the recent Carnegie Inquiry into Poverty and "it is highly unlikely that Masa and the WMA will be able to make any further significant advances to our understanding of malnutrition and how to deal with it".

Yesterday's statement was issued following the publication of the minutes of Masa's federal council meeting in a recent edition of the South African Medical Journal.

In the minutes, it was disclosed that the cabinet had agreed that Masa be given the authority to host the WMA conference and that the Department of Health would assist financially with its costs.

Hospitals launch austerity drive

98

Star 1/11/84

By Sue Leeman, Pretoria Bureau

Sweeping austerity measures have been introduced in Transvaal provincial hospitals from today in a bid to trim budgets.

The freezing of certain non-vital posts, the scrapping of overtime pay, and the dismissal of casual workers are some of the measures being taken in response to Government calls for a general tightening of belts.

Confirming the measures, the MEC for hospital services, Mr Daan Kirstein, added that staff would be asked to work an extra two hours a week without pay.

THEATRE FEES

He said an effort would also be made to cut down on the length of patients' stays in hospitals and expenditure on medication.

Other money-saving schemes in the pipeline included cutting down the number of pathological investigations and the introduction of theatre fees.

But Mr Kirstein gave

● To Page 2, Col 4

Austerity at hospitals

● From Page 1.

the assurance that another tariff increase was not being considered at this stage.

The basic service will remain unchanged and no-one will be turned away because he or she cannot afford to pay.

Mr Kirstein said most well-off private patient in provincial hospitals paid R45 a day, but the cost of the service to the province was up to R145.

He added that wards would not be closed down.

RDM 1/11/84 (98)

Savings measures begin today

Hospitals told to cut down on spending

By CLARE HARPER

THE Directorate of Hospital Services has asked provincial hospitals to cut down on spending and implement drastic saving measures as a result of the country's current financial situation.

The new saving measures will begin today in hospitals in the Transvaal.

Dr Hennie van Wyk, director of Hospital Services, said this week that the department had asked all provincial hospitals to save "as much money as possible without endangering patients".

"Hospital superintendents can interpret the request and cut down on whichever areas possible," he said.

He said a variety of savings would be made. These included:

- Cutting down on the period of stay for patients;
- Avoiding unnecessary expenditure on excess medication;
- Requiring staff to work an additional two hours a week to increase productivity.

Mr Dan Kirstein, Member of the Executive Committee for Hospital Services, said this week that the department was considering a number of ways of implementing savings, such as freezing posts, limiting the use of pathological investigations and introducing theatre fees.

"We are suffering a price rise on food and medication. Hospitals must be careful in order not to overspend by the end of the year," he said.

The chief superintendent of the Johannesburg Hospital, Dr Reginald Broekman, said yesterday:

"Our projected figures show that if we don't make major savings we will be in trouble."

He would not comment on whether the hospital was already in financial difficulties.

From today, all staff at the Johannesburg Hospital, from doctors to porters, will be involved in major savings measures and employees have been asked to work an extra half-hour a day without additional pay.

"The increased productivity will be of benefit to everyone concerned," he said.

Doctors who usually work a 56-hour week will work longer hours, and nurses will increase hours from a 40-hour week to a 42½-hour week.

Dr Broeman said the measures had received much support and enthusiasm from the staff, "who realise the country is in financial trouble".

He said the hospital had for some weeks been undertaking a major investigation to work out methods of cutting down on expenses.

Among the measures to be implemented to save on costs, the Johannesburg Hospital will:

- Limit the number of drugs prescriptions;
- Investigate cheaper options on drugs;
- Make available to doctors charts stating which drugs were available and their cost percentages on a relative scale;
- Look into the use of the laboratory for pathological investigations — regarded as a major area of expense;
- Investigate the most cost-effective options in the use of surgical appliances.

Dr Broekman said the permanent staff were not in danger of losing their jobs.

Hospital is to get new wards soon despite 'save' order

98

Star 3/11/84

by
Pamela Kleinot, Medical Reporter

Johannesburg Hospital plans to open two new medical wards in January despite instructions from the Transvaal provincial Directorate of Hospital Services to cut down spending and implement drastic saving measures.

And the critical staff shortage has been slightly eased by the employment of 88 black nurse-aides.

The chief superintendent, Dr Reginald Broekmann, told *The Star* that the hospital was worried about discharging patients prematurely, and the opening of another 60 beds would improve the service.

"The opening of these wards is our most urgent priority," he said. "It is difficult to provide care if we have to discharge patients before we are happy with their condition."

Since the hospital opened in December 1979 it has been in a state of crisis. It has been held back by a critical nursing shortage, and only 1 062 beds in the 2 000-bed complex can be used.

The 88 black nurse-aides will perform basic functions such as cleaning and dishing out food — giving nurses more time for direct health care.

The opening of wards comes at a time when the hospital is facing stringent cutbacks to beat the financial crisis in services.

Control measures include:

- Major cutbacks on laboratory investigations, medicines and the use of surgical appliances from pacemakers to bandages.
- Staff have to work 2½ hours a week extra without pay.
- Non-vital posts will be frozen.

Dr Broekmann said South Africa was in an economic crisis and every Government department would have to reduce expenditure as much as possible.

"It costs R85 million a year to run Johannesburg Hospital, and our projected figures show that if we don't make major savings we will be in trouble.

"There is a lot of fat on the carcass that can be pruned off without damaging our service."

Dr Broekmann said he was unaware of any cutbacks in salaries, leave pay and bonuses, but the hospital was looking at all areas to curb costs.

Even free sandwiches, which cost R25 000 a month for the more than 6 000 total staff — R4 a head on average — might have to be discontinued.

Dr Broekmann said lavish functions and VIP lunches would also have to be cut back.

'Public relations and image-building must take a low profile," he said.

Shortage of posts the problem, says Cilliers

Post Reporter

THE Senior Medical Superintendent of Port Elizabeth's Provincial Hospital, Dr Leon Cilliers, today said the problem at the hospital was that it had a shortage of posts allocated by the Cape Provincial Administration.

Confirming figures given by the MPC for Walmer, Mrs Molly Blackburn, indicating a roughly 5% monthly increase in cases handled by the hospital over the past two years, Dr Cilliers said this was attributable mainly to the fact that surgeons were sending their patients home earlier and therefore there was a bigger turnover.

He said the number of beds in the wards had not changed over the past two years, so nurses were still handling the same number of beds but with a bigger number of patients.

Dr Cilliers said "as a matter of course" the hospital would again be making an application at the end of the year for the allocation of more posts for consideration in the budget of the Provincial Council next year. He said the present economic conditions would be a major factor in the outcome of the application.

Dr Cilliers said the public was not fully aware of the fact that some of the pool of trained staff available for the general duties at the hospital now worked exclusively in the various "sub-specialities" at the hospital. These included the hyper-alimentation unit where patients were fed intravenously, the renal analysis unit and the open heart surgery unit, all of them performing "an extremely valuable function".

Referring to a report that a woman had brought a friend, apparently suffering from a stroke, to casualty and the patient was made to wait an hour without being treated, Dr Cilliers said he could not comment until he had made full inquiries.

He did say, however, that "no patient in need of immediate care will be turned away". It was the sister's job to judge which patient received first treatment.

Dr Cilliers said there was a large turnover of patients at the casualty department, many of whom were private patients, and the sisters had a problem getting doctors to see these private patients.

He said it happened that people lost their tempers when their friend or relative was not treated as first priority.

Casualty unit alterations should be complete by the end of the year and this would "vastly improve" the unit.

Work was still being undertaken on a third theatre.

In an earlier statement, Dr Cilliers said he was willing to discuss the details of criticism levelled at the hospital last week "with any doctor or specialist".

The statement, which came in the wake of controversy surrounding the death at the hospital last Monday of a 17-year-old motocycle accident victim, Terrence Simmons, continues:

"As the death followed an accident, no comment can be made until the findings of the inquest magistrate have been made public.

"It is regrettable however that newspapers, seeking sensation, undermine the public's confidence in their hospital by publishing unverified statements by laymen regarding the handling of accident cases by the hospital staff.

"This is followed by a chain reaction where all and sundry climb on to the bandwagon to air their personal grievances. Instead of ascertaining the facts a newspaper quotes a nameless doctor's receptionist as saying that chaos will reign in the Casualty Department if a mass disaster should occur.

"I cannot believe that this receptionist spoke on behalf of 'her' specialist. I am willing to discuss the details of her criticism with any doctor or specialist who wishes to do so.

"I want to assure the general public that plans to cope with a mass casualty situation are constantly being reviewed to ensure that accident cases receive the best possible attention."

In a post-script, Dr Cilliers added that he had received a letter from Mrs Blackburn, in which "she states that the family of Terrence Smmons are particularly distressed that negligence on the part of hospital staff is implied in a certain newspaper report".

● *The Evening Post is satisfied that the spokesman for the specialist, quoted in a report last week after she had telephoned the newspaper, was acting with the specialist's approval.*

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Woman of the Year

The Woman of the Year floating trophy was presented to Dr Erika Sutter by the Editor of The Star, Mr Harvey Tyson, at a gala luncheon in Johannesburg today. This is the 14th time the annual Woman of the Year search has been conducted by The Star. Readers selected Dr Sutter from 14 other candidates nominated for outstanding achievements during 1984. Dr Sutter will have her portrait painted by well-known South African artist Eileen Rogoff.

DR ERIKA SUTTER — broke the vicious chain of trachoma re-infection.

By Marika Sboros
Women's Page Editor

In a medical missionary career spanning more than three decades in the remote Northern Transvaal bush, Dr Erika Sutter notched up one remarkable achievement after the other.

About 500 000 black children have Dr Sutter to thank for saving them from the blinding disease trachoma.

Through tireless, dedicated investigations, she uncovered the vicious chain of re-infection that left 95 percent of black people in northern Gazankulu infected with trachoma. Dr Sutter was then able to develop a method to break the ancient chain.

She trained the first black opthalmic nurses to treat eye-disease cases.

And eight years ago she helped to launch the Care Group movement to help combat the impoverished conditions that sustain the high trachoma rate among rural blacks.

So far about 110 000 poverty-stricken black people have been helped by the movement.

Through the movement's developments she has saved thousands of northern Gazankulu children from the homeland's main killers — gastro-enteritis and cholera.

She developed an oral rehydration programme, inexpensive weaning foods for children, mud stoves that save wood, pit latrines that limit the accumulation of trachoma-carrying flies, safe water and waterless food grown by a deep-trench method in semi-desert conditions.

The care group system has spread all over Gazankulu and Venda, with a small number of groups in Lebowa, kwaZulu and Qwa Qwa.

Her paper on Gazankulu care groups was applauded earlier this year when presented to the Carnegie Commission investigating rural poverty.

Dr Ron Ballard, the University of the Witwatersrand micro-biologist who worked with Dr Sutter, recalls that she spent part of her salary to buy essentials for the care groups.

"During her career she was the only source of expertise in her field in an area of two million people.

"Her financial rewards were sparse when compared with urban opthalmologists. She had more impact on the health of people in this large area than anybody else," Dr Ballard says.

He pays tribute to her immense courage in overcoming what seemed at times to be "insuperable obstacles". Dr Sutter is very modest and unassuming about her spectacular achievements.

She pays tribute to the care group's first and senior group motivators, Mrs Sellinah Maphoro and Mr Andrew Radebe, "without whom care groups would not have come into existence.

"The sensistive approach of both towards the people in the villages, and their ability to arouse enthusiasm, made it possible for my ideas of community invovement in blindness prevention to materialise," Dr Sutter says.

Dr Sutter feels that the potential of care groups in South Africa is severely limited by the socio-economic and political situation.

"Care groups can only do patchwork within the limitations of the prevailing poverty and the political system in which they function.

"Their main strength is to foster self-reliance among rural women," she says.

Dr Sutter, who retired in June this year, arrived in South Africa 32 years ago as a plant physiologist from her home town in Basel, Switzerland, and spent some time at Elim Hospital in the Northern Transvaal.

She studied medicine at the University of the Witwatersrand, then trained as an opthalmologist in London.

She has retired to Basel and flew out to South Africa for the Woman of the Year luncheon, unaware that she was the winner.

She is presently working on a book detailing her work.

She will work as a member of the World Health Organisation's (WHO) Expert Committee on Blindness and, as a world authority, has been invited to lecture to the International Institute for Eye Health in London, a body that collaborates with WHO.

R50 will be sent to Mrs Mosidi Alinah-Thamae, of 1883 Mapetla Extension, PO Moroka. The judges decided that her reason best summed up why Dr Erika Sutter deserved the award of Woman of the Year 1984. Mrs Thamae said of Dr Sutter: "In her seemingly thankless task, she is a symbol of man's selfless devotion to the plight of fellow men."

WEEKEND POST, DECEMBER 1, 1984

Plans for Motherwell health centre, clinics

98

By WENDY FRAENKEL

A HEALTH centre and three smaller satellite clinics are being planned by Hospital Services for the enormous township of Motherwell, north of the Swartkops River.

According to the Regional Medical Superintendent of the East Cape and Border Region for Hospital Services, Dr Etienne Le Roux, the first phase — the centre itself — should be complete before the end of 1986.

The centre, similar to the Kwanobuhle Health Centre outside Uitenhage, will serve both the primary health needs of the community as well as having facilities for preventative medicine.

The primary health care section of the centre, which will be manned by a doctor and four trained nurses, will consist of cubicles, examination and treatment rooms.

"The centre will not have operating theatres and all serious cases and those requiring operations will be referred to Livingstone Hospital," said Dr Le Roux.

"The nurses at the centre will also be sufficiently well trained to be able to diagnose patients' problems and treat the ones not needing attention from a doctor. The nurses will also have the authority to make out scripts.

"In fact, ultimately the doctor will only have to see about 20% of the patients treated at the clinic."

The centre will also have a maternity unit which will be geared to deal with all the normal obstetrics cases. This section, unlike the primary health care section, will have wards for overnight patients and will be open throughout the week.

The rest of the centre, on the other hand, will be run on a normal five-day week basis.

Dr Le Roux said: "Attached to the centre will also be a preventative medicine section which will be run by the Diaz Divisonal Council which will see to innoculations, family planning, tuberculosis injections and other preventative measures.

"Although it will be run by the council themselves and they will have to bear their own running costs, the province will fund the actual building of the centre."

Dr Le Roux said that the incoporation of curative treatment centres with those of preventative treatment had so far proved to be highly successful in the Eastern Cape.

He said that the health centre itself would be built in the middle of Motherwell township but that the three satellite centres which were to follow would be built in other sections of the township.

They would also treat minor ailments and specialise in preventative medicine.

Dr Le Roux was confident that once the the centre plus its satellites were complete they would be able to cope with the entire population of the area.

He added that plans for a 600-bed hospital at the Dora Nginza Hospital, which up until now had only treated outpatients, were being given the highest priority.

MEC's reply on shortages 'superficial'

4/12/84 (98) E. Post

By KIN BENTLEY

IF the 14-line reply from the MEC in charge of Hospital Services, Mr P J Loubser, represented the findings of a 10-month inquiry into staff shortages at the Port Elizabeth Provincial Hospital "he has grossly under-estimated both the intelligence and the anger of our doctors, our nurses and our deeply concerned public".

This was said by the MPC for Walmer, Mrs Molly Blackburn, in a statement today.

Mrs Blackburn dismissed Mr Loubser's reply on staff shortages in the orthopaedic wards as "superficial and casual".

"We ask him to stop talking in rhymes and riddles and simply to admit openly the problems besetting the hospital services and above all the reasons why Province is so critically short of money.

"For the first time — to my knowledge — the MEC admits to the staff shortage in the orthopaedic wards. But a serious appraisal of his remedies reveal nought for our comfort," she said.

In his reply Mr Loubser said that the "staff shortage experienced in the orthopaedic unit has been remedied by allocating orthopaedic follow-up visits to the Orthopaedic Community Service team and the re-organisation of staff duties".

He said that "an investigation of the alleged dissatisfaction with the matron in charge of the orthopaedic unit, revealed no substantiating complaints or incidents".

Referring to allegations made by a local doctor which Mrs Blackburn raised with him, Mr Loubser said "his allegation regarding the non-appointment of available part-time staff could not be verified and his remark regarding day staff being expected to do night duty appears to be unfounded as separate staff allocations are done for day and night duty".

He added that a "separate team is also placed on call in case of emergencies".

In a footnote he adds that the image intensifier, a modern X-ray machine, for orthopaedic use was approved in principle during July and a tender for its supply, together with similar units to five other hospitals, was processed during August. Unfortunately due to the shortage of funds, the Port Elizabeth Provincial Hospital could not buy the machine, he said.

Mrs Blackburn says she was reliably told that the Orthopaedic Community Service sister was taken out of the orthopaedic unit and put into a mornings-only job which apparently is more closely allied to social work than the specialised form of nursing for which she is trained.

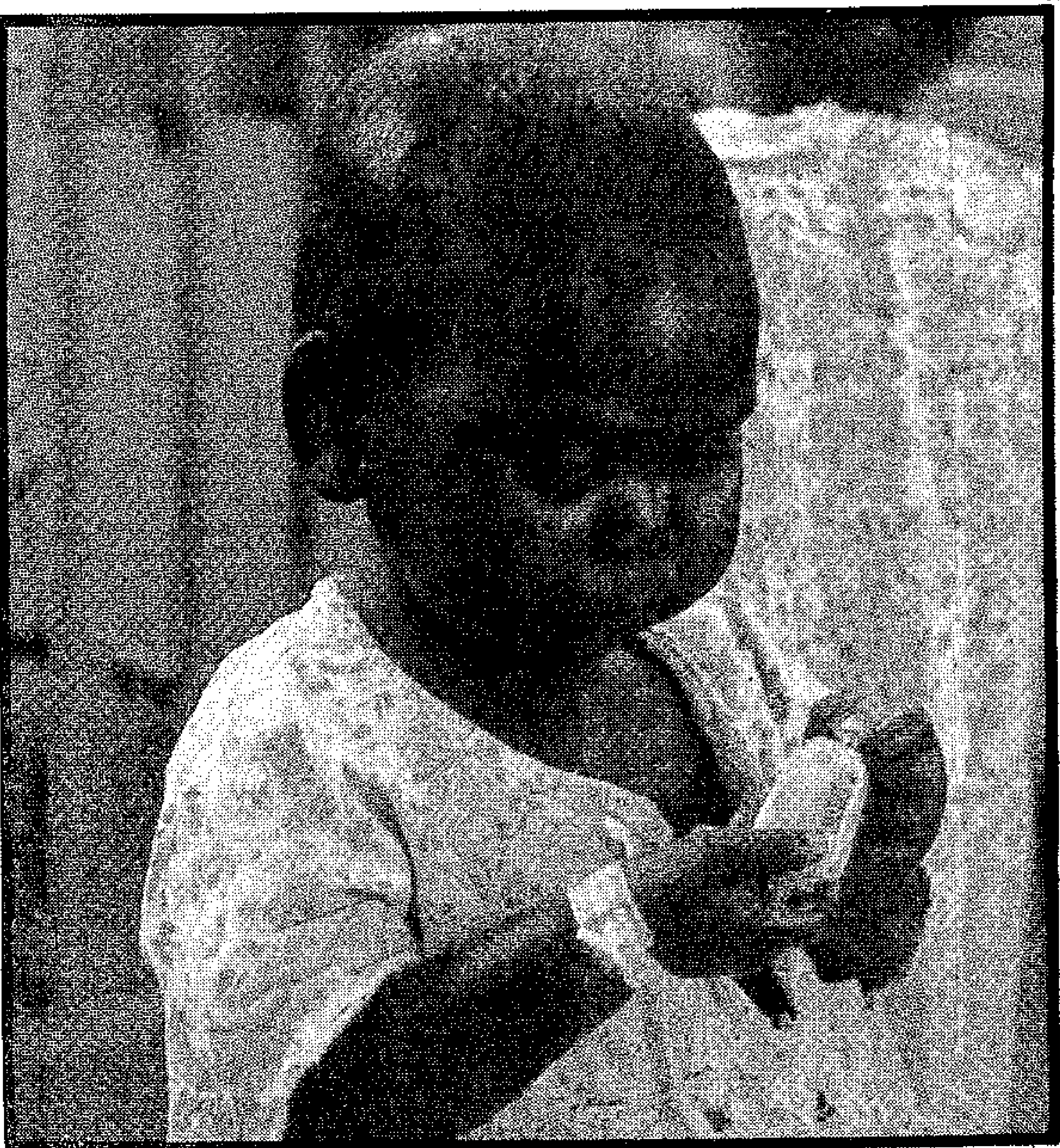
She says in his second remedy, the "transferring of long-term patients to a recently established ward at the Walton Orthopaedic Unit he is presumably referring to geriatric patients".

She adds that "it would be interesting to know whether this step has resulted in an increased rate of patient turn-over in the orthopaedic wards at the Provincial and if so whether the nursing posts have been increased accordingly".

She said the MEC had "coolly dismissed" the request for an image intersifier due to "shortage of funds" after a debate in June this year in which he clearly said that funds were available.

Due to surgeons having to use conventional X-ray machines she asks whether surgeons, patients and theatre staff had been instructed by Mr Loubser to wear lapel discs "which monitor the degree of radiation to which the wearer is exposed".

The hospital built on faith . . .



Two-year-old Gertrude has only one thing on her mind. Happiness is knowing where your next sweet is coming from.

By Val Pauquet

The Jubilee Mission site was little more than a dry and dusty out-of-the-way place 22 years ago.

For the 100 000 people who lived in the district the 19-bed hospital 30 km from Pretoria was the only medical facility.

Had the tragedy which overtook young Gift Maswanganyi happened then, he might not have survived.

Had he survived then, he might have faced life as a gruesome remnant of his former self.

Gift suffered hideous third-degree burns to 20 percent of his body when he was trapped in a burning, derelict car.

But the perseverance of a dedicated band of workers and the facilities they've built up over 20 years mean hope for him.

He has already undergone seven skin grafts at Jubilee Hospital which, for the next year at least, will be home to this cheerful little chap who has recovered sufficiently to lead chorus singing in the hospital Sunday school.

Today there are 300 beds in the large hospital complex manned by a medical staff of 120.

Modern casualty and outpatient departments, a first-class maternity wing and 22 district clinics, some nearly 90 km from base, serve this area which has a population of more than 350 000.

TO STAY

Bophuthatswana is unlike other nationalised states in South Africa where missionaries have been told to leave.

At the launching of the fledgling state in 1976, President Lucas Mangope asked the workers of Jubilee Hospital not only to stay, but also to continue their spiritual ministry.

Born out of a calling to get alongside the needy and help, the vision could have been based on the biblical tale of the Good Samaritan.

He, instead of avoiding the wounded man because of race or colour, or merely because of the inconvenience, crossed over, attended to him and then out of compassion placed resources at his disposal.

"Yes, this was not an exercise in human altruism, but an example of God using ordinary people on whose hearts he has laid a calling," says Dr G Malan.

Being willing to respond to that calling has resulted in resources which now include a busy dental unit and a school-nurse service in which general health is assessed and the physically and mentally handicapped are singled out and given specialised treatment.

In primary health, inspectors from the hospital are sent out to check hygiene in schools, shops and communal places.

A vital task is sampling water, which could prevent outbreaks of cholera and other diseases.

In family planning, 12 clinics are in operation and post-natal care is provided.

Another facility is a blood transfusion unit which accepts 500 units a month and makes provision for a two-month storage period.

Excess blood is sent to Pretoria.

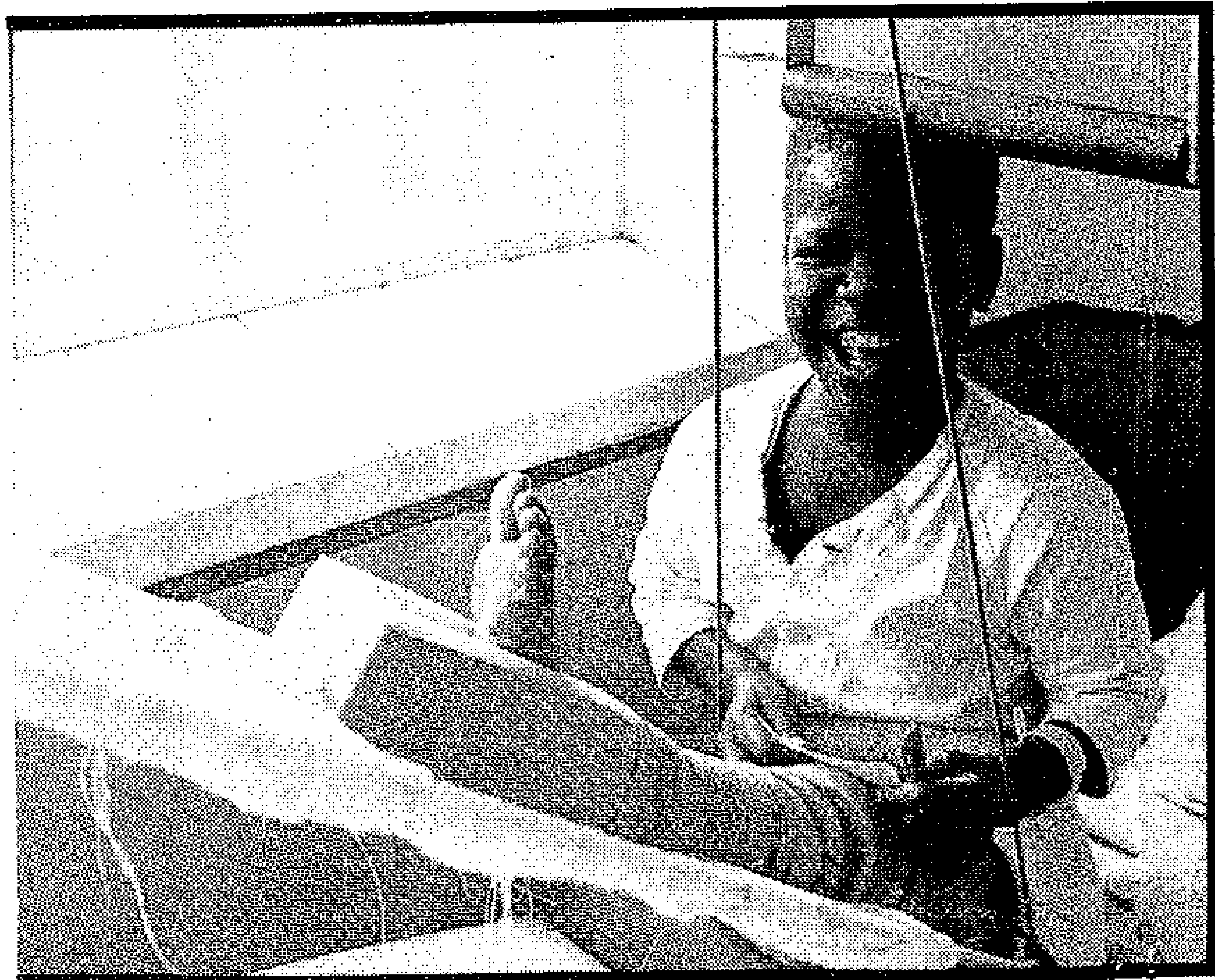
TO PROVIDE

A multifaceted feeding scheme provides for malnourished children. They receive a three-month supply of powdered milk.

Destitute families are able to draw fortified soup powder and maize from the hospital's drought relief scheme, which is paid for by the Bophuthatswana Government.

A maternity unit comparable to any private institution offers comfortable accommodation.

Some rooms have en suite bathrooms and patients are charged according to income.



Besides a broken leg, young Grace has no other hang-ups — a fact vividly borne out by her open smile.

Besides the outpatient department, the most hectic section is the maternity block.

"It is always busy and is the only unit to discharge double the number of patients it admits," says Dr Malan.

At inception the hospital was supported by the South African Baptist Mission and although voluntary amounts still come from them, the hospital now receives government support which, due to the recession, has been reduced.

A tremendous amount has been accomplished, but there is still much to be done.

The future vision of Dr Malan and his wife Heidi and their staff includes a clinic within walking distance of every one of the 68 surrounding villages, sufficient staff in the paramedical areas of physio and occupational therapy and improvement of the social environment as far as housing and essential services are concerned.

Because Jubilee Hospital was initially built on a foundation of faith, Dr Malan implicitly believes these needs will be met.

views of South Africa's State President, Mr P W Botha, and showed the erosion of some forms of apartheid in a way in

had been some debate about whether the show, taped in South Africa, should be broadcast because it showed South

ties say that they new political rig slight, to end that The State Pres

PE hospital doctorless on a busy Saturday

E. Post 98

24/12/84

By CLIFF FOSTER

DORA NGINZA HOSPITAL, serving Port Elizabeth's African townships, was left without a single doctor on duty throughout its busiest time of the week on Saturday night — when 90 cases, mainly assault victims, were taken in.

The hospital's medical superintendent, Dr J A Hanratty, said today the private doctor who should have been on duty did not arrive. The hospital was having to rely on private practitioners until new staff arrived next month.

This left the staff of four sisters and seven nurses to handle Saturday night's cases. They managed to divert 12 serious ambulance cases to Livingstone and some casualties were kept at the hospital until the day shift of doctors arrived at 8am yesterday.

Fortunately, the workload was light. On average casualty handles about 120 cases on a Saturday night.

Said one of the staff: "As it worked out we managed to cope, but it puts a big responsibility on the nursing staff. There were four sisters and seven nurses on duty."

A patient who rang the Evening Post said: "A motorcyclist dies at Provincial [illegible] waiting to see a doctor, and you have headlines in the papers for days, and yet 90 people are taken to Dora Nginza and there is no doctor."

Another man who saw the busy casualty department in action, said: "Saturday night is the busiest time of the week at this hospital..

"I was told there were normally two doctors to handle the cases, and apparently doctors are being paid to work overtime, but doctors don't apply for this Saturday shift.

"If they are being paid overtime, why is there no overtime roster?

"I think the nurses did their best, but I don't think they are qualified to deal with cases like this on their own.

"I was there just after 8pm and there must have been nearly 50 cases — mainly stabbings and the like."

The staff member added: "We did what we could for these people and then kept some until morning. Saturday night is the one time of the week when we must have doctors on duty."

Dr Hanratty said he did not know why the doctor did not arrive on Saturday night.

He explained that the hospital was having to rely on help from private doctors because "at the moment we haven't got enough doctors to cope".

"It's the only way we can run things," he said.

This situation had developed because a number of doctors were moving on to take up new appointments in January.

Other doctors were moving into the hospital and in January the situation would correct itself, he said.

Black intern set to break into all-white Tara team

STAR 26/12/80

Own Correspondent

DURBAN — Former Robben Island prisoner Mr Saths Cooper is poised to break the all-white barrier at Tara psychiatric hospital in Sandton, Transvaal, next year.

He has just been told that he has been granted internship at Tara, which has had only white clinical psychologists up to now and treats mostly white patients.

Since his release from Robben Island two years ago Mr Cooper has achieved a BA degree. He immediately continued his studies at the University of the Witwatersrand and, within a year, secured his honours. This year he successfully completed the theory section of his master's degree in clinical psychology.

Mr Cooper, recently elected convener of the Black United Forum, was delighted at the news of his examination results and his internship.

"I got two first-class passes in group psychotherapy and community psychology. I got seconds in individual psychotherapy, psycho-diagnostics and psycho-pharmacology," Mr Cooper said.

He said he was looking forward to his internship at Tara and regarded it as a challenge.

Mr Cooper was convicted in the BPC-SASO trial and served six years on Robben Island, where he began studying.

Hourly-paid nurses retrenched in hospital's cost-cutting drive

STAR 28/2/82 (98)

By Pamela Kleinot, Medical Reporter

Hourly-paid nursing staff are being retrenched from the Johannesburg Hospital as a cost-cutting measure to beat the financial crisis in the Department of Hospital Services.

This was confirmed yesterday by a spokesman for the Transvaal Provincial Directorate of Hospital Services in Pretoria.

The move could have major implications for the hospital, which has been in a state of crisis since it opened in December 1979.

It has been held back by a critical nursing shortage and only 1 062 beds in the 2 000-bed hospital can be used.

Many of the hourly-paid workers laid off include qualified nurses employed during a massive recruitment drive in 1982 when many part-time workers were used because the hospital needed all the manpower it could get.

Dr Neville Howes, superintendent of the hospital at the time, said: "If the hospital is to run smoothly, it needs more workers. It is important to get trained people back on our staff, whether full-time or part-time."

Several other hospitals have also dismissed hourly-paid workers after a directive early last month when the Directorate of Hospital Services asked provincial hospitals to cut down on spending and implement drastic savings measures.

Stringent cuts in hospital spending included staff working an extra 10 hours each month without pay, the cutting of overtime pay and freezing of posts.

The superintendent of the Johannesburg Hospital, Dr Reginald Broekmann, who was not available for comment yesterday, told *The Star* last month that the country was in an economic crisis and every Government department would have to reduce expenditure.

"It costs R85 million a year to run the hospital. Our projected figures show that if we don't make major savings, we will be in trouble."

In a circular letter to hospital staff, he said: "The recent economic downturn coupled with the severe drought, the fall in value of the rand against the dollar and the present inflation rate has precipitated an almost unprecedented economic crisis."

(98)

Now Rembrandt sets up a chain of private clinics

By KITT KATZIN

THE giant Rembrandt Group is to establish what may become the biggest chain of private hospitals in South Africa.

And most of the hospitals, which will cost millions of rands, will be open to whites, coloureds and Indians.

The Cape-based conglomerate, which has massive liquor and tobacco interests, is embarking on the new venture at a time when private hospital fees in South Africa have rocketed by 115% in four years.

Rembrandt hopes its hospitals will at least help to relieve the pressure on existing medical services — initially, in the Cape — and, depending on costs, offer more realistic tariffs.

The group's investment company, Partnership and Industry, has formed a subsidiary, Medi-Clinic Corporation, to set up the private hospitals project.

The chairman of Medi-Clinic is Dr J N de Villiers, a former rector of the University of Stellenbosch and a former head of its department of gynaecology.

Director

Dr de Villiers is a director of the Rembrandt Group.

Medi-Clinic has already purchased the Leeuwendal Private Nursing Home in Gardens, Cape Town, and plans are on the drawing board for at least another three hospitals in Cape Town and surrounding areas.

Later, it hopes to build hospitals in Johannesburg, Durban, Pretoria, Port Elizabeth and Bloemfontein.

Its first new hospital is to be constructed next year at a cost of R5-million at Mitchell's Plain, the sprawling new coloured complex near Cape Town. It will consist of seven storeys and will have 140 beds.

According to Dr Edwin Hertzog, managing director of Medi-Clinic, the hospital will form part of the complex's civic centre, and construction will begin within nine months.

Since it will be in a coloured area, it will not cater for whites, but it will be fully equipped and will offer specialist services.

At least two other hospitals, said Dr Hertzog, were planned for Parow and Wynberg at a cost of over R20-million. Both would be open to whites, coloureds and Indians.

The Parow hospital would have 230 beds and the one near Wynberg, 250 beds.

The Leeuwendal Nursing Home is a joint venture between Medi-Clinic and the Newman Group, which previously owned it.

All Medi-Clinic hospitals will provide specialist services, except open-heart surgery, which will be introduced later.

Outlying

Rembrandt's venture into this field is seen as an extension of the interest which its chairman, Dr Anton Rupert, has shown in providing medical services in outlying areas in Southern Africa.

Through his 'flying doctor' services, Dr Rupert, who is also vice-president of the World Wildlife Fund, has helped hundreds of people to obtain medical help in Lesotho, Transkei, Swaziland, and in remote parts of South Africa.

Medi-Clinic's entry into the hospital field comes at a time when rising costs of treatment at provincial hospitals have encouraged entrepreneurs to develop independent hospitals — to the extent that more than 20 are on the drawing boards or under construction throughout the country.

In Morningside, Johannesburg, a R20-million clinic, catering for 200 patients, opens next year, a private clinic has recently opened in the Indian township of Lenasia, and three private hospitals will soon be built in Natal.

The Morningside clinic will offer private bedrooms at R200 a day and accommodation in general wards at R60 daily.

Equipment will cost R4-million and some of the advanced facilities will include a computerised 24-hour clinical pathology laboratory.

The cash battle to buy a top private hospital

Own Correspondent

TWO Johannesburg companies are locked in a multi-million rand shares battle for one of Durban's prime private hospitals.

Both Afrox and Clinic Holdings, through its Durban subsidiary St Augustine Holdings (Pty), have made cash offers to about 3 000 shareholders in the 54-year-old Entabeni Hospital.

Afrox has offered shareholders R15,50 a share as opposed to St Augustine Holdings's R18 a share.

This would put the respective values of the offers at R9 174 915 and R10 654 740.

But the Entabeni directors have recommended to shareholders they accept the lower offer.

Managing-director of Entabeni Mr Hector Harmsworth said the board had done so because the Afrox offer would allow the hospital to be run along the same lines as it is now, and it feared a monopoly of private hospitals in the Durban area should St Augustine Holdings gain control.

Benefit

But Mr Barney Hurwitz, managing director and chairman of St Augustine Holdings, said that were his company to own Entabeni it would be in a position to rationalise services to effect savings to the benefit of the public.

Clinic Holdings operates 14 hospitals country-wide.

Afrox also operates several hospitals throughout the country.

Mr Harmsworth said Entabeni had shares in the new Westville hospital. Were St Augustine Holdings to gain control of Entabeni it would have a virtual monopoly of the bigger private hospitals and clinics in the Durban area, he said.

Earlier St Augustine Holdings offered shareholders R6 a share but increased it to R18 to counter Afrox's bid. It has guaranteed to make up the R12 balance to shareholders who sold at the lower price.

Battle

The battle is made more interesting with the gazetting this month of the Medical Schemes Amendment Act.

According to Mr Harmsworth the effect of the Act would be to create a free market system in private hospitals.

"This means we can compete on the open market with other hospitals. Alternatively it also means those that are in a monopoly position can do what they want," he said.

No directors of Afrox could be contacted for comment.

Health AND DISEASE — Hospitals & Clinics

1985

Nurse shortage at new hospital

CAPE TIMES 1/1/85 (98)

Staff Reporter

THE new Groote Schuur Hospital will stand on a site nearly three times the size of the Newlands rugby ground and will have cost approximately R200-million to complete over some six years or seven years — but planning is still plagued by a shortage of nurses to staff the new complex, and a lack of money for equipment.

Parking is also likely to be a problem at the new hospital. About 17 000 parking bays will be provided — but planners agree that "there can never be enough parking".

These facts emerged at a press conference at Groote Schuur yesterday held by Dr Hannah Reeve-Saunders, chief superintendant of the hospital, heads of departments and representatives for the architects, Andrews and Niegeman, Colyn and Meiring and Francis Hawkins and Turner-Smith.

Dr Reeve-Saunders again apologized to patients for the lack of parking during building operations. Every possible step was being taken to provide as much space as possible, she said yesterday.

The road between the old and new hospitals would be closed permanently from today. This would be the site of the new parking area.

Dr Reeve-Saunders told the conference that when the old Groote Schuur Hospital was opened in 1935 no money had been available for equipment, but the public had given generously to the project.

Asked about the shortage of nurses, Dr Reeve-Saunders said: "The number of posts in the hospital is fewer than the needs that are identified for it, which has been the case over the years.

"However, the situation is better right now than it has been for the past five years."

The new hospital will create about 1 000 new posts for nurses when completed. There are now 3 081 posts.

A new nurses' home in the Old Brickfield site, off Browning Road, was being planned to accommodate about 700 nurses and 100 domestic staff.

- The new four-year nursing diploma would, for the first time, be in the hands of the national educational system. Nurses would now register with the nursing council and their college, and no longer with the hospital they trained at.

"This entails agreements of association between universities and colleges of nursing," said Miss L J du Preez, chief matron of the hospital.

"The agreements between the Carinus Nursing College and University of Cape Town and the Nico Malan Nursing College and UCT have been approved."

The new diploma course was introduced at Groote Schuur on January 1 this year.

How doctors are suffering

By Sue Leeman, Pretoria Bureau

98 Star 9/1/85

The sweeping savings drive launched in November by the Transvaal Hospital Services to save R28 million is now in full swing, says Director of Hospital Services Dr Hennie van Wyk.

The drive has so far led to cutbacks of staff and tightening up on overtime pay, he adds.

Hospital services have not divulged many specifics of the programme.

But reports are filtering in from individual hospitals about the measures being taken.

- This week there were rumours that 40 new doctors at Baragwanath Hospital in Soweto had been retrenched.
- Individual doctors in other centres have said they fear for their job prospects as the province appears to be curtailing its employment of physicians.
- It is understood that more than 110 hourly-paid workers were laid off at H F Verwoerd Hospital in Pretoria, but 11 hourly-paid nurses accepted full time or five-hour days.
- At Johannesburg Hospital about 60 hourly-paid staff members are believed to have been laid off.
- Dr van Wyk said overtime pay had been tightened up and individual hospitals now had to make specific requests for overtime allocations.
- The length of patient stays in hospital, he added, was being cut as far as reasonably possible without jeopardising patient care.

And all unnecessary pathological investigations had been dispensed with.

However, Dr van Wyk said, no doctor who had an official appointment was in danger of being retrenched.

It is understood that some of the 40 doctors at Baragwanath Hospital did not have official appointments.

When it came to the appointment of additional doctors, said Dr van Wyk, specific workloads would be evaluated to see if additional appointments were warranted.

If they were, another doctor would be hired.

Several newly-qualified doctors are understood to be having difficulty finding employment at provincial hospitals.

As far as hospital administrative and nursing staff were concerned, said Dr van Wyk, the same austerity measures were being applied and there had to be a very good reason for every new appointment.

He stressed that no qualified nurses had been retrenched by hospital services.

Students and housewives working on an hourly-paid basis had been told their services were no longer needed.

Qualified nurses who were working on an hourly basis had been offered full time or five-eighths work, meaning a five-hour day.

Dr van Wyk said he knew of only four nursing sisters who had declined to accept this offer

Workers oppose segregation

By Jo-Anne Collinge

Any moves to further divide health services on racial lines will be resisted by health workers serving black communities and by a wide range of community organisations.

The new alignment of professional and lay forces became evident at the weekend when representatives of 35 trade unions and community organisations attended a meeting of the Health Workers' Association.

In a joint statement at the end of the meeting, the participants asserted: "It is clear that the new constitutional structures in health are going to fragment services further, with the creation of coloured and Indian Ministers of Health and the community councils.

"The cost of these new bureaucracies, spawned by Nationalist ideology, will be borne by the people."

Hospital and theatre fees to soar

16/1/85 Star

By Sue Leeman, Pretoria Bureau

Theatre fees as well as a levy for after-hours out-patient and emergency treatment are to be introduced at all provincial hospitals from February 1.

The move has caused an uproar among provincial opposition spokesmen, who say the new fees could put medical care out of the reach of some poorer patients.

The MEC for hospital services, Mr Daan Kirstein, announced yesterday that from February 1:

- All private patients, including those admitted to the teaching sections of academic hospitals, will pay theatre fees of R50 for every half hour or part thereof — as well as an additional 50 percent levy for theatre use after hours (between 5 pm and 7 am), and at weekends and public holdays.
- All paying patients will pay a levy of 50 percent on the normal tariff for outpatient and emergency tratement between 5 pm and 7 am as well as weekends and public holdays. The fee for an out-patients visit was last year raised to R20.

Mr Kirstein also announced that provincial hospitals would start insisting that patients present proof of their income.

His announcement is the latest move in a far-reaching austerity drive launched by hospital service in November with the aim of trimming expenditure by R28 million.

It will come as another blow to patients, who last year faced across-the-board tariff increases as well as the introduction of a deposit system.

The PFP provincial spokesman on hospitals, Mrs Irene Menell, has denounced the move as "absolutely ridiculous," saying unless the income categories applied in defining patients are revised, many poorer patients will battle to pay.

It was ludicrous, she said, to expect such people to pay for theatre fees and extra for the out-patients sector. Even private doctors do not charge poorer patients R20 for a visit.

"If the service was rationalised and all facilities could be used for all races waste would be eliminated and make a savings drive unnecessary."

However, the former MEC for hospital services, Dr Servaas Latsky, said he had fought for the introduction of these new levies. He knew of a case where a patient had R300 worth of treatment — including an ECG — for only R10.

Health could get a new role in townships

By Jo-Anne Collinge

Health services could become a new focus of organised resistance in the townships, taking their place alongside education and housing.

At a recent meeting in Soweto over 250 health workers and representatives of 35 community organisations and trade unions thought health care could not be left to medical personnel alone; the public had to be mobilised to fight for services.

The likely direction of the battle was put by Pimville Civic Association and Transvaal United Democratic Front representative Mr Eric Morobi, who proposed a patients' charter including the rights:

- To proper, adequate care irrespective of race, class, sex, religion.
- To privacy, consultation, case discussion and proper examination and treatment.
- To access to all communications and records on one's illness.
- To channels of complaint about treatment and means of redress where applicable.

Mr Morobi likened the proposed charter for patients to the education charter which is now a rallying point for students grouped under the Azanian Students' Organisation, the National Union of South African Students and pupils of the Congress of South African Students.

"It can become the rallying point of health workers and patients," he said.

But he warned that a struggle for equal health facilities would be uphill.

"The demands strike at the heart of our undemocratic and oppressive society," he added.

Unequal health facilities were a reflection of broader social and economic injustices.

Extending full and proper control of health services to all would hit profits as the unhealthy living and working conditions of the workers would have to be taken into account.

Mr Morobi contended that the cost of health services had pitched them beyond the reach of many people.

He gave as an example a recent survey of women office cleaners in Johannesburg, which found that 70 percent were sole breadwinners, that their average monthly income was R200 and that on average each supported seven people.

"These women sometimes spent up to 26 percent of their salaries on clinic fees," he said.

High fees prevented many working people with chronic illnesses such as hypertension and diabetes from returning regularly for treatment at clinics, he went on.

The Health Workers' Association tabled figures showing that on the present scale of fees a single person earning between R4,62 and R9,62 a day would pay R20 a day if in hospital.

Mr Ismail Momoniat, of the Transvaal Indian Congress, argued that costs could be expected to rise as services became more fragmented and structures more complicated under the new constitution.

At the central government level one department of health was likely to be replaced by four.

And as the role of the provinces decreased, segregated local authorities would assume greater responsibility for health care.

Hospitals serving all races would probably be administered by a health department for general affairs, but staffed by people employed by four different departments, Mr Momoniat said.

"The creation of new departments, dozens of joint committees, can only lead to more bureaucracy and inefficiency," he added ... and to higher costs.

Equal facilities? It's just a myth, they say

The provision of separate but equal health facilities for population groups in South Africa is a myth, says the Health Workers' Association.

These are figures the Association put before representatives of community organisations to prove the point:

- The daily expenditure for a patient in Baragwanath Hospital was R39,81 in 1981/2; a patient in Johannesburg Hospital cost the State R118,75 a day.

Figures for other Reef hospitals were: Coronation — R42,76; Natalspruit — R23,79; J G Strijdom — R110,05.

- Hospital beds, excluding those in the homelands, in hospitals for psychiatric care and TB patients and those provided by mining and industry, numbered 27 205 for whites and 43 935 for blacks.

While the number for whites fell 18 112 short of need, the shortfall for black people was 81 431, according to official figures given early in 1983.

- The ratio of nurses to population in 1982 rose steeply from 1:48 in the white group to 1:549 for coloured people and 1:745 and 1:707 for Indians and blacks.

Weekend hospital fees to rise

By SYD KHUMALO

AS FROM February 1, getting sick on weekends and public holidays will be more expensive, with hospital tariffs rising by 50 percent.

This announcement was made by Mr D P Kirstein, a member of the Executive Council (MEC) in charge of hospital services in the Transvaal. He said all paying patients are to pay a levy of 50 percent more on a normal tariff for out-patients and emergency treatment after hours between 5 pm and 7 am on Saturdays, Sundays and public holidays.

People are also going to be asked to furnish proof of income on admission to all hospitals. The annual income of the household will determine how much a family member must pay when going to a hospital or clinic.

"The department would like admission of patients to be handled without unnecessary delay for the convenience of the patient. For that purpose it is essential that information submitted by the patients for purposes of admission, be verified.

"Hospitals in future will insist on proof of income on admission of the patient. In the meantime I would like to appeal to the public to co-operate by obtaining the necessary documentary evidence before hand, in order to have it readily available when admitted to a hospital," said Mr Kirstein.

The Director of Hospital Services, Dr Hennie van Wyk, revealed that the tariffs have not gone up since March last year. The current tariffs are:

IN PATIENTS

Group	Description	Fee
H1 and H2	Special pensioners	Free
H3	Ann. income of R1 440 or more	R10
H4	Ann. income of R3 000 or more	R15
H5	Ann. income of R8 750 or more	R20 per day

OUT PATIENTS

Group	Description	Fee
H1 and H2	Special Pensioners	Free
H3	Ann. income of R1 440 or more	R2 per visit
H4	Ann. income of R3 000 or more	R2 per visit
H5	Ann. income of R8 750 or more	R7 per visit

Private patients will pay R45 per day, with Workmen's Compensation Act (WCA) patients paying R50 per day. These categories will also not receive medication from the hospital, but will have to pay extra or make alternate arrangements.

Outpatient charges for private patients are R20 per visit and WCA patients R25 per day.

Meanwhile, good news is that private doctors are not yet thinking of raising their tariffs. Dr Elset Prinsloo, the senior assistant secretary of the Medical Association of South Africa said that though it is not easy to talk of a uniform fee for private practice, "I can mention that patients who are not members of the medical aid will pay from R10 up to R15 depending on the nature of sickness and of course the kind of medicines given to the patient. Those in the medical scheme are expected to pay R9,50 for consultation and the doctor will give the patient a prescription to be taken to the chemist," she concluded.

ives to a new covenant

'IT MAKES YOU SICK'

By SINNAH KUNENE

THE POORER you are, the sicker you are — and less able to afford medical treatment.

This was pointed out by Pimville Civic Association secretary Eric Molobi at a Health Workers' Association meeting this week.

With the hospitals charging R12 per treatment (excluding follow-up treatment), it doesn't matter how malnourished your children are — if you are poor, you just can't afford to pay R12 each time you take one of your children to hospital.

"The overall effect of these high hospital tariffs is that mothers will find it extremely difficult to bring their malnourished children to hospital for follow-up treatment," said Mr Molobi.

"Also, the majority of the working class — who earn low wages — may not take treatment regularly due to the high fees," he said.

Too inhospitable!

THERE'S a wide discrepancy in Government expenditure on medical treatment for this country's different race groups.

According to statistics in the 1983 Hospital and Nursing Year Book of Southern Africa, the hospital expenditure per patient per day at Baragwanath Hospital is R39,81 — while it stands at R118,75 in the all-white Johannesburg Hospital.

The ratio of nurses to patients is 1:48 for whites, and 1:707 for blacks — far more than the recommended international standard.

C. Press 20/1/85

98 ARGUS 22/1/85 CITY/NATIONAL

Cape hospitals may be R20-m in the red

Provincial Reporter

RISING costs and the drop in the value of the rand may contribute to the Cape's hospital services being R20-million in the red on this year's provincial budget.

The Administrator, Mr Gene Louw, said in an interview that this expected deficit would have been even greater had the province not cancelled orders placed overseas for equipment and medicines.

Apart from this new strain on its finances, the Department of Hospital Services last year began an examination of the system of fees and tariffs and was expected to report to the provincial Executive Committee within the next few months.

While not ruling out the possibility of general increases in hospital fees, the Administrator foresaw "a new system" of tariffs, affecting in particular private, medical aid and workmen's compensation patients.

"Basically, our present system means we are subsidising medical aid schemes and assisting private practitioners and their patients — in other words, subsidising the rich man who can pay for himself.

"But we do have a problem in that 90 percent of our people pay nothing at all. For the nominal 50c a day most of our hospital patients get all the treatment and medicines needed.

"You can get a good second-hand heart for 50c or less a day in the Cape!

"We have to look at these aspects too. But whatever the outcome of the investigation of our system of charges, we will have to make provision for the man who cannot afford to pay."

Inflation

As an example of "subsidisation" of private patients, Mr Louw said in many Cape towns there were no private hospitals and all patients had to be treated in the provincial hospitals.

This meant they paid fees of R20 to R30 a day, including the use of theatres, X-ray and other specialist equipment, as compared with R80 to R100 a day for equivalent services in private hospitals.

Mr Louw said the new financial problems were due to inflation and the rand/dollar exchange rate. "The rise in the costs of medicines has rocketed — imported medicines have doubled in price since the beginning of the year."

From April to August last year, the price of pharmaceutical products had risen by 22 percent and the cost of medical, surgical and radiological products by 18 percent — before the dramatic drop in the value of the rand in recent weeks doubled and trebled the costs of imported materials.

"Fortunately we cancelled some orders for medicines and equipment overseas when we cut our budget by R50-million in August."

R300 m boost for Natal hospitals

Mercury Reporter

NATAL is to spend nearly R300 million in the next 10 years on redeveloping four major hospitals and building a teaching hospital in Cato Manor.

This was revealed yesterday by Dr Fred Clarke, MEC for hospital services.

He said R110 million would be spent on redeveloping King Edward VIII Hospital in Durban and on establishing 350 beds and a theatre block at Clairwood Hospital.

During the 1980 provincial budget debate, Dr Clarke said the Government was rethinking its policy of freezing development of King Edward.

The hospital caters for blacks in a white area.

The King Edward and Clairwood projects were linked because patients from the former hospital would be transferred to the latter while building work was in progress at King Edward.

Redevelopment

He said R104 million would be spent on a new academic hospital in Cato Manor.

Dr Clarke said the redeveloped King Edward would concentrate on gynaecological and obstetrics cases while the Cato Manor Hospital would deal mainly with medical and surgical cases.

He said R47 million would be spent on King Edward in the next five years, but the next phase of the redevelopment project would depend on the availability of funds.

A new specialised block, concentrating on neurosurgery and cardiac surgery, was to be built at Wentworth Hospital at a cost of R45 million.

It was hoped to start with this project during the 1986/87 financial year.

He said nearly R20 million would be spent on a new ward block of 250 beds at the Newcastle Provincial Hospital.

This would include central core facilities such as a theatre and X-ray department. There would also be extensions to the nurses' home.

Refurbishing

Dr Clarke said that during developments at Newcastle, the hospital would be refurbished at a cost of R5 000 000.

The MEC emphasised that planning was normally undertaken during a downturn in the economy.

These were the preliminary negotiations, but the bulk of the funds might not become available until the 1987/88 financial year.

Dr Clarke had discussions in Cape Town this week with Dr Nak van der Merwe, Minister of Health.

He said the provincial black hospitals in the Durban area would not be able to function properly unless there was significant progress at the new Prince Mshiyeni Hospital at Umlazi.

Dr Clarke said Dr van der Merwe had agreed that priority should be given to the allocation of funds to this hospital.

Groote Schuur staff shortage may worsen

ARGUS 4/2/85

98

Staff Reporter

GROOTE Schuur Hospital has a shortage of specialised nursing staff — and it is expected to worsen unless more posts are created.

Hospital authorities cannot employ more staff unless more posts are provided — which cannot be done until there is more money.

Groote Schuur, which is responsible for training nurses in intensive care, also has to provide such staff for private institutions. The shortage was disclosed recently in an appeal from Professor Chris Barnard's successsor, Professor Bruno Reichart, for additional public finance.

The chief nursing service manager, Miss L J du Preez, said Groote Schuur had a staff problem. Professor Reichart's difficulty was shared by all units, but "come hell or high water" standards would be maintained.

The new, streamlined Groote Schuur, of which the first phase is scheduled for completion in October 1986, would help enormously in maintaining and improving standards, she said.

RDM 5/2/85

Ultimatum for 500 hospital strikers

Mail Correspondent

DURBAN. — Nearly 500 workers at Durban's King Edward VIII Hospital who went on strike yesterday in support of a demand for more pay, have been given an ultimatum to return to work by 9am today or face dismissal.

About 100 workers at the Wentworth Hospital also downed tools at the 6am shift yesterday over pay grievances and by late yesterday they were still on strike, according to a spokesman for the hospital.

At King Edward, nurses and other paramedical staff had to be called in to take over cooking of meals for lunch and supper last night for hundreds of patients. At the nurses' home, nurses had to make do with tinned food for lunch and supper last night.

Dr Justin Morfopolous, the hospital's chief medical superintendent, told the Rand Daily Mail after a meeting with workers' representatives that the strikers had been warned that if they failed to return to work by the 9am deadline, they would have dismissed themselves.

NM 5/2/85

(98)

Supervisors at King Edward VIII Hospital who assisted with the preparation of meals for hundreds of patients after the chefs and other kitchen staff joined the strike.

Workers at two Durban hospitals out on strike

Labour Reporter

NEARLY 500 workers at Durban's King Edward VIII Hospital who went on strike yesterday in support of a demand for more pay, have been given an ultimatum to return to work by 9 a m today or face dismissal.

About 100 workers at the Wentworth Hospital also downed tools at the 6 a m shift over pay grievances and by late yesterday they were still on strike, according to a spokesman for the hospital.

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Dr Justin Morfopolous, the hospital's chief medical superintendent, told the Mercury after a meeting with workers' representatives that the strikers had been warned that if they failed to return to work by the 9 a m deadline set for today they would have dismissed themselves.

Deputation

Earlier yesterday the strikers were addressed by Dr Johan Vorster, Director of Hospital Services in Natal, who set a 4 p m deadline for them to return, but they ignored the ultimatum.

Dr Morfopolous said he met a deputation from the workers' committee and explained the consequences of their actions.

'I gave them until this morning to decide whether they want to return to work or not,' he said.

He said there had been no major disruption of services but admitted staff from other departments had to be called in to assist with some of the functions.

A spokesman for the workers said the average wage was R142 a month and they wanted an immediate 100 percent increase.

'Bus fares and food prices have gone up. We just cannot survive on our present wage. After meeting our monthy commitments we don't have money for our children's education.'

Some of King Edward VIII Hospital workers who went on strike yesterday over a pay dispute.

The Natal Mercury, Wednesday, February 6, 1985

Pay increases offered to striking hospital staff

Labour Reporter

THE MEC in charge of Hospitals, Dr Fred Clarke, last night announced pay increases for 'non-classified' staff at provincial hospitals in Durban and appealed to striking hospital workers to return to their jobs immediately.

He told the Mercury after a meeting of Exco yesterday called to discuss the pay dispute by about 600 unqualified workers at King Edward VIII and Wentworth Hospitals, that Exco agreed to raise salaries by adopting the salary scales of the Department of Health.

'Exco is very sympathetic to the workers' requests and has agreed to this increase with effect from February 1, and an earnest appeal is made to all hospital staff to return to their responsible duties immediately,' he said.

It could not be ascertained last night what the actual increase would be, but Dr Clarke said it was 'more or less what they have been asking for.'

Problem

He said the increase would be a 'tremendous financial strain' to his department and would mean other departments having to make sacrifices.

He said the problem arose because some workers were earning higher salaries than others although they were in the same grading.

'It was therefore decided to equate their salary scales to the scales of the Department of Health,' he said.

Spokesmen for the workers could not be reached for comment on last night's Exco announcement.

Meanwhile nurses and other paramedical staff at King Edward VIII Hospital helped carry out essential services for the second consecutive day yesterday as the strike by about 500 unqualified staff continued.

Dr Deliza Mji, president of the National Medical and Dental Association (Namda), expressed concern at the 'deterioration in the capacity of nurses to maintain their duties'.

'In addition to being faced with a shortage of nurses, the nursing staff had to take over some of the duties of the non-medical staff,' he said at a lunch-time meeting of striking workers at the Medical School.

Demand

He called for a speedy resolution of the dispute in the interest of the patients.

The entire 'non-classified' staff stopped work on Monday in support of their demand for a 100 percent increase in wages, after rejecting a 10 percent pay rise which came into effect from February 1. They were joined by about 100 unqualified workers at the Wentworth Hospital who also continued their work stoppage yesterday.

Laundry managers at Durban's giant King Edward VIII Hospital had to help out with carting linen after the strike by about 500 workers continued into its second day yesterday.

They pointed out that their average wage was R130 a month and the increase granted by the Natal Provincial Administration represented a rise of R13 which they felt was 'a pittance'.

Dr Justin Morpofolous, chief medical superintendent at King Edward, told the Mercury late yesterday that 'a non-compromise situation' had developed and the strikers were still on the premises.

'There is now strong intimidation of those people still at work,' he said, adding that the disruption to the functioning of the hospital was 'minimal'.

ARGUS 8/2/85 (98)

Sacked hospital workers are given their jobs back

Argus Correspondent

DURBAN. — The 541 sacked workers from Durban's King Edward VIII hospital are to get their jobs back and the trespass charges against them are to be withdrawn.

The senior prosecutor at the Somtseu Road Magistrates Court, Mr E D W de Klerk, confirmed that the charges against the sacked workers would be withdrawn.

The sacked workers responded to the news with jubilation today and said they would return to work on Monday.

Dr Fred Clarke, MEC in charge of hospitals, confirmed that the workers would be reinstated on Monday but would lose one week's pay.

Intransigent

But he said he could not guarantee that all the workers would get their jobs back.

"The medical suprintendent, Dr Justin Morfopolous, will have the right not to re-employ any workers he believes were intransigent or caused unnecessary unrest," he said.

The workers were told this morning that the offered 20-percent increase in their basic wage would stand and that the door for further negotiation was open.

Medical students who use King Edward VIII Hospital for practical and clinical work were banned from entering the premises until further notice, the Director of Hospital Services, Dr Johan Vorster, said today.

Actions of students from the Natal University medical school who marched to King Edward VIII Hospital carrying derogatory placards were described by Dr Clarke as "absolutely deplorable and despicable".

Medical students from first year to fifth year marched in their hundreds to the hospital carrying placards.

They were protesting against the dismissal of the non-classified workers at King Edward and Wentworth hospitals.

Students appeared to blame Dr Morfopoulos for the workers' dismissal.

Dr Clarke said that Dr Morfopolous had done an exemplary job in carrying out a difficult decision by the province to dismiss the workers if they did not accept the pay offer.

Ignorance

He said Dr Morfopolous was not in any way to blame for the dismissal of the workers and could not have done more for them than he had done.

"The students show an abysmal ignorance of the facts and they have behaved in a shocking and shameful way," he said.

"This is a serious matter and I hope that the university authorities will launch a thorough investigation into the students' behaviour."

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The dean of the medical faculty, Professor Soramini Kallichuran, said: "I feel embarrassed because in no way was the dismissal of the strikers Dr Morfopolous's fault. He has had a very hard job and has done the best he could. The students had no right to get involved."

12 DM 8/2/85 (98)

500 striking hospital workers fired, arrested

By PHILLIP VAN NIEKERK

MORE than 500 striking workers at two Durban hospitals were arrested after being fired yesterday morning for failing to return to work and end their week-long strike over pay.

Sapa reports that the workers — 282 men and 261 women — were later charged with trespassing and given the option of a R20 fine, or warned to appear in the Durban Magistrate's Court between February 11 and 15.

The workers — from the King Edward VIII and Wentworth Hospitals — were dismissed after failing to meet an ultimatum to return to work by 7am yesterday.

The workers refused to budge after being told over a loudhailer that they had "dismissed themselves" and should vacate the premises.

ABOUT 76 Sasolburg municipal workers were arrested on pass offences during a raid on their hostel this week after being fired for striking over the alleged unfair dismissal of a co-worker.

The workers, all members of the Orange Vaal General Workers' Union, were arrested for being in a prescribed area for more than 72 hours even though the union has applied for temporary reinstatement through the Industrial Court.

They are being held in custody until February 21.

□ □ □

THE newly-formed Brushes and Cleaners Workers' Union (BCWU) has won recognition at Rand Broom and Brush Manufacturers.

The BCWU declared a dispute with the company over the alleged victimisation of union members under the guise of retrenchment.

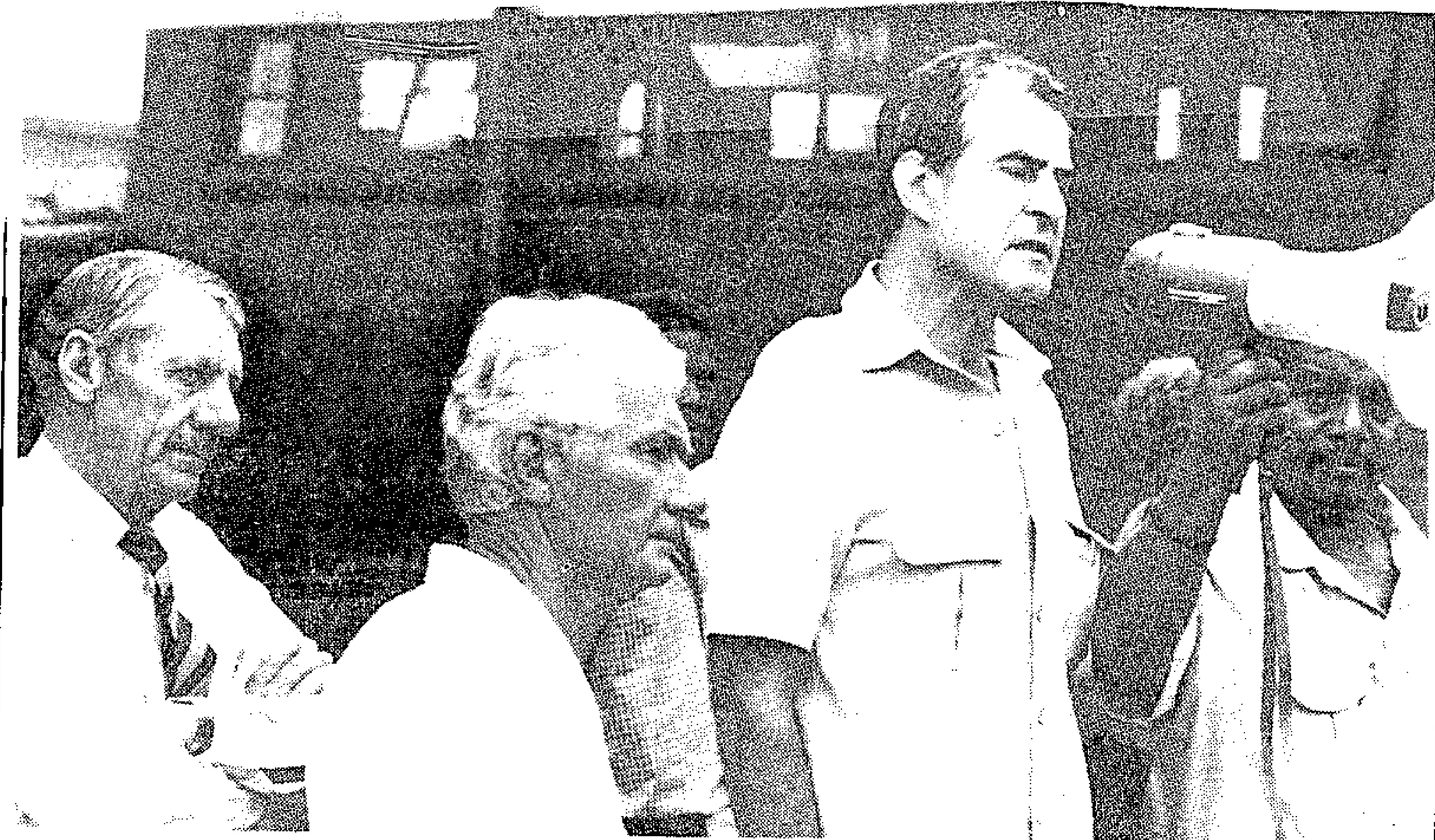
After mediation, the company yesterday agreed to recognise the union and to reinstate nine of the 38 retrenched workers.

Mrs M G Ntseke, the union's general secretary, said the union was planning to affiliate to the Council of Unions of South Africa (Cusa).

□ □ □

NEGOTIATIONS between Sasol and the Chemical Workers' Industrial Union (CWIU) are continuing in a bid to settle the dispute arising out of the mass dismissal of workers for participating in last November's stayaway.

The negotiations — which are being closely watched by 24 emerging unions who have threatened to take industrial action if the workers are not reinstated — are due to continue on Monday.



Dr Justin Morfopoulos, chief medical superintendent, of Durban's King Edward VIII Hospital, speaks through a loud hailer to striking 'non classified' hospital workers yesterday shortly before they were arrested by police. With him are members of the hospital administration staff.

Mercury 8/2/85

500 fired hospital workers charged with trespassing

Labour Reporter

MORE than 500 striking King Edward VIII Hospital workers in Durban who were fired yesterday after ignoring a return-to-work ultimatum were removed from the hospital premises by police and charged with trespassing.

They were taken to the Umbilo Police Station where they were charged and released after being given an option of paying a R20 admission of guilt fine for trespassing or appearing in the Durban Magistrate's Court between February 11 and February 14.

Police in camouflage uniforms, armed with rubber truncheons and some with dogs, rounded up the strikers who were were seated on the grass in front of the compound.

They were led to a fleet of waiting police trucks that ferried them in about 10 trips to the nearby police station.

The strikers, who earn an average of R142 per month and are demanding an increase in pay, were in jovial mood, singing religious songs and the African anthem, *Nkosi Sikelela i Afrika*, as they got into the police vehicles.

Most of them were still in their hospital uniforms, the women wearing pink overcoats and matching head scarves and the men dressed in khaki uniforms and brown overalls.

From the surrounding highrise hospital buildings, concerned patients, nurses and doctors peeped through windows as the strikers were led into the police trucks.

Earlier the strikers became militant when W/O Daantjie Haupt of the S A P Reaction Unit, speaking through a loud hailer, ordered them to leave the hospital premises soon after they were dismissed at 9 15 a m.

He told them that if they refused to leave by 10 a m he might use force.

The police moved in at 10 15 a m after the hospital's chief medical superintendent, Dr Justin Morfopoulos, announced that all the striking workers had been discharged for failing to return to work by the 7 a m deadline and asked them to leave the premises immediately.

Upgrade

The entire 'non-classified' staff, including cleaners, laundry workers, ward messengers and kitchen assistants, stopped work on Monday, demanding more pay after rejecting a 10 percent pay rise — averaging R14 per month — granted to them last week.

They were offered a further two-notch increase on Tuesday by the Natal Provincial Executive Committee which agreed to upgrade their salary scales, bringing them on a par with State Health Department employees.

Striking unqualified workers at the Wentworth Hospital were also dismissed yesterday.

A senior police spokesman said yesterday that 261 men and 281 women climbed into police vehicles voluntarily and were taken to the police station.

He said no force had been used by the police.

The fired workers were told to collect their pay from the offices of the Port Natal Administration Board in Ordinance Road next week, according to Dr Morfopoulos.

The hospital would recruit new staff from Monday, he said.

In termination notices handed to them shortly before they were removed by police, the fired workers were told to collect their pay at the PNAB office at 3 p m on February 14.

They refused to accept the notices which were handed out by hospital administrative staff.

500 hospital workers fired

CAPE TIMES 8/2/85

(98)

Own Correspondent

DURBAN. — More than 500 striking King Edward VIII Hospital workers in Durban were fired yesterday after ignoring a return-to-work ultimatum, and were removed from the hospital premises by police and charged with trespassing.

They were taken to the Umbilo police station, where they were charged and released after being given an option of paying a R20 admission of guilt fine for trespassing or of appearing in the Durban Magistrate's Court between February 11 and February 14.

Dogs

Police in camouflage uniforms, armed with rubber truncheons and some leading dogs, rounded up the strikers who were seated on the grass in front of the compound.

They were led to to waiting police trucks which ferried them in about 10 trips to the nearby police station.

The strikers were earning an average of R142 a month and are demanding a pay increase.

The police moved in at 10.15am after the hospital's chief medical superintendent, Dr Justin Morfopoulos, had announced that all the striking workers had been discharged for failing to return to work by the 7am deadline and had asked them to leave the premises immediately.

The entire "non classified" staff — including cleaners, laundry workers, ward messengers and kitchen assistants — stopped work on Monday in support of a demand for more pay, after rejecting a 10 percent pay rise — averaging R14 a month — granted to them last week.

They were offered a further two-notch increase on Tuesday by the Natal Provincial Executive Committee, which agreed to upgrade their salary scales, bringing them on a par with State Health Department employees.

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A senior police spokesman said yesterday that 261 men and 281 women had climbed into police vehicles voluntarily and had been taken to the police station.

2 Cape Times, Saturday, February 9, 1985

Med students banned from teaching hospital

Own Correspondent

DURBAN. — More than 400 medical students who use King Edward VIII Hospital for their training had been banned from the hospital because of alleged intimidation of workers during this week's strike, the hospital's medical superintendent, Dr Justin Morfopolous, said yesterday.

The ban follows a march to the hospital on Thursday by placard-carrying medical students denouncing Dr Morfopolous, and protests against the dismissal of 541 of the hospital's non-classified workers.

However, most of the sacked workers were re-employed yesterday and trespass charges against them were dropped.

Dr Morfopolous said the hospital was taking back the workers, but he had the right not to re-employ any workers he believed were intransigent or caused unnecessary unrest.

Dr Fred Clarke, MEC for hospitals, said he could not guarantee all the workers their jobs back, but said none of the reinstated workers would lose any service benefits.

Mr Pat Naidoo, chairman of the Medical Students' Representative Council, said students were amazed at the hospital's decision to prohibit them from the hospital premises until further notice.

"It is a teaching hospital and students cannot go elsewhere," he said, adding that the superintendent would have to prove that students had intimitaded the workers to take strike action.

Sacked workers said yesterday that they had been promised a two-notch increase in their basic wage.

Meanwhile Dr Neil Dawber, superintendent of Wentworth Hospital, said none of the striking non-classified workers at his hospital had been sacked.

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'You've got to be wealthy to be healthy'

By SINNAH KUNENE

THE 50 PERCENT increase in hospital tariffs during weekends and after hours will aggravate the problems of medical experts in the black community.

Reacting to the new increases which came into effect on February 1, the Health Workers' Association and the Azanian People's Organisation's health secretariat expressed concern about the drastic effects of the high fees on the health of the black community.

A single person earning between R23-R48 a week and classified as H5, will pay R10,50 instead of R7 after hours and at weekends.

Private patients have to pay for operations at the rate of R50 for a half hour or less.

"Together with the high daily rates of hospitalisation, this will make the cost of operations fall beyond the means of most people," an HWA spokesman said.

He said some of the effects of these high fees could mean that:

- People will hesitate to use the facilities after hours and at weekends – adding to the problem of people seeking hospital attention too late.
- Doctors would not be able to observe the progress of their patients to ensure they survive over weekends.

He said this was particularly important in babies with dehydration or jaundice, where critical changes could occur within one or two days.

"We appeal to the authorities to reverse this disturbing trend in the health services," said the HWA spokesperson.

An Azapo spokesperson said the increase "shows the insensitivity of the authorities".

"Coming at a time when inflation, unemployment and drought is rampant, it can only compound the problems facing the people," he said.

"Health care is a basic human right and it is the Government's responsibility to provide it to one and all free of charge."

The Star Wednesday February 13 1985

Hospitals write off R2,6-m unpaid fees

78

Pretoria Correspondent

The Transvaal Hospital Services was forced to write off a staggering R2,6 million in unpaid patient fees during 1982/83, the report of the Session Committee on Public Accounts has revealed.

Tabled during yesterday's Provincial Council sitting, the report showed an additional R557 890 in fees had been outstanding for more than a year.

The amount of money being written off in patient fees annually, the committee said, had increased by more than R1,1 million between 1981/82 and 1982/83. With tariff increases, the amount was likely to grow further. Many of the individual amounts owed were less than R20 and it was uneconomical to recover them.

A system of deposits has subsequently been introduced at provincial hospitals to reclaim some of the money owed.

The committee's report also showed losses of more than R600 000 suffered by the province's Works Department at the hands of 13 contractors who had gone insolvent.

Insolvencies were "very embarrassing" to the department, the committee said.

"Guarantees of 10 percent of the contract amounts are now required," it added.

RDM 9/2/85

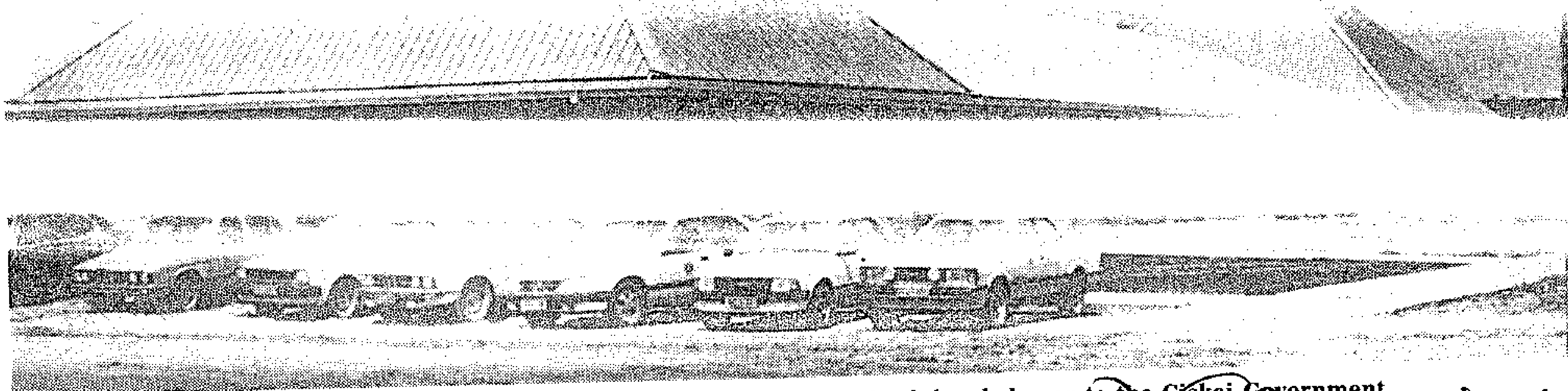
THE Health Workers' Association (HWA) yesterday blamed the recent unrest at Durban's King Edward VIII hospital — where 542 workers were arrested after being dismissed for striking — on the lack of adequate and effective grievance channels.

The HWA criticised the hospital authorities for "harsh and repressive measures" and said workers in the State health institutions were among the lowest paid in the country.

Meanwhile, hundreds of placard-waving medical students marched on the hospital on Thursday night in protest against the dismissals and arrests.

And 211 workers at Durban's Wentworth Hospital — who were also on strike this week — have returned to their jobs, according to the hospital's medical superintendent, Dr Neil Dawber.

"The co-operation, insight and restraint of my staff members are much appreciated by the management of Wentworth Hospital," said Dr Dawber, who said he did not need the help of "outside" elements when dealing with his staff.



The two wings of the new 28-bed hospital in Keiskammahoek handed over to the Ciskei Government yesterday.

R15 m hospital handed over to Ciskei

The Director-General of the Department of Health, Mr H. Mdleni, inspecting a model of the Hewu Hospital which is under construction.

KEISKAMMAHOEK — Ciskei's new 280-bed hospital here was handed over to the Ciskei Government by an Israeli company, Gur Corporation, yesterday.

The R15-million hospital is one of the most modern in the Ciskei and Border region and is equipped with ultra-modern equipment.

The Minister of Health, Dr H. C. Beukes, said the old St Matthews Hospital, which the new one replaces, had been exposed to many problems over many years.

Shortage of office accommodation had not only inconvenienced staff, but patients, too. Nurses' quarters were always overcrowded and, at one stage, 35 nurses had no accommodation whatsoever.

He said doctors lived in old buildings with leaking roofs and sagging floors. One house in particular was so faulty that on rainy days the occupant had to move from room to room to try and escape rain coming through the roof.

Dr Beukes assured Pres Sebe that discipline would be strictly enforced and that all patients would have no reason to complain.

He also announced that the hospital would be named after a former teacher, Mr S. S. Gida, who died in 1971.

Mr Gida taught at various schools in the Keiskammahoek and Middledrift districts.

He was a membe of the Keiskammahoek North Tribal Authority and represented it at the local regional authority and the then Ciskeian Territorial Authority. He was a member of the first Legislative Assembly when Ciskei attained self-government.

In his reply, Pres Sebe likened the occasion to the old ceremony of washing of spears by heroes on their return from battle, and narrated their experiences in the battle.

He said it was the first foreign aid the country had received.

He said the value of the hospital was R50 million, but through negotiation they had managed to have it built for R15 million.

It was of a high standard with sophisticated equipment and the staff would have to prove themselves, he said. — DDR.

Sponsored meals

KEISKAMMAHOEK — President Lennox Sebe announced yesterday that Johannesburg sponsors would supply a year's meals for the inmates of the Nontsapho Rehabilitation Centre for the handicapped.

He said they would sponsor three meals daily for 100 inmates.

Pres Sebe did not name the sponsors. — DDR.

New abortion bill

KEISKAMMAHOEK — An Abortion and Sterilisation Bill will be tabled at this year's parliamentary session, the Minister of Health, Dr H. C. Beukes, said here yesterday.

He was speaking at the handing over ceremony of the new hospital here to the Ciskei Government.

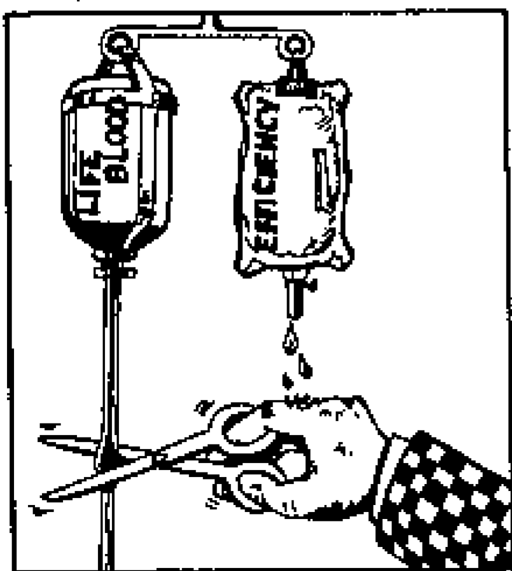
He said all health legislation would be reviewed and updated to meet the nation's requirements.

Dr Beukes also said the government was looking into an overall picture of occupational health in Ciskei and was being assisted by the medical school of the University of Stellenbosch.

He did not expand on the Abortion and Sterilisation Bill. — DDR.

Take them off the drip

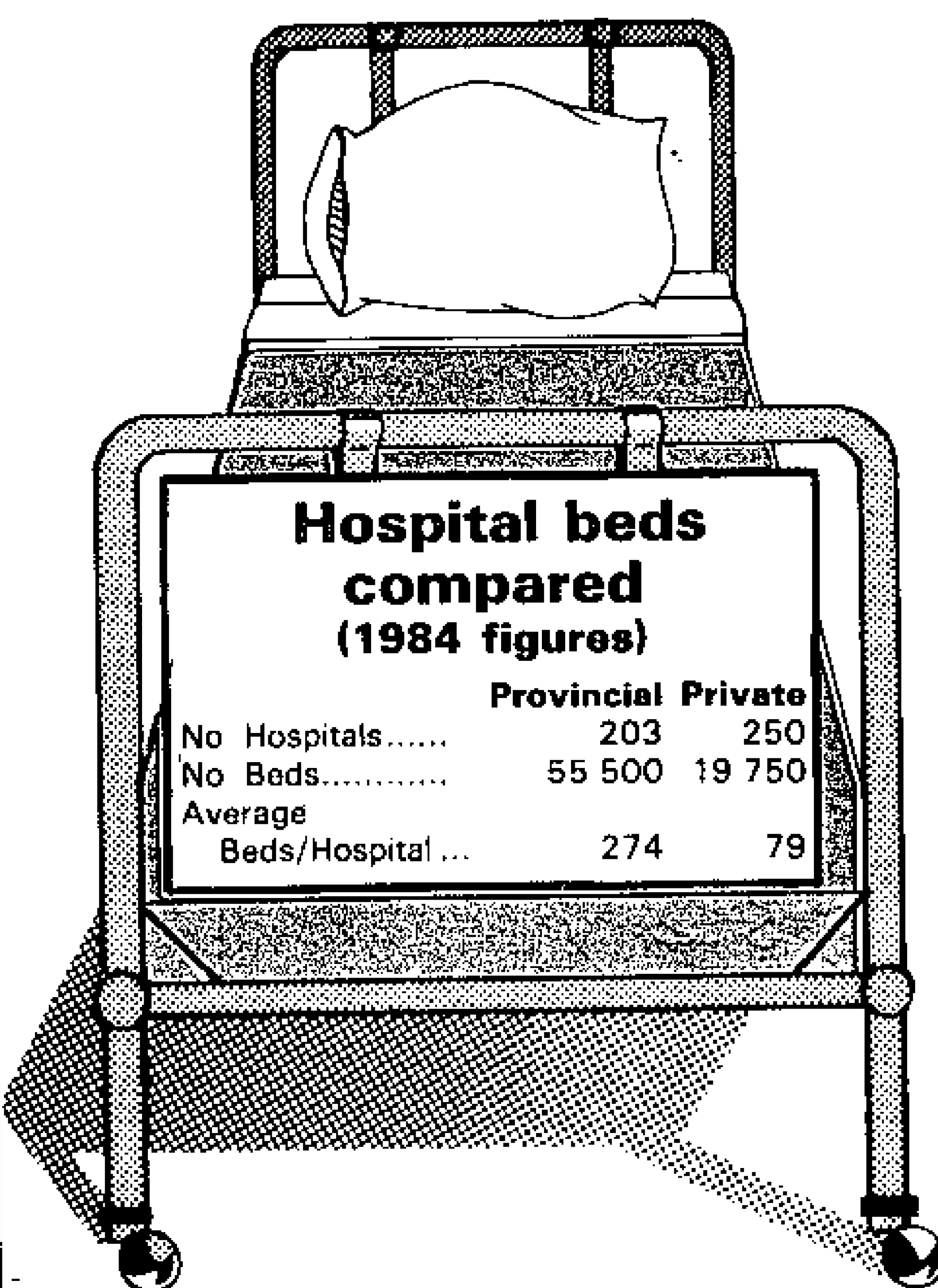
With austerity the rule in public health services, the private sector is taking the gap. Serious consideration needs to be given to a restructuring of the system, and private medical services have a definite role to play.



The public health service is sick. While the authorities (as authorities are wont) continue to dither, the private medical sector is growing fat on the spoils. Really experienced staff, better-qualified doctors, and patients with more profitable ailments — all are beating a path to the private clinics.

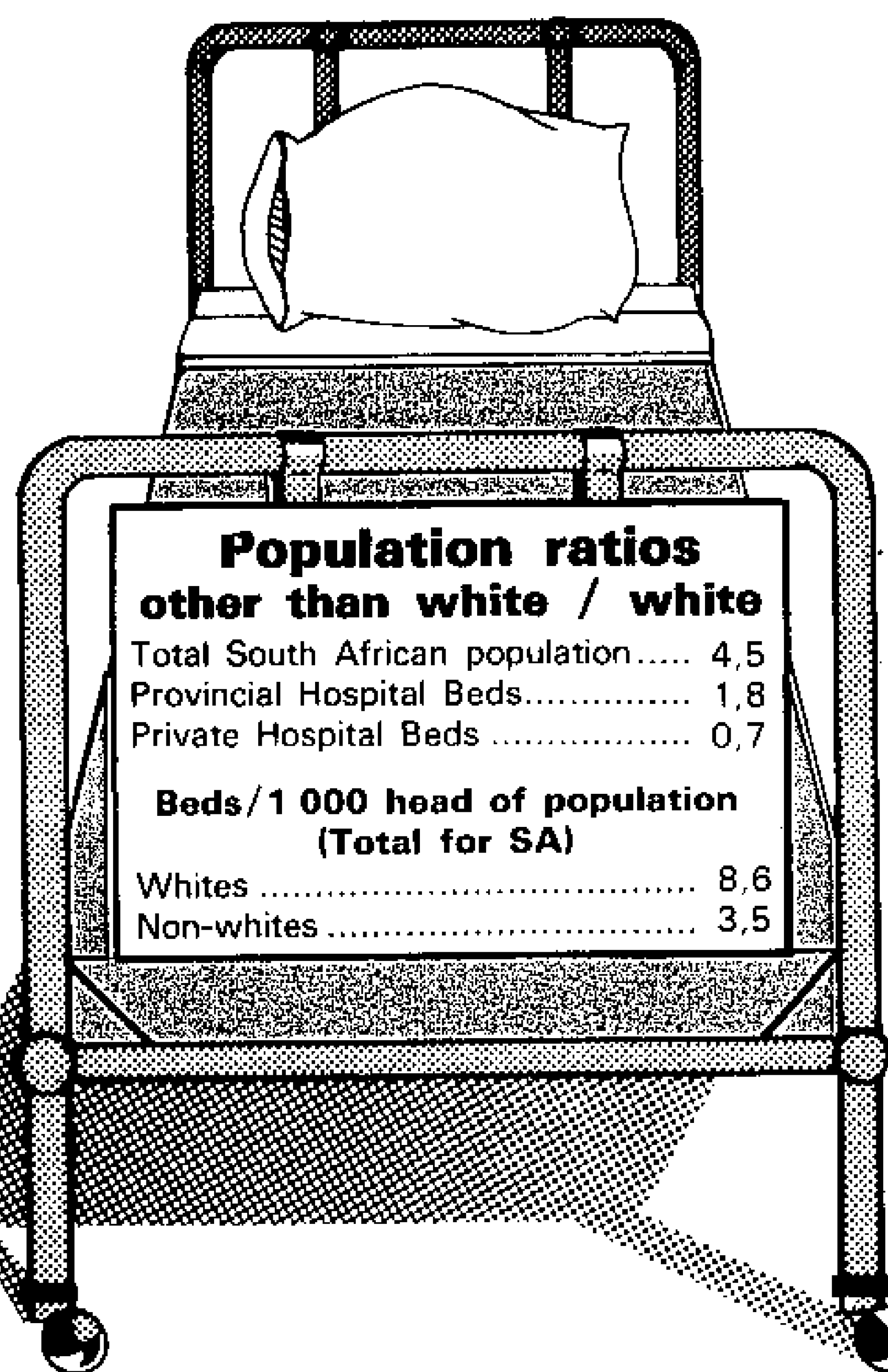
The outlines of the malaise are clear enough. John Ernstzen, chairman of the Representative Association of Medical Schemes, explains: "The traditional method of providing services for everyone was bound to come to an end . . . One major problem is that the State has built enormous hospitals that are not being utilised to the full, while the lack of staff and numbers of closed wards means they are clearly operating at well below efficiency levels."

MEDICAL CASEBOOK



Hospital beds compared
(1984 figures)

	Provincial	Private
No Hospitals	203	250
No Beds	55 500	19 750
Average Beds/Hospital	274	79

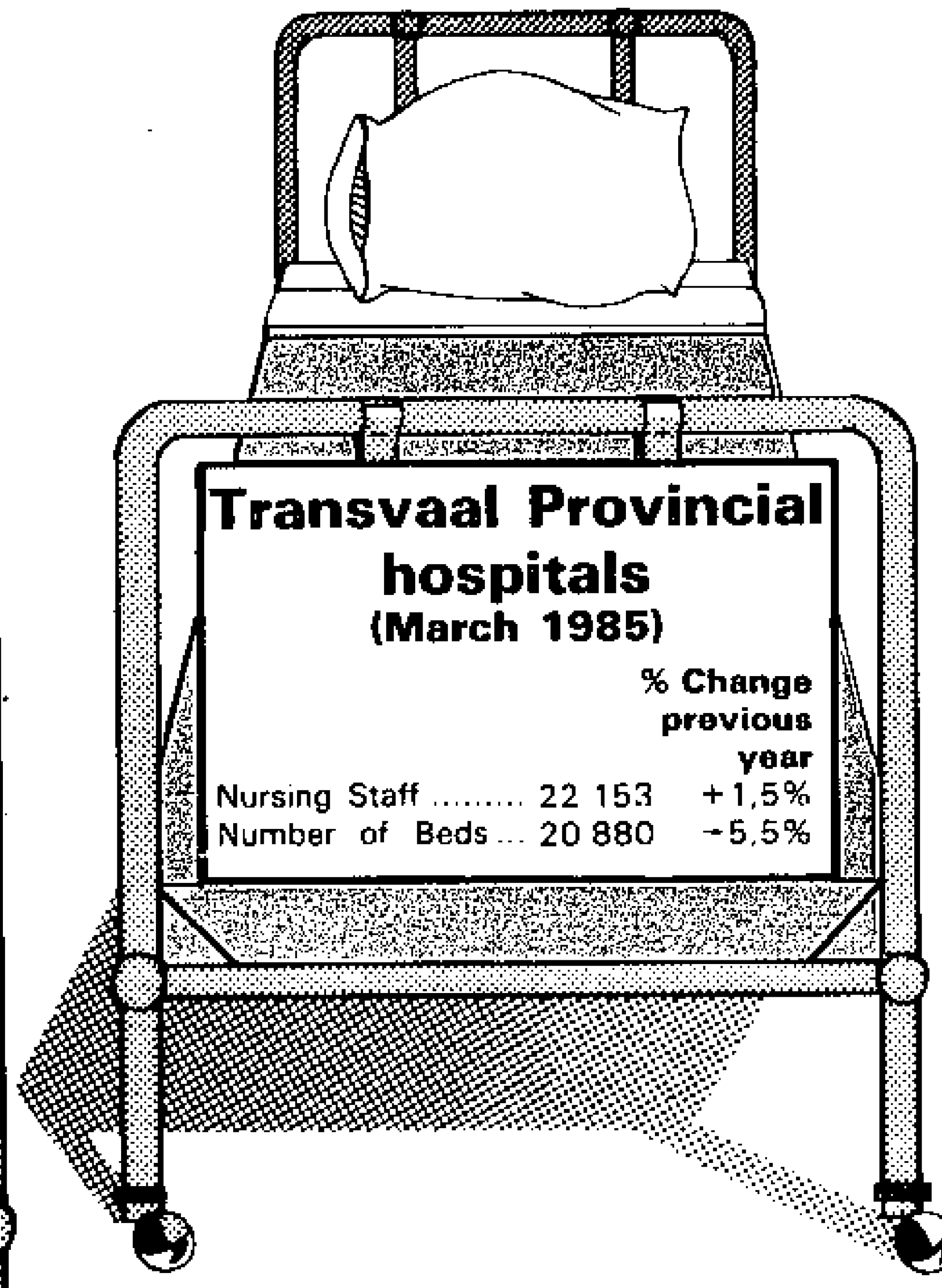


Population ratios
other than white / white

Total South African population	4,5
Provincial Hospital Beds	1,8
Private Hospital Beds	0,7

Beds/1 000 head of population (Total for SA)

Whites	8,6
Non-whites	3,5



Transvaal Provincial hospitals
(March 1985)

		% Change previous year
Nursing Staff	22 153	+1,5%
Number of Beds	20 880	−5,5%

The classic response of any bureaucracy to such problems is to apply cuts indiscriminately. But that has left the victim even more vulnerable to competition. In November 1984, and then last March, various austerity measures were applied to the sector, primarily affecting the Transvaal Provincial Hospitals — colloquially known as "Province" to the profession.

The fact and experience of the Johannesburg Hospital is typical. Completed in 1982 at a cost of about R300m, some 30% of its bed capacity still remains unutilised. As Reginald Broekmann, the hospital's chief superintendent, warns: "If the situation doesn't improve soon we will simply have to stop offering certain services."

While patients undoubtedly get entirely professional services, there is no doubt that the strain tells in a certain alienation (see box, page 32).

Austerity measures with which Province must live include:

☐ Normal hours of work have been increased from 40 to 42,5 hours a week for nurses, and from 56 to 58,5 hours a week for doctors;

☐ Certain vacancies have been frozen;

☐ Salaries remain at January 1984 levels, while staff bonuses have been cut; and

☐ Restrictions on the use of specialist drugs and laboratory investigations have been imposed.

Such measures have saved the Johannesburg Hospital R500 000/month, but do not go to the heart of the problem. As one private doctor points out: "It's basically an economy drive which is getting out of hand."

More recently, in announcing its budget for the current fiscal year, the Transvaal Provincial Administration gave its Hospital Services the cold shoulder by reducing its vote by R3m to R807,7m.

Daan Kirstein, member of the executive committee (MEC) for Hospital Services in Transvaal, adds his fears: "I'm scared that we could get to the stage where even the basic services will not be available for the indigent."

Budget cuts have made the public health service an unwitting donor to an increasingly flourishing private medical sector. By worsening employment conditions in its own sector, Province is actually encouraging staff to seek better-paid jobs elsewhere. For example, a newly-qualified nursing sister receives R830/month from a private hospital compared to R622/month in Province. Hours are also shorter and more flexible in private work. As a result, Johannesburg Hospital has 430 vacancies. It has a budget sufficient to fill 100 of those posts but there have been no takers for six months.

The pared-down services which remain cater for all the unprofitable business: that of the indigent, those without medical aid, and long-term confinements requiring expensive ward care. Increasingly the service is being provided by more junior, less experienced — and overworked — staff.

So there has been an informal privatisation of medical care in SA — informal because no official policy has been prescribed. Instead, though the future of State involvement is being discussed at the highest levels, government hospitals remain in the dark about their fate.

Various factors which add up to an adverse cost structure for Province include:

☐ Training obligations: a doctor, for example, costs R3 000/year to train;

☐ Inflexible salaries and work conditions set

by decree, meaning that employees can only be sacked for negligence or a criminal offence;

☐ The social obligation to look after the indigent, including medical aid patients transferred from private hospitals because their payment limits have been reached;

☐ The need to provide expensive cardiac surgery since many medical aid schemes do not offer such cover; and

☐ A limit on admissions. Private patients may only be admitted in an emergency; or if the service is not available elsewhere; or if there is spare capacity; or if the patient is suitable for teaching purposes.

Government policy has also created a maldistribution of services. Baragwanath Hospital in Soweto, for example, had a bed occupancy rate in 1984 of 113%, something Johannesburg Hospital's spare capacity could have resolved overnight. This racial distortion is a countrywide phenomenon. While Indian hospitals in Natal, for example, are bursting at the seams, white hospitals remain under-utilised.

The legislated ward fee for Province is now R50/day, although the unit cost for Johannesburg is R180 — among the highest in the country. This is the average patient/day cost for all services including ward care, surgery and drugs. But it's not the full picture, however, because the hospital, typically, has no adequate costing mechanism.

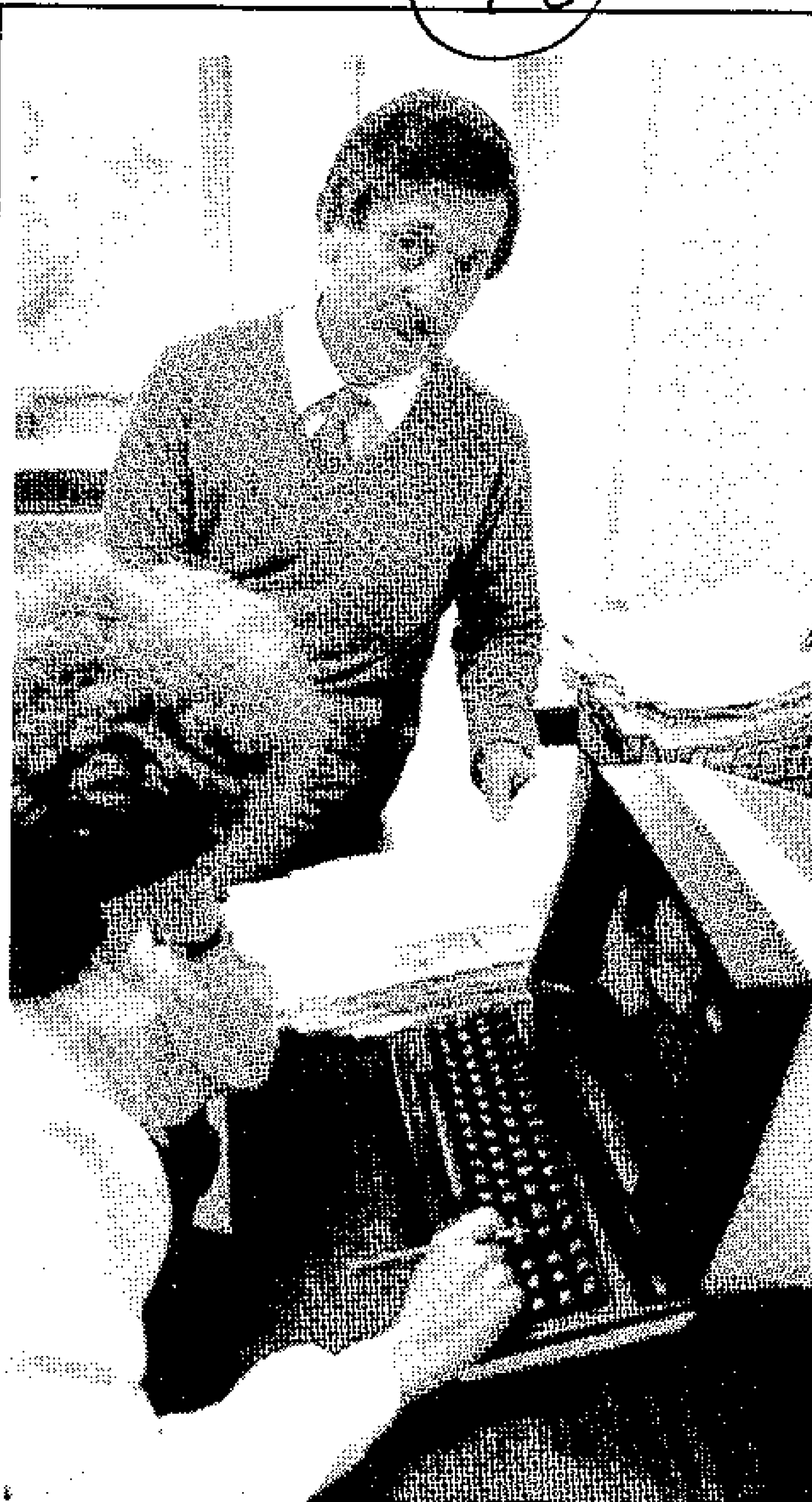
So it is that steam is freely delivered to the nearby College of Education; a complete radiotherapy department with a team of specialists has been provided free of charge for Hillbrow Hospital; and there is also a central laundry service provided for provincial hospitals in the Johannesburg area — again free of charge.

On the incoming side, Johannesburg Hospital gets all its food free from a frozen food factory in Pretoria.

Like the factory, the physical structures of Johannesburg Hospital are owned by the Department of Public Works. Just as well: with some 600 beds out of a total 1 800 never used, the hospital is saving itself a small fortune in fixed overheads. And as Broekmann notes: "Our maintenance costs for cleaning and heating the empty space are relatively low."

It's financial craziness: every bed is a loser; the more empty space you keep in the building the less you lose. Taken to its logical conclusion most of the larger provincial hospitals should be closed down.

Hugo Snyckers, president of the Pharmaceutical Society of SA, says that in the private sector there is a higher degree of efficiency and more direct methods of controlling costs. Indeed, the private sector is expanding considerably. The proliferation of private clinics is evidence for this.



Ernstzen (top), Kirstein, Hurwitz ... checking imbalances

Take Medi-Clinic, part of the Rembrandt group which controls four hospitals. A director, Dr Edwin Hertzog, says: "We came onto the scene in 1983 purely for business reasons — we didn't do it for charity. We see the medical services industry as an area of growth." He expects medical aid membership to increase, and SA has an ageing population.

Already, except in the OFS, private hospitals outnumber provincial ones. However, in numbers of beds, Province has almost three times as many — an important factor contributing to inefficiency.

Barney Hurwitz, director of Clinic Holdings, which controls 12 private hospitals, estimates: "Generally, I would say that 250 beds per hospital is the ideal size. Provincial hospitals that provide training and research facilities should not be more than, say, 600 beds. Any larger and it's just too rambling, wasting much time and effort on the part of staff and patients alike."

One director of the Rembrandt Group adds: "State enterprises are never productive. The State is a checking apparatus, and you should never have part of your braking energy in the driving part. Medicine, education and transport — all should be privatised. Jails, too, for that matter." (He points out that, from a catering and service point of view, there's very little difference between hotels, hospitals and jails.)

A very sensitive area is that of staffing and salaries. One private hospital MD told the *FM*: "We just take a lead from the government hospitals. When they increase their rates we simply add a bit more on to get the staff."

On the other hand Hertzog points to various statutory restrictions on the private sector. For example, private hospitals:

☐ Can only provide services within the scope of medical aid;

☐ Cannot provide casualty services because the Medical and Dental Council prevents them from employing fulltime doctors;

☐ Can only concentrate on surgical business, because this is favoured by the tariff structure; and

☐ Resort to "pirating" of nurses from Province because of the prohibitive costs of training in terms of lecture rooms, nursing homes and administration. These costs are covered for Province by the taxpayer.

There are two schools of thought regarding surgical preference. One doctor says private hospitals prefer theatre work because it provides more opportunity for overcharging.

(98) FM 7/6/85

Hospital's Broekmann ... normal hours would help

wings (government to continue providing the capital); and

☐ The renting of beds by government from the private sector, where appropriate.

The feeling is also that Province should open its doors both to private doctors and medical aid patients: that controls over employment conditions and salaries should be abolished; that control of medical services should be decentralised, with smaller hospital units being sited nearer to the patients; that the private sector must be allowed to employ doctors fulltime; that the indigent must be government's responsibility, financed individually on a means-tested basis, possibly using some voucher system; and that medical aid schemes must be rationalised in number, and offer more flexible insurance covers with optional limits and no-claims bonuses, with a market-related fee structure.

Such measures would encourage private hospitals to train nurses and offer a more comprehensive set of services. Healthy competition would be created between the private and government sectors. And areas of subsidisation would be avoided, especially where medical aids select provincial services simply to save money.

Broekmann notes: "We could attract large numbers of nurses if we could offer normal hours, with additional rates for those in after-hours' work. I'd also like to dictate hours locally, to send people home when it was quiet, for example."

Ernstzen says the role of the State should be restricted to providing the capital input for medical care, and the "primary health care function" such as water supplies, medical teaching, epidemic control, and support for the indigent and unemployed. "Subsidisation of the individual, rather than subsidisation of the system," he says, "is the key."

Hertzog says the Representative Association of Private Hospitals is currently trying to bring together the Department of Health and private industry to clear the air — "and get some sort of guidelines to what is possible." Rembrandt has already appointed a woman doctor to head its nurse training programme, while discussions with the medical school at Stellenbosch University are well advanced.

As one commentator notes: "Those in Province must now be prepared to give up their empires." Unless this happens they may be left to preside over an empty shell. ■

PRIVATE GROWTH

In spite of the current recession, huge investments are being made in medicine by individuals and corporations who have recognised the huge profits that lie in providing private medical services.

Privatisation is something of a buzzword in government circles these days; and, in effect, the privatisation of medical services is being encouraged by neglect of the public sector. Nothing has actually been announced — but when the authorities slash expenditure on public health, the sector is less able to provide even basic services. So along come the entrepreneurs.

Here are a few examples of expansion in the medical private sector since January last year:

☐ Brenthurst Clinic — a new west wing for 16 doctors' suites and consulting rooms, opened November 1984;

☐ City Park Hospital — opened January 1984;

☐ Eugene Marais — another 80 beds to be opened this October;

☐ Garden City Clinic — an extra 100 beds, plus six new theatres;

☐ Lesedi Clinic — Soweto's first private hospital, completed January 1985;

☐ Morningside Clinic — a new hospital of 204 beds, just completed;

☐ Panorama Hospital, Parow — a building for 325 beds planned;

☐ Sandton Clinic — a new wing;

☐ Union Hospital, Alberton — an extra 60 beds, almost completed; and

☐ Westville — a new hospital under construction.

SEARDEL

A threadbare image

The once prime clothing group is beginning to look a little patchy in profits. This is partly due to recession and partly due to weak marketing. Once the latter has been set to rights, however, Seardel should make a good recovery stock.

Seardel, once regarded as the darling of the JSE, has watched its image become tarnished in recent years. Group earnings declined precipitously after 1982 when the company — and the entire clothing industry — plunged into recession. But the recent poor performance may owe something to the group's own structural weaknesses. The recession, say clothing insiders, has merely spotlighted these.

To understand Seardel, one needs to look at the central philosophy guiding its chairman and founder, Aaron Searll. "In the last decade," says Searll, "we evolved a growth plan that was aimed at making us the dominant force in every market we serve." Logically, management developed a strong growth orientation. And all strategic decisions became coloured by this central goal.

In the Seventies the firm began extending its trading base through a spate of strategic acquisitions. Ingeniously, Searll retained the original managements, allowing them to run their clothing factories in their own way while watching over their financial affairs. In this way, Searll surrounded himself with some of SA's finest clothing entrepreneurs.

Acquisitions weren't limited to clothing companies either. Identifying consumer electronics as a high-growth industry, Seardel bought the ailing Sharp Electronics for a mere R2,5m in 1981. Another acquisition was the highly successful Prima Toys.

The years between 1978 and 1981 saw virtually exponential growth in both group earnings and turnover. Investors developed a euphoric regard for the share, and the price gained some 600% over four years to reach a high of 750c in 1981.

But with expansion came rising debt, and by 1982 the debt:equity ratio had climbed to an unhealthy 200%. When interest rates started climbing after 1982, finance charges spiralled as operating profits began to fall. More recently, however, the group has been steadily reducing this ratio.

Flowing naturally from its determination to expand rapidly, Seardel had predicated its growth on supplying the large chainstores where the high volumes are to be found.

'Racism did not cripple US dancer'

C. Press 3/3/85 (98)

SOUTH African Ambassador Brand Fourie has clashed with a crippled US dancer who is suing South African and the Transvaal Department of Hospital services for R260-million.

In an interview with People magazine the ambassador to the US dismissed Barry Martin's charges that he was paralysed because of the "torture, negligence and racial discrimination" he suffered after a car accident outside Rustenburg in August 1983, while he was appearing at Sun City.

Mr Fourie said the law suit was merely an "effort to extort money".

In a long interview with the magazine, Mr Martin claims that the car driver — a white fellow dancer, Peter Pink — was picked up by an ambulance, but that he was ignored and taken to Paul Kruger Hospital in a private car.

There, he said, he was told to sit for several hours on a bench — and was "never given any medical care, attention, diagnosis or treatment because he was black".

He was finally moved by ambulance to the Hendrik Verwoerd Hospital in Pretoria — 150km away.

But Mr Fourie said doctors and nurses had testified that the ambulance which arrived at the accident scene was unable to transport either of the injured men "because it did not have enough fuel".

He said Mr Martin "had already lost the use of his limbs" before he reached Paul Kruger Hospital, where doctors waived the colour bar, examined him and diagnosed him as quadraplegic.

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) On 22 February 1985.

(b) A complaint was lodged that three Coloured women were in the building for purposes of prostitution.

(c) The persons concerned were requested to leave the building.

(2) No, because the complainant did not require further action.

(3)-(6) No.

Hansard Q.61.755

Death sentences

19/3/85

*43. Mrs H SUZMAN asked the Minister of Justice:

How many death sentences in each race group were commuted in 1984?

The MINISTER OF JUSTICE:

White males	: 3
Black males	: 23
Coloured males	: 9
Total	35

Hansard Q.61.755

Internal Security Act

19/3/85

*44. Mrs H SUZMAN asked the Minister of Law and Order:

Whether he received any written representations in 1984 from detainees held under section 29 of the Internal Security Act, No 74 of 1982, relating to their detention or release; if so, (a) how many and (b) in how many cases did the representations result in the release of the detainees concerned?

The MINISTER OF LAW AND ORDER:

Yes.

(a) Ten.

(b) None.

*45. Mr P R C ROGERS—Foreign Affairs [Reply standing over.]

Own Affairs:

*1. Mr R W HARDINGHAM—Agriculture and Water Supply [Reply standing over.]

Hansard

Pageview: rebuilding of house

Q.61.756 19/3/85

*2. Mr P G SOAL asked the Minister of Local Government, Housing and Works:

(1) Whether, with reference to the reply of the Minister of Community Development to Question No 15 on 20 June 1984, the house in Pageview has been rebuilt and restored to its legal occupants; if not, why not; if so, on what date;

(2) (a) what was the total cost to the State of demolishing and rebuilding this house and (b) how is this amount made up;

(3) what specified steps were taken by the Department to prevent a recurrence of this kind of incident?

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND WORKS:

(1) Yes, on 23 July 1984.

(2) R7 537,00 which is made up as follows:

Demolition work	R 387,00
Building work	R4 537,00
Electrotechnical work	R2 613,00

(3) Instructions were given to ensure that all statutory requirements must be complied with beforehand.

Hansard Q.61.756

Hospitals

19/3/85

*4. Dr M S BARNARD asked the Minister of Health Services and Welfare:

(1) Which hospitals fall under the (a) control and/or (b) supervision of his Department;

(2) whether any of these hospitals have beds for non-White patients; if not, why not; if so, what is the total number of beds for (a) White and (b) non-White patients in these hospitals?

The MINISTER OF HEALTH SERVICES AND WELFARE (Reply laid upon the Table with leave of House):

(1) (a) Tara the H Moross Centre (141 beds)

Cullinan Care and Rehabilitation Centre (229 beds)

Alexandra Care and Rehabilitation Centre (758 beds)

These three hospitals were the first to be identified for transfer to the Department of Health Services and Welfare, Administration: House of Assembly.

(b) As far as registration and inspection are concerned the following:

Private Hospitals, Clinics and Detached Theatres	Number of beds
Anncron Clinic (Pty) Ltd	58
Arcadia Nursing Home	59
Astrid Clinic	74
Bagleyston Clinic (Pty) Ltd	—
Drs Bartman and Partners	—
Benoni Day Clinic	—
Drs Bodenstab and Partners	—
Boksburg Day Clinic	—
The Chamber of Mines Hospital	104
Claremont Surgical Clinic	50
Dalview Nursing Home	46
Dr P S de Vaal and Partners	—
Drs Du Preez and Smit Theatre	—
Durmosted (Pty) Ltd	—
Edenvale Day Clinic	—
Flora Clinic	54
Fochville Hospital	37
Forona Nursing Home	30
Glynwood Nursing Home (Pty) Ltd	71
Drs Grobler and Partners	—
Dr Hasson, Lubbert and Altesandrini	—
Heilet Day Clinic	—
Jakaranda	114
Johannesburg Clinic (Pty) Ltd	—
Joubertpark Private Hospital	238
Kenridge Hospital	178
Kleinfontein Hospital	48
Krugersdorp Private Hospital	26
Les Marais Nursing Home	253
Prospecta Day Clinic	—
Louis Pasteur Clinic	—
Malopen Day Clinic	—
Manners Dental Theatre	—
Mayo Clinic	—
Med Clinic	—
Milpark Hospital	54

Private Hospitals, Clinics and Detached Theatres	Number of beds
Narkon Clinic	—
Nedpark Clinic	92
Pretoria Narkokliniek	18
Protea Clinic	—
Randburg Nursing Home	—
Robinson Hospital	53
Roseacres Clinic	73
Rosebank Clinic	108
Rustenburg Day Hospital	—
Sandton Clinic	272
P J Schutte Theatre	—
The Southern Nursing Home	25
Springs Parkland Clinic	89
Sunningdale Hospital	45
Drs J P Swart en P J van Niekerk	—
Drs Triegaardt, Byrne en Swartz	—
Union Nursing Home	90
Vanderbijlpark Medical Relief Fund	18
Drs B van Rensburg and J G Pansegrouw	—
Van Riebeeck Anaesthetic Clinic	—
Vereeniging Day Clinic	—
Wierdapark Clinic	—
Witbank Medical Clinic	—
Brenthurst Clinic	196
Florence Nightingale Home	204
Garden Clinic	133
Lady Dudley Nursing Home	103
Little Company of Mary	106
Marymount Maternity Home	124
Marifont Maternity Home	117
Park Lane Clinic	298
Rand Clinic	120
Rydal Clinic	15
The Princess Nursing Home	210
Kensington Clinic previously the Turretts Sanatorium	130
Drs C J Lategan and Partners	—
St Annes opd	4
Medbou Arcadia	—
FN Clinic	—
Medi-Dent Day Clinic	—
Harley Nursing Home	—
Sentramed Theatre	—
St Mary's Maternity Home	52
Brackenfell Hospital (Pty) Ltd	35
Cape Anaesthetic Clinic	—
City Park Hospital	279
Claremont Surgical Clinic	50
Elizabeth Private Hospital	40
Geneva Clinic	—
Hampton House Nursing Home	16
Jan S Marais Clinic (Pty) Ltd	130
Kingsbury Maternity Home and Private Hospital	50

Private Hospitals, Clinics and Detached Theatres	Number of beds
Leeuwendal Nursing Home	73
Libertas Hospital	197
Louis Leipoldt Hospital	114
Mater Dei Private Hospital	61
Medical Centre Operating Theatres (Pty) Ltd	14
Medical Forum Theatre	—
Medi-Paarl Clinic	—
Medipark Clinic	42
Oasim Private Hospital	28
Park Drive Medical Centre Theatre	—
Shirnel Clinic (Pty) Ltd	—
Sishen Clinic	27
St Joseph's Hospital	142
Vincent Palloti Hospital	23
Westway Private Hospital	8
Huis Hospital	5
Kestell Hospital	25
Dr D M Kroon and Partners	—
Maitland Theatre	—
Medicyn Forum Casualty Services	—
Bethlehem Medical Centre	—
Medovs Theatres	20
Praxmed Theatre	—
Theatre unit—Dr B J Kriel	—
Entabeni Hospital	292
The Kingsway	20
Mandini Clinic	6
Parklands Nursing Home	200
Pinetown Clinic	—
St Augustine's Hospital	256
West Haven Nursing Home	37
Windsor Clinic	19

(2) No beds are specifically allocated to population groups other than Whites. It is therefore not possible to indicate what the total number of beds for other population groups amount to. These hospitals are registered for Whites and is consequently under the supervision of the Department of Health Services and Welfare, Administration: House of Assembly.

*5. Mr W A LEMMER—Agriculture and Water Supply—[Reply standing over.]

*6. Mr W A LEMMER—Agriculture and Water Supply—[Reply standing over.]

Teachers: public office

*7. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether he has investigated or intends investigating the regulations applicable to teachers seeking public office; if not, why not; if so, (a) when and (b) what specified matters received or will be receiving attention during the investigation;

(2) whether he has received any representations concerning the matter; if so, (a) when, (b) from whom and (c) what was the (i) nature of the rep-

...spital ...ds 1000 nurses

- Short of 100 doctors
- Inferior drugs used
- Badly overcrowded

S. Express 3/3/85 (98)

By PAM KRAMER

BUDGET cuts have brought Baragwanath hospital to the point of breakdown.

Senior hospital staff warned this week that the Soweto hospital was buckling under the impact of 8% cuts ordered by the provincial administration.

They said:

- The hospital was short of 1 000 nurses and at least 100 doctors — but more were being retrenched and all medical posts had been frozen.
- Inferior drugs, which could have serious side effects, were being used.
- There was a lack of rubber gloves — even for sterile surgical procedures.
- Patients were paying for the use of theatre and outpatient facilities.
- Medical equipment was not being properly maintained.
- Water that could be contaminated was being used to wash patients in theatre and labour wards.

The hospital, which serves a population of over 2-million, is being overloaded by an influx of patients from the homelands and rural areas.

In addition, neighbouring states, including Zimbabwe, Mozambique, Swaziland and Malawi, are increasingly referring patients to Baragwanath.

Meanwhile, unemployment caused by the recession is contributing to a serious deterioration of health in Soweto.

A senior doctor said: "A crisis such as happened in Crossroads recently could happen in Soweto at any time. Because of the imminent cutback in staff, we will not be able to cope with casualties in six months' time."

Burden

One doctor said 200 beds installed at Leratong hospital in Krugersdorp, to alleviate the Baragwanath burden, were standing empty. Nursing staff could not be paid and doctors from Baragwanath, meant to fill posts there, were having to be laid off.

And plans first discussed in 1964 to build a new hospital in New Canada, Soweto, have gone no further.

The Sunday Express has learned that doctors in the departments of medicine and paediatrics, two of the most overloaded departments at Baragwanath, are to be retrenched.

It is understood that the hospital has been instructed to "phase out" nine doctors in the department of medicine and three in the paediatrics department.

Approached for comment, the superintendent of Baragwanath, Dr Chris van der Heever, admitted that "consideration at the highest level

...our fancy doesn't come in, there's always the solace of the traditional strawberries and cream. ...Hart, sporting elegant Ascot gear, got into the spirit of things at the Southern Sun Classic at

Picture: DENIS FARRELL

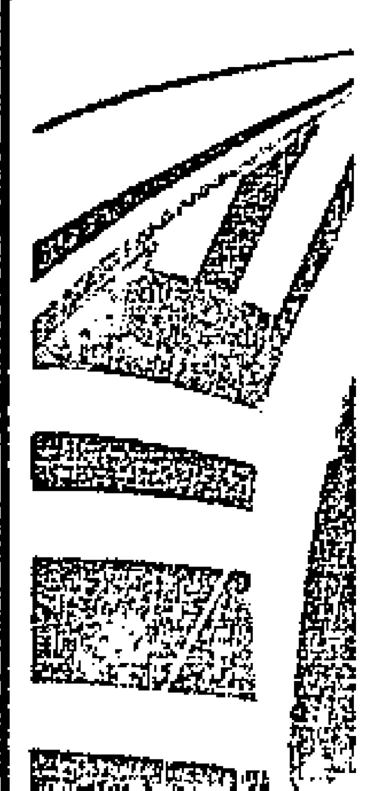
...y man in Barry ...ked of money

RAY FAURE reports

...dire financial dif-

It appeared Mr Cross had needed the money to over-

Mr Cross, however, had always paid his bills at the shop promptly — sometimes even before taking delivery



● Medical equipment was not being properly maintained.

● Water that could be contaminated was being used to wash patients in theatre and labour wards.

The hospital, which serves a population of over 2-million, is being overloaded by an influx of patients from the homelands and rural areas.

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Approached for comment, the superintendent of Baragwanath, Dr Chris van der Heever, admitted that "consideration at the highest level is being given to these departments".

Unfilled

Although the hospital requires 4 564 nurses for its full complement, only 3 615 of the posts are filled. Asked why this was so, Dr van der Heever would only say that the 1 000 unfilled posts had been frozen "due to the financial squeeze".

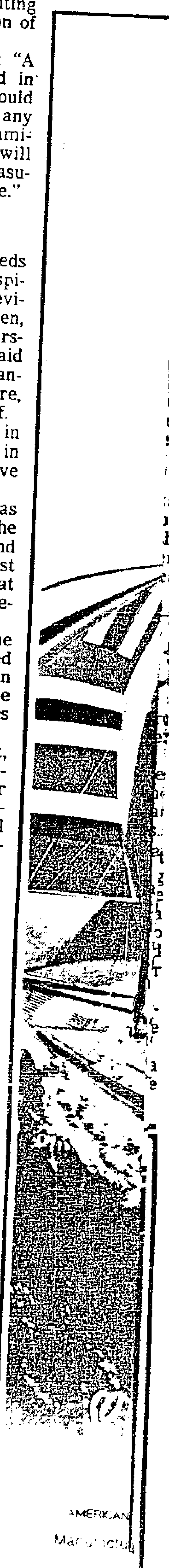
Several junior housemen at Baragwanath complained that some patients were being given inferior drugs, and courses of antibiotics were being cut back from the prescribed week's supply to a four-day supply.

As a result, doctors had to keep patients in the hospital to ensure they received adequate medication. This aggravated the overcrowding problem, the housemen said.

Dr van der Heever said that although antibiotic courses had been cut back, "on motivation from doctors and proof that patients do need longer courses, we can in individual cases extend the course".

A senior doctor said many of the more expensive, im-

● To PAGE 2



P.T.O.

Hotel schools

336. Mr S S VAN DER MERWE asked the Minister of Environment Affairs and Tourism:

(1) How many (a) White, (b) Coloured, (c) Indian and (d) Black persons (i) applied for admission to and (ii) were accepted at each specified hotel school under the control of his Department in 1985;

(2) whether his Department received any representations regarding these schools in 1984; if so, (a) from whom, (b) when and (c) what was (i) the nature of the representations and (ii) his response thereto;

(3) whether he intends to extend the facilities at these schools to cater for more students; if not, why not; if so, when?

The MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

(1) Only the Landdrost Hotel School is being managed by the South African Tourism Board.

(a) (i) 10.

(ii) 6.

(b) (i) 30.

(ii) 22.

(c) (i) 0.

(ii) 0.

(d) (i) 0.

(ii) 0.

(2) No.

(a), (b), (c) (i) and (ii) Fall away.

(3) No. The facilities at the Landdrost Hotel cannot be extended and the course is at present under-subscribed. It has been accepted as policy that the South African Tourism Board should not be involved directly in the training of persons for the hotel industry. Negotiations are, therefore, already being conducted with various bodies regarding the transfer of the Landdrost Hotel School.

Public Service: staff

340. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons who were (i) administrative, (ii) clerical, (iii) professional, (iv) technical and (v) general A staff, were there in the Public Service as at the latest specified date for which figures are available?

The MINISTER OF HOME AFFAIRS:

Particulars are at present available in respect of posts which on 30 September 1984 were filled by Whites on the one hand and by Coloureds, Indians and Blacks combined on the other hand. Particulars are as follows:

	(a)	(b), (c) en (d)
(i)	8 515	335
(ii)	19 563	3 587
(iii)	7 222	1 317
(iv)	5 225	141
(v)	850	243

Acquired immune deficiency syndrome

350. Dr M S BARNARD asked the Minister of Health and Welfare:

How many cases of acquired immune deficiency syndrome were (a) reported and (b) diagnosed in the latest specified 12-month period for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) The condition is not notifiable or reportable.

(b) During 1984: 10 cases.

Hospital beds

351. Dr M S BARNARD asked the Minister of Health and Welfare:

How many hospital beds were (a) available and (b) needed for (i) White and (ii) non-White patients in hospitals falling under the control of his Department as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) Beds available as at 31/1/85.

(i) Whites 6 105.

(ii) non-White 10 270.

(b) Needed as at 31/1/85.

(i) Whites 4 739.

(ii) non-White 10 394.

Midwives/health visitors radiographers/sister tutors

352. Dr M S BARNARD asked the Minister of Health and Welfare:

How many (a) Blacks, (b) Indians, (c) Coloureds and (d) Whites registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister tutors in 1984?

The MINISTER OF HEALTH AND WELFARE:

This information can only be furnished towards the end of March 1985 when all 1984 figures have been processed.

Para-medical personnel

353. Dr M S BARNARD asked the Minister of Co-operation, Development and Education:

How many students (a) were enrolled in 1984 in each of the years of study at institutions falling under the control of his Department for training as (i) health assistants, (ii) health inspectors, (iii) public health nurses, (iv) medical laboratory technologists, (v) dental therapists, (vi) radiographers, (vii) physiotherapists and (viii) other specified para-medical personnel and (b) passed their final examination in that year in each of these courses of study?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(a) In respect of technikons the honourable member is referred to table 7.3.1., page 237, and universities to table 8.2.5., pages 248-250, of the 1984 annual departmental report.

(b) The examination results for 1984 are not available.

Detainees: Visits by State doctors

354. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether any visits were made by State doctors in 1984 for the purposes of examining persons detained in terms of security legislation; if not, why not; if so,

(2) Whether records were kept of these visits; if not, why not; if so, how many visits were made in 1984;

(3) whether any reports on such visits were submitted by State doctors to his Department in 1984; if so, how many such reports were submitted;

(4) whether any action was taken by his Department as a result of such reports; if not, why not; if so, (a) in how many cases, (b) for what reasons and (c) by whom?

The MINISTER OF HEALTH AND WELFARE:

(1) Yes.

(2) Yes, whenever required.

(3) Yes, after each visit.

(4) (a) + (b)

Yes, whenever reports indicated the need for further action.

(c) By State Medical Officers and Specialists.

Fish meal

361. Mr R R HULLEY asked the Minister of Agricultural Economics:

(2) (a) how many racially mixed registered trade unions were there at that date and (b) how many, (i) White, (ii) Coloured and Asian and (iii) Black members did each such trade union have?

The MINISTER OF MANPOWER:

(1) (a) 56.

(b) 35.

(c) 23

(2) (a) 78.

(b) Information concerning total membership of such unions is not available for 1984, since unions are required to furnish information not later than 31 March in terms of the Labour Relations Act. Figures for 1983 are contained in Department of Manpower's Annual Report for 1983. Information in respect of individual unions is treated as confidential in order to maintain mutual trust between individual unions and the Department.

Note: The figures are as at 31 December 1984.

Community health centres

500. Dr M S BARNARD asked the Minister of Health and Welfare:

How many community health centres (a) were there in each province as at the latest specified date for which figures are available and (b) were built in each province during each of the latest specified three years for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) Transvaal: 2
Orange Free State: 5
Natal: 2
Cape: 6

(b) from 1982 to 1984

Transvaal: 2
Orange Free State: 2
Natal: 2
Cape: 1

Congo fever

501. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a)(i) suspected and (ii) confirmed cases of and (b) deaths from Congo fever were there in 1984;

(2) what steps were taken in the (a) first and (b) last six months of 1984 to combat this disease;

(3) whether he will make a statement on the matter?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) (i) 108 suspected cases

(ii) 15 confirmed cases

(b) 3 deaths in 1984

(2) (a) and (b)

(i) surveillance

(ii) Dissemination of information to medical/para medical personnel and general public

(iii) in process of standardization of guidelines to deal with patients.

(3) No.

Airports: thefts of motorcars

510. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

How many thefts of motorcars from the offical parking areas at the (a) Jan Smuts,

(b) D F Malan and (c) Louis Botha airports were reported in 1984?

The MINISTER OF TRANSPORT AFFAIRS:

(a) 70 of which 20 were recovered.

(b) 10.

(c) 3.
The above figures are in respect of the official parking areas only which are those areas controlled by car parking concessionaires. For the sake of completeness it is mentioned that in the case of D F Malan Airport further thefts were reported namely 1 from a position in front of the departure hall and 24 from the parking area occupied by the care hire firms.

Blue Train

521. Mr W V RAW asked the Minister of Transport Affairs:

How many passengers travelled on each journey of the Blue Train in each direction in respect of the last week of (a) March 1984 and (b) September 1984?

The MINISTER OF TRANSPORT AFFAIRS:

	Pretoria—Cape Town	Cape Town—Pretoria
(a)		
25 March 1984	33	82
27 March 1984	64	49
29 March 1984	33	49
31 March 1984	65	65
(b) 24 September 1984	85	90
26 September 1984	96	96

Technicians/artisans

531. Mr A B WIDMAN asked the Minister of Communications:

How many (a) technicians and (b) artisans were employed by his Department as at the latest specified date for which figures are available?

The MINISTER OF COMMUNICATIONS:

(a) 5 296; and

(b) 852,
as at 31 January 1985.

Note: The above figures do not include telcom eletricians nor staff in training.

Pelagic fish

538. Mr R R HULLEY asked the Minister of Environment Affairs and Tourism:

How many tonnes of (a) anchovy and pilchard and (b) non-quota pelagic fish were landed during the 1984 fishing season or during the latest specified period of 12 months for which figures are available?

The MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

(a) 296 245 tonnes.

(b) 50 373 tonnes.

Solitary confinement

568. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Defence:

(1) Whether any persons serving sentences for refusing to do military service were held in solitary confinement in 1984; if so, (a) how many, (b) for what reasons in each case and (c) for what period has each of them been sentenced to such confinement;

(2) (a) how many racially mixed registered trade unions were there at that date and (b) how many, (i) White, (ii) Coloured and Asian and (iii) Black members did each such trade union have?

The MINISTER OF MANPOWER:

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(b) 35.

(c) 23

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The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) On 22 February 1985.

(b) A complaint was lodged that three Coloured women were in the building for purposes of prostitution.

(c) The persons concerned were requested to leave the building.

(2) No, because the complainant did not require further action.

(3)-(6) No.

Death sentences

*43. Mrs H SUZMAN asked the Minister of Justice:

How many death sentences in each race group were commuted in 1984?

The MINISTER OF JUSTICE:

White males	:	3
Black males	:	23
Coloured males	:	9
Total		35

Internal Security Act

*44. Mrs H SUZMAN asked the Minister of Law and Order:

Whether he received any written representations in 1984 from detainees held under section 29 of the Internal Security Act, No 74 of 1982, relating to their detention or release; if so, (a) how many and (b) in how many cases did the representations result in the release of the detainees concerned?

The MINISTER OF LAW AND ORDER:

Yes.

(a) Ten.

(b) None.

*45. Mr P R C ROGERS—Foreign Affairs [Reply standing over.]

Own Affairs:

*1. Mr R W HARDINGHAM—Agriculture and Water Supply [Reply standing over.]

Pageview: rebuilding of house

*2. Mr P G SOAL asked the Minister of Local Government, Housing and Works:

(1) Whether, with reference to the reply of the Minister of Community Development to Question No 15 on 20 June 1984, the house in Pageview has been rebuilt and restored to its legal occupants; if not, why not; if so, on what date;

(2) (a) what was the total cost to the State of demolishing and rebuilding this house and (b) how is this amount made up;

(3) what specified steps were taken by the Department to prevent a recurrence of this kind of incident?

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND WORKS:

(1) Yes, on 23 July 1984.

(2) R7 537,00 which is made up as follows:

Demolition work	R 387,00
Building work	R4 537,00
Electrotechnical work	R2 613,00

(3) Instructions were given to ensure that all statutory requirements must be complied with beforehand.

Hospitals

*4. Dr M S BARNARD asked the Minister of Health Services and Welfare:

(1) Which hospitals fall under the (a) control and/or (b) supervision of his Department;

(2) whether any of these hospitals have beds for non-White patients; if not, why not; if so, what is the total number of beds for (a) White and (b) non-White patients in these hospitals?

The MINISTER OF HEALTH SERVICES AND WELFARE (Reply laid upon the Table with leave of House):

(1) (a) Tara the H Moross Centre (141 beds)

Cullinan Care and Rehabilitation Centre (229 beds)

Alexandra Care and Rehabilitation Centre (758 beds)

These three hospitals were the first to be identified for transfer to the Department of Health Services and Welfare, Administration: House of Assembly.

(b) As far as registration and inspection are concerned the following:

Private Hospitals, Clinics and Detached Theatres	Number of beds
Anneron Clinic (Pty) Ltd	58
Arcadia Nursing Home	[illegible]
Astrid Clinic	[illegible]
Bagleyston Clinic (Pty) Ltd	
Drs Bartman and Partners	—
Benoni Day Clinic	—
Drs Bodenstab and Partners	—
Boksburg Day Clinic	—
The Chamber of Mines Hospital	104
Claremont Surgical Clinic	50
Dalview Nursing Home	46
Dr P S de Vaal and Partners	—
Drs Du Preez and Smit Theatre	—
Durmosted (Pty) Ltd	—
Edenvale Day Clinic	—
Flora Clinic	54
Fochville Hospital	37
Forona Nursing Home	30
Glynwood Nursing Home (Pty) Ltd	71
Drs Grobler and Partners	—
Dr Hasson, Lubbert and Altesandrini	—
Heilet Day Clinic	—
Jakaranda	114
Johannesburg Clinic (Pty) Ltd	—
Joubertpark Private Hospital	238
Kenridge Hospital	178
Kleinfontein Hospital	48
Krugersdorp Private Hospital	26
Les Marais Nursing Home	253
Prospecta Day Clinic	—
Louis Pasteur Clinic	—
Malopen Day Clinic	—
Manners Dental Theatre	—
Mayo Clinic	—
Med Clinic	—
Milpark Hospital	54

Private Hospitals, Clinics and Detached Theatres	Number of beds
Narkon Clinic	—
Nedpark Clinic	92
Pretoria Narkokliniek	18
Protea Clinic	—
Randburg Nursing Home	—
Robinson Hospital	53
Roseacres Clinic	73
Rosebank Clinic	108
Rustenburg Day Hospital	—
Sandton Clinic	272
P J Schutte Theatre	—
The Southern Nursing Home	25
Springs Parkland Clinic	89
Sunningdale Hospital	45
Drs J P Swart en P J van Niekerk	—
Drs Triegaardt, Byrne en Swartz	—
Union Nursing Home	90
Vanderbijlpark Medical Relief Fund	18
Drs B van Rensburg and J G Pansegrouw	—
Van Riebeeck Anaesthetic Clinic	—
Vereeniging Day Clinic	—
Wierdapark Clinic	—
Witbank Medical Clinic	—
Brenthurst Clinic	196
Florence Nightingale Home	204
Garden Clinic	133
Lady Dudley Nursing Home	103
Little Company of Mary	106
Marymount Maternity Home	124
Marifont Maternity Home	117
Park Lane Clinic	298
Rand Clinic	120
Rydal Clinic	15
The Princess Nursing Home	210
Kensington Clinic previously the Turretts Sanatorium	130
Drs C J Lategan and Partners	—
St Annes opd	4
Medbou Arcadia	—
FN Clinic	—
Medi-Dent Day Clinic	—
Harley Nursing Home	—
Sentramed Theatre	—
St Mary's Maternity Home	52
Brackenfell Hospital (Pty) Ltd	35
Cape Anaesthetic Clinic	—
City Park Hospital	279
Claremont Surgical Clinic	50
Elizabeth Private Hospital	40
Geneva Clinic	—
Hampton House Nursing Home	16
Jan S Marais Clinic (Pty) Ltd	130
Kingsbury Maternity Home and Private Hospital	50

Private Hospitals, Clinics and Detached Theatres	Number of beds
Leeuwendal Nursing Home	73
Libertas Hospital	197
Louis Leipoldt Hospital	114
Mater Dei Private Hospital	61
Medical Centre Operating Theatres (Pty) Ltd	14
Medical Forum Theatre	—
Medi-Paarl Clinic	—
Medipark Clinic	42
Oasim Private Hospital	28
Park Drive Medical Centre Theatre	—
Shirnel Clinic (Pty) Ltd	—
Sishen Clinic	27
St Joseph's Hospital	142
Vincent Palloti Hospital	23
Westway Private Hospital	8
Huis Hospital	5
Kestell Hospital	25
Dr D M Kroon and Partners	—
Maitland Theatre	—
Medicyn Forum Casualty Services	—
Bethlehem Medical Centre	—
Medovs Theatres	20
Praxmed Theatre	—
Theatre unit—Dr B J Kriel	—
Entabeni Hospital	292
The Kingsway	20
Mandini Clinic	6
Parklands Nursing Home	200
Pinetown Clinic	—
St Augustine's Hospital	256
West Haven Nursing Home	37
Windsor Clinic	19

(2) No beds are specifically allocated to population groups other than Whites. It is therefore not possible to indicate what the total number of beds for other population groups amount to. These hospitals are registered for Whites and is consequently under the supervision of the Department of Health Services and Welfare, Administration: House of Assembly.

*5. Mr W A LEMMER—Agriculture and Water Supply—[Reply standing over.]

*6. Mr W A LEMMER—Agriculture and Water Supply—[Reply standing over.]

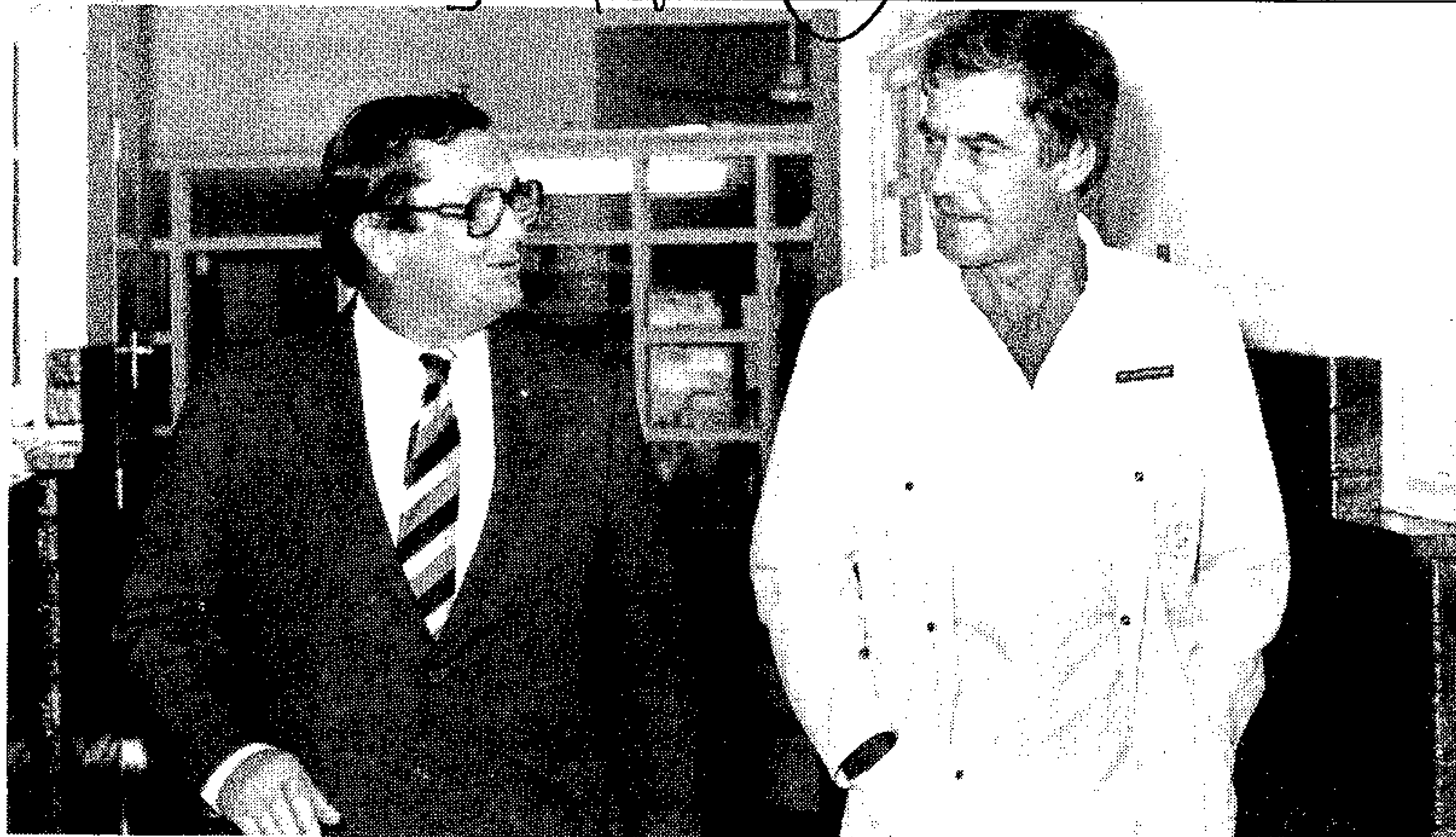
Teachers: public office

*7. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether he has investigated or intends investigating the regulations applicable to teachers seeking public office; if not, why not; if so, (a) when and (b) what specified matters received or will be receiving attention during the investigation;

(2) whether he has received any representations concerning the matter; if so, (a) when, (b) from whom and (c) what was the (i) nature of the rep-

Mercury 26/3/85 (98)



Dr Fred Clarke, MEC in charge of hospitals, with Dr Justin Morfopoulos, senior medical superintendent of Durban's King Edward VIII Hospital, during an inspection tour of the hospital yesterday.

Patients must sleep on floors as overcrowding continues

Mercury Reporter

PATIENTS at Durban's King Edward VIII Hospital would have to continue sleeping on floors because of overcrowding, Dr Fred Clarke, MEC in charge of hospitals, said after an inspection tour of the hospital yesterday.

'Overcrowding is still one of the critical problems facing the hospital, but there is nothing we can do to relieve the situation immediately,' he said.

It was hoped that after redevelopment of the hospital and the new teaching hospital in Cato Manor had been built, pressure on King Edward would be eased considerably.

Dr Clarke said that 'every night a large number of floor beds have to be laid out for patients'.

The purpose of the tour was to ascertain the hospital's requirements so that these could be given priority. This would enable the hospital to continue providing essential services, he told the Mercury.

Draft plans

Certain old sections of the hospital would be demolished and replaced by new buildings and a number of patients would have to be transferred to the Clairwood Hospital until building was completed.

He said draft plans were due to be completed next year and work was expected to start in 1988.

'Because it is a redevelopment of a working hospital, renovations will be extremely difficult, expensive and time consuming and will take longer than would building a new hospital.

'While redevelopment is taking place at King Edward, it is hoped the teaching hospital in Cato Manor will be completed,' he said.

The size of King Edward Hospital will be reduced from 1 936 beds to 1 600 beds.

Cato Manor Hospital will have 1 200 beds, the number of beds in Clairwood Hospital will be increased to 1 500 and the Prince Mshiyeni Memorial Hospital in Umlazi will be extended to its full capacity of 1 600 beds.

Praised

'We hope that this will largely supply the requirements of the non-white people in the Durban metropolitan area,' he said, adding that the cost of the project was expected to be about R100 million.

Dr Clarke praised the medical team at King Edward under leadership of the senior medical superintendent, Dr Justin Morfopoulos, for maintaining a high standard.

Hansard Q. Col. 979 9/4/85

Medical University of Southern Africa

192. Mr K M ANDREW asked the Minister of Education:

How many applications by students for admission to the first-year course in the faculties of (a) medicine, (b) dentistry and (c) veterinary science have been (i) received and (ii) accepted at the Medical University of Southern Africa in respect of 1985?

The MINISTER OF EDUCATION:

(a) (i) 1 495.

(ii) 180.

(b) (i) 293.

(ii) 42.

(c) (i) 105.

(ii) 51.

First-year students

199. Mr K M ANDREW asked the Minister of Education:

(a) How many, and (b) what percentage of the total number of, first-year students enrolled at each university for Blacks in 1984 (i) dropped out during the year and (ii) failed their examinations in all subjects at the end of the year?

The MINISTER OF EDUCATION:

		Fort Hare	*The North*	*Zululand*	*Medunsa*	*Vista*
(a)	(i)	3	176	69	3	67
	(ii)	293	145	294	27	64
(b)	(i)	0,23%	10,1%	4,1%	0,99%	7,2%
	(ii)	22,4%	8,3%	17,3%	8,9%	6,9%

Additional Information

The figures for the University of Zululand are for the first semester only. Classes were suspended during the second semester. The figures given for Vista University are in respect of full-time students only.

Johannesburg-North constituency: telephone services/post boxes

209. Mr P G SOAL asked the Minister of Communications:

Whether any applications for (a) telephone services and (b) private post boxes were outstanding in the Johannesburg North constituency as at the latest specified date for which figures are available; if so, (i) how many and (ii) when is it anticipated that the backlog will be eliminated?

The MINISTER OF COMMUNICATIONS:

(a) Yes, 1 410 as at 31 January 1985:

	(i)	(ii)
Bramley 440- en 786-exchanges	705	partly during the second half of 1985 when 1 670 exchange lines will be provided (in order to deload the existing exchanges all the lines will not be allocated) and fully during the first half of 1986 with the addition of a further 10 392 lines;
Linden 782-exchange	89	During the first quarter of 1986 in conjunction with the commissioning of a 754 line extension of the exchange;*
Randburg 787- and 789-exchange	167	During the first half of 1986 in conjunction with the commissioning of a 1 840 line extension of the exchanges;*
Rosebank 442-, 447-, 788- and 880-exchanges	449	During the first quarter of 1986 in conjunction with the commissioning of a 3 328 line extension of the exchange (in the previous reply referred to as separate 2 300 and 900 line extensions)

(b) (i) yes 401 as at 11 February 1985:

	(i)	(ii)
Birnam Park Post Office	113	The hired premises housing these offices are unfortunately structurally unsuitable for the installation of additional private boxes; and
Saxonwold Post Office	10	
Craighall Post Office	255	Owing to structural difficulties, additional private boxes cannot be installed in the existing hired premises. The possibility of erecting a separate loggia with 1 100 private boxes on the adjacent parking area, is now being investigated in conjunction with the owners of the premises. A completion date is not known at this stage; and
Pinegowrie-Post Office	23	Owing to structural difficulties, additional boxes cannot be installed in the existing hired premises. Other short-term arrangements are also not possible. A state-owned building, containing 2 000 private boxes, has already been planned for erection on Erf 2073. The building is scheduled for completion by March 1987, subject to the availability of funds.

* It was necessary to postpone the completion dates envisaged in the reply to the previous question in this regard (question No. 500 of 1984-03-20) as a result of the extensive tests that had to be conducted on the electronic equipment involved.

98 Hansard Q. Col. 981 9/4/85

Onverwacht

227. Dr M S BARNARD asked the Minister of Co-operation and Development:

(1) (a) What are the latest population figures for Onverwacht and (b) in respect of what date are such figures given;

(2) whether there are any (a) hospitals, (b) hospital beds and (c) community health centres at Onverwacht at present; if so, how many in each case; if not, (i) why not and (ii) what is being done to rectify the situation;

(3) how many (a) doctors, (b) dentists, (c) community health workers and (d) social welfare workers are there at Onverwacht at present;

(4) how many taps are there in this area;

(5) whether a water-borne sewerage system has been installed at Onverwacht; if not, (a) why not and (b) when will it be installed?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) Approximately 240 000.

(b) 31 January 1985.

(2) (a) No. A hospital (800 beds) is under construction.

(b) Falls away.

(c) Yes. There are one 23 bed clinic and 2 day clinics.

(3) (a) A total of thirteen medical practitioners serve the area.

(b) None. Dentists do however visit the town regularly.

(c) None. There are however 42 qualified nurses, 13 staff nurses, 6 assistant nurses, 22 family planning officers, and 2 health inspectors active in the area.

(d) 3.

(4) 2 000.

(5) Yes. (a) and (b) Fall away.

Surplus products: welfare organizations

Hansard Q. Col. 983 9/4/85

253. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(1) Whether any surplus (a) dairy and (b) meat products produced in the Republic and marketed through control boards were distributed to (i) the underprivileged and (ii) welfare organizations in 1984; if so,

(2) what (a) were the quantities and (b) was the estimated total value of the (i) dairy and (ii) meat products so distributed?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) (a) No, but during the period 1 March 1984 until 31 January 1985 the Dairy Board sold milk powder to welfare organizations at an average of R1,47 per kg below the normal selling price.

(b) No, but during the period 1 January 1984 until 31 December 1984 the Meat Board sold meat at reduced prices to homes for the aged, orphanages and institutions for the disabled.

(2) (a) (i) 110 653 kg.

(ii) 162 041 kg.

(b) (i) R162 856.

(ii) R84 796.

Internal Security Act

Hansard Q. Col. 984 9/4/85

330. Mrs H SUZMAN asked the Minister of Law and Order:

(1) Whether he has received any representations for payment of allowances to detainees held under the Internal Security Act, No 74 of 1982; if so, how many as at the latest specified date for which figures are available;

(2) whether any of these persons were granted allowances; if not, why not; if so, how many in each specified year for which figures are available;

(3) Whether any allowances are being paid to detainees; if so, (a) to whom and (b) what total amount had been so paid as at the latest specified date for which figures are available?

The MINISTER OF LAW AND ORDER:

(1) Yes, since the commencement of the Act to 1985-02-27 representations were received from 12 persons.

(2) Yes. In respect of one person an amount of R5,00 per day was paid for the period 1984-07-01 to 1984-10-10. Representations from three persons

were received after they had been released, while the representations of seven persons were still being considered when they were released, consequently it could not in terms of the Act be considered favourably. The application of the other person was after thorough consideration refused, as I was satisfied that no need existed for the payment of such an allowance.

(3) No.

Prisoners: work-days

Hansard Q. Col. 985 9/4/85

371. Mrs H SUZMAN asked the Minister of Justice:

(a) What was the total number of work-days spent by prisoners on hire to private persons, including farmers, in 1984 and (b) what was the total amount which accrued to the Prisons Service as payment in that year?

The MINISTER OF JUSTICE:

(a) 304. Prisoners only work for half a day on Saturdays. These were however considered as normal work days for the purpose of calculating this total.

(b) An amount of R2 044 888,14 regarding prison labour to hirers was received from 1 January 1984 to 31 December 1984. These monies were paid into the State Revenue Fund.

Public telephones

387. Mr P G SOAL asked the Minister of Communications:

(1) What was the estimated cost of repairing public telephones in the Republic in 1984;

(2) whether any steps (a) have been taken or (b) are contemplated to prevent or reduce vandalism in respect of public telephones; if so, (a) what steps and (b) what is the estimated cost involved?

The MINISTER OF COMMUNICATIONS:

(1) R495 000;

(2) (a) and (b) yes;

(a) the application of the latest technologies in order to improve the standard of the coin telephone service, the development of coin telephones that are more vandal-proof, the strategic siting of coin telephones, eg in well-lit positions such as shopping centres, and the use of monitoring equipment in conjunction with the services of departmental investigating officers in problem areas with a view to bringing vandals to justice; and

(b) the steps referred to are taken in conjunction with other activities not related to the combating of vandalism and the costs involved cannot unfortunately be calculated separately.

Commissions/departmental committees

402. Mr K M ANDREW asked the Minister of Justice:

(1) How many (a) commissions and (b) departmental committees of inquiry were appointed in respect of his Department in 1984;

(2) whether any of the reports of such commissions and committees have been completed; if so, (a) how many and (b) of which commissions and committees;

(3) whether any of the reports of such commissions and committees have been made public; if so, (a) how many and (b) of which commissions and committees;

(4) what is the total estimated cost relat-

Hansard Q. Col 979 9/4/85

Medical University of Southern Africa

192. Mr K M ANDREW asked the Minister of Education:

How many applications by students for admission to the first-year course in the faculties of (a) medicine, (b) dentistry and (c) veterinary science have been (i) received and (ii) accepted at the Medical University of Southern Africa in respect of 1985?

The MINISTER OF EDUCATION:

(a) (i) 1 495.

(ii) 180.

(b) (i) 293.

(ii) 42.

(c) (i) 105.

(ii) 51.

First-year students

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(4) what is the total estimated cost relat-

Cape Times 11/4/85

98

Hospital for camp

Political Staff

THE Onverwacht resettlement camp, where a cabinet minister once compared health facilities with those in upper-class Houghton, is finally going to get a hospital — to serve a quarter-of-a-million people.

The Minister of Co-operation and Development, Dr Gerrit Viljoen, said in Parliament on Tuesday that an 800-bed hospital was under construction at Onverwacht, which is now called Botshabelo.

Dr Viljoen said in reply to a question tabled by Dr Marius Barnard (PFP, Parktown) that there were "approximately 240 000" people at Onverwacht on January 31 this year.

Although there were no hospitals, he said one was "under construction".

There were at present a 23-bed clinic and two day clinics at Onverwacht.

Dr Viljoen said "a total of 13 medical practitioners serve the area" but there were no dentists although dentists did visit the town "regularly".

Water-borne sewerage had been installed and there was now one tap for every 120 people at Onverwacht.

ARGUS 15/4/85 HEALTH SERVICES (98)

Hospital fees will have to rise, says director

Staff Reporter

THE Department of Health Services can no longer afford to subsidise health services, staff training and the provision of equipment and supplies, according to hospital services director Dr N S Louw.

Addressing a seminar at the University of Cape Town, he called on the private health sector to share the burden and warned that expectations of public health services should be "tempered with realism".

Department expenditure, which had increased by an "astronomical" 2 800 percent over the past 25 years, meant a new fee structure would have to be implemented, especially in teaching hospitals.

MEANS TEST

During the 1984/85 financial year R44-million was budgeted for as income from hospital fees — only six percent of the R720-million budgeted for day-to-day expenditure. Patients at a teaching hospital were subsidised at R85 a day and those at other provincial hospitals by R19 a day.

The means test, whereby only people earning less than R240 a month could be admitted as hospital patients, had been set in 1962 and was "hopelessly out of date".

A new tariff system, possibly based on the tax patients had to pay rather than income, would mean an end to free hospital services, Dr Louw said.

But it would also mean that people presently classed as private patients at provincial hospitals would pay more realistic charges and would reduce the discrepancy between private and provincial hospital fees.

The department also bore the brunt of the ever-increasing cost of training medical personnel at teaching hospitals and the private sector had to realise the department could no longer train staff for service in the private sector, he said.

It was wrongly held as "accepted practice" that provincial hospitals were solely or for the most part responsible for providing emergency after-hours services, staff training and highly specialised, sophisticated and expensive equipment as well as medical supplies.

"You must understand the demands put on us sometimes exceed all limits, notwithstanding the fact that we have only limited resources with which to meet them.

"I think therefore the private sector must in all earnestness begin to contribute," Dr Louw said.

Vednesday, April 17, 1985 NM

MEC opposes more private hospitals

(98)

Pietermaritzburg Bureau

FEARS have been expressed by Dr Fred Clarke, the province's MEC in charge of hospitals, that a proliferation of private hospitals in Pietermaritzburg would lead to a 'downgrading' of the newly built Grey's Provincial Hospital.

He said Natal's Excutive Committee had recently made it clear it would not approve any further applications to build private hospitals in the city after the Minister of Health approved plans to build two private hospitals in Pietermaritzburg.

'We are aware of three or four other firms talking about building hospitals and clinics.

'Unfortunately there will not be enough patients to sustain all the hospitals and Grey's will lose a number of its patients for whom it was also built,' Dr Clarke said.

At the moment there are no private hospitals in Pietermaritzburg and Grey's Hospital, which has 500 beds available, has been designed for a maximum of 1 000 beds.

Since the R56 million hospital became operational last year, it has been about 65 percent full and between 80 percent and 90 percent of its patients are private.

'If the private patients are creamed off from Grey's, it will be downgraded as a training hospital and will lose some of its facilities which will be of direct disadvatange to the public, especially for patients from the Natal Midlands and Northern Natal.

'The region will also lose the availability of highly sophisticated but very expensive medical technology which private hospitals cannot afford,' said Dr Clarke.

MPs allege 'chaos' at hospital

NM 18/4/85

Mercury Reporter

CHATSWORTH MPs in the House of Delegates have asked for more money to upgrade facilities at the R K Khan Hospital in Durban.

Mr Muthusamy Thaver, nominated MP and a member of the hospital's advisory board, said it was shocking that the hospital did not have an intensive care unit.

'Serious cases have to be referred to the Wentworth or King Edward VIII hospitals,' he said, adding that conditions in the out-patients' section were chaotic.

People had to wait in queues, in some cases practically the whole day, before receiving treatment.

'This is a sad state of affairs. It's time the Government took immediate steps to alleviate conditions at the hospital.'

Conditions at the hospital were disclosed in the Indian Chamber during the committee stage of the own affairs' Budget debate.

Mr M Y Baig, Chief Whip of the majority National People's Party, said the R K Khan was a major referral hospital and served more than 70 percent of the Indian community. It was sad that the hospital still lacked facilities such as an intensive care unit.

The Solidarity MP for Havenside, Chatsworth, Mr Mohan Bandulalla, also backed calls by NPP members for additional State funding to improve conditions at the hospital.

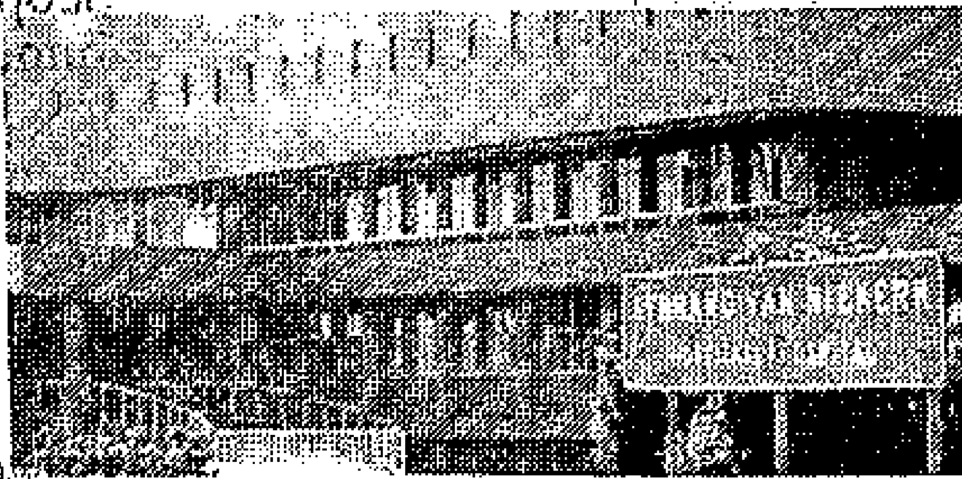
The hospital's senior medical superintendent, Dr P K Naidoo, yesterday confirmed that the hospital did not have an intensive care unit, but added that where such care was warranted, King Edward VIII Hospital assisted by taking over the patient.

Commenting on conditions in the out-patients' section, Dr Naidoo said the department handled more than 1 000 patients a day, but, everything possible was being done to minimise delays.

He said the increase in the number of people unemployed had increased the hospital's workload.

'People who were previously members of medical aid funds were now seeking the help of hospital doctors,' he said.

Laws that take lives



By HERMAN LETSIE

KHUTSONG residents in the Western Transvaal are forced to travel 70km to get medical treatment – although there is a "white" hospital on their doorstep.

Khutsong community council chairman Reuben Mosiane told City Press that Khutsong residents cannot be admitted to the nearby Sybrand van Niekerk Hospital in Carletonville – 14km away.

They have to travel 70km to Leratong Hospital near Krugersdorp.

Mr Mosiane said his council has pleaded several times with Carletonville Hospital authorities to accommodate Khutsong patients since it opened in 1977.

"We were told there was no way that black patients could be admitted to the white hospital. Our people die on the road to hospital.

Mr Mosiane said there is an empty wing at Carletonville Hospital – only a few white patients have been admitted.

City Press was told that:

- Aaron Phage of Khutsong, who was stabbed in a shebeen, bled profusely while his family tried to find an ambulance. Three hours later they hired a private car but he died on the way to Leratong Hospital.
- Rev Daniel Molefe of the AME Church in Khutsong had a heart attack at night. After a long struggle to find transport to take him to hospital, he died when he arrived at Leratong.
- While giving birth, Dorothy Moalusi of Khutsong had complications. She did not survive the journey to Leratong and was certified dead on arrival.

A Sybrand van Niekerk Hospital spokesperson strongly denied the allegations and told City Press that emergency cases of black patients were treated at the out patient department and then transferred to Leratong.

"Nobody can turn them away," he said. He said some do not want to come to the hospital but prefer "their own hospital in Leratong".

The spokesperson admitted there was an empty wing.

He also confirmed the Khutsong council's application for admission and said the matter was still under consideration "because the TPA is concerned".

Doctors take 50 percent pay cut

ARGUS 23/4/85 (98)

Medical Reporter

GENERAL practitioners working at Woodstock Hospital have volunteered to take a 50 percent salary cut as their contribution to easing economic problems.

The medical superintendent of the hospital has confirmed that nine private doctors, working on a "sessional" basis in the outpatients department, had agreed to a drop in earnings.

One of the doctors, who asked not to be named, said they valued the other benefits they received from attachment to the hospital more than their sessional salaries.

He said: "Not one of us relies on the very small sessional salary and I do not think we would expect any full-time hospital doctor to volunteer the same thing.

"It was purely a gesture to show we like being attached to the hospital and are prepared to do our little bit in hard times."

The Director of Hospital Services, Dr N S Louw, said he had not had official confirmation of the cut but it was "wonderful — a fantastic gesture".

ance 21-23, Racing 24-25, Sport 25-26, TV programmes — Page 3 of

Watchdog

Cape Times 23/4/85 (98)

A safeguard for your rights. Edited by BOB MOLLOY

Private hospitals — bleeding you dry?

WATCHDOG received the following from a private medical practitioner:

We must confess to being very disturbed at the constantly rising costs of private hospitals. This is of particular importance to the patient who has no medical aid cover, as a major surgical illness treated in a private clinic can cripple a patient financially.

The costs are constantly rising and I see no real end to this. The basic charges for a ward in a private clinic are R64 a day, which, including meals, is actually very reasonable if compared with hotel expenses, particularly when one considers that they receive expert nursing attention at the same time.

However, if the patient has a coincidental surgical procedure done, instead of getting an account for just the cost of the hospital bed the account is three to four times this amount, which is accounted for by theatre fees and drug expenses.

There seems to be no control at all over the costing of these drugs and it is of interest that pharmacists are actually in the business of running hospitals because the profit is really made from the drugs and not from anything else.

That vast profits can be made from private hospitals seems obvious because of the enormous amount of capital that people are putting into the development of private clinics.

The Rembrandt group apparently are building a R25-million hospital in Parow, another in Mitchells Plain and ultimately one in Constantia. City Park cost something like R14m or R15m to convert into a private hospital and should you have had an illness with surgical expenses and intensive care expenses at City Park, you would realize how enormous their fees are.

Even if one comes down to very minor surgery, if a patient is admitted to a private clinic for an incision and drainage of an abscess under general anaesthetic, the surgical fee is R31, but the hospital fee without even the cost of an overnight bed is over R200.

If the patient has no medical aid, the clinic requires a deposit of R240 for a procedure that takes no more than five minutes in a theatre.

If you are looking into the costing of medical services, it might be an idea to establish exactly why it is necessary for this country to have over 280 registered medical aid societies each with its own board of directors, its own administration staff and its own accounting department.

This seems to be enormously top-heavy in a country with a small population and I am quite certain that two or three big organizations could run the entire medical aid costing of the country through one computerized outlet.

What also has disturbed us in the profession is that there seems to be no uniformity at all about the benefits that are allowed to patients. If a patient comes in and says he has medical aid cover, we have no idea of how far that cover really extends.

So often the patient will have exhausted his benefits by the time he leaves hospital and the shortfall that he has to make up on his own can be quite crippling and I am sure many of them come here without any idea of what that shortfall might be.

Another aspect of the constant increase in medical expenses is that even the provincial hospitals have put up their tariff quite alarmingly. A patient who cannot afford private treatment and is not on medical aid has to pay R23 a visit to the outpatient department at Groote Schuur Hospital.

He could in fact consult a specialist surgeon for R17,40 in the surgeon's rooms and subsequent visits to the surgeon would be R8,70, whereas subsequent visits to Groote Schuur would still be R23, even if he is seen by the houseman or even by a nursing sister.

The main benefit of the patient going to Groote Schuur, of course, is that if he does require major surgery he will get that as an overall fee of R45 a day with no other expenses at all.

● **Mr H R Harmsworth, chairman of the National Federation of Private Hospitals, told WATCHDOG that his executive committee had no comment to make. The federation had received no official approach in connection with private hospital tariffs.**

"However, concern was expressed by the SA Orthopaedic Association, a special group within the Medical Association, in connection with the supply of prosthetic implants and disposable items.

"A memorandum was requested from the association setting out particulars of all items under query. No further communication has been received since September 18, 1984," Mr Harmsworth said.

Not permitted to operate dispensary

MR DAVID HOFFMAN, a former private hospital operator with eight years experience and managing director of Hoffman Health Services, was approached by WATCHDOG for comment. He pointed out that legislation prevented private hospitals from operating a dispensary:

A private hospital can enter into an agreement with a registered pharmacist to supply drugs on prescription. The practice in South Africa is to use an outside contractor such as the Home and Hospitals organization, a pharmaceutical production house which supplies all drugs and medications required in the hospital. They do so as an independent entity and in return the hospital operator pays a royalty.

In some cases where the owner is a pharmacist he can dispense drugs. I do not agree that pharmacists are in the majority in the management or equity of private hospitals. Less than five percent are pharmacists.

There is an agreed price list for drugs. Any private hospital which seeks to pad accounts does so at the risk of not being paid at all because the majority of patients are medical aid members. Medical aid societies have their own means of controlling expenditure and operate according to a published tariff.

The average private hospital gets 80 percent or more of its patients from medical aid.

Societies are constantly on the lookout for padding, accounts are closely queried and full documentation is required.

Intensive care is a lucrative area for padding because a higher fee may be charged than for a general or private ward. As there is no laid-down standard at this stage there is no definition of an intensive care unit.

As a generalization, the average hospital bill was made up of 35-40 percent theatre costs, 30-35 percent pharmacy and anaesthetics and about 20 percent to accommodation.

The anomaly is that the area of greatest operating cost, the accommodation which includes nursing, gives least return.

If compared to a hotel, the private hospital gave full board and lodging plus 24-hour service by professionally trained people for the room-only price of a two-star hotel.

The average return on operation of a private hospital was around 18 percent.

● **Asked to comment in general on the private hospitals business, Mr Hoffman said that the government expected the private sector to create a health care system, but not anyone could jump into the business. Hospitals had to meet stringent statutory requirements. He had once waited three years for the SA Nursing Council to approve an application.**

Companies such as Afrox, Clinic Holdings and Medi-Clinic held around 70 percent of private hospitals of which there were about 60 in the Republic. Drugs were dispensed according to a schedule which does not allow profiteering. The average markup was about 55 percent.

There was a tendency for the larger groups to swallow the smaller private hospitals, as the smaller operations generally did not have the capital base to establish a hospital of significant size. There had been a number of independents in the Cape but most had now been absorbed.

Within five years, if this trend continued, there would be no private hospital which was not a member of a larger group.

Hospital charges

THE following information was taken from a typical private hospital circular to staff and patients. Prices have risen since it was printed.

Conditions for payment of accounts: The following medical aids *do not* pay their accounts in full:

Transmed: Do not pay for dentals or N.E. tonsils. Patients must pay accounts personally. A deposit is therefore required.

MICWU, MISA & Motor Ind: Only pay 80 percent of total account. Patient must therefore leave a deposit of 20 percent of private deposits.

Building Industry: Only pay R24 per day for ward fees and R75 for theatre fees. They do not pay for monitor, recovery or ward oxygen. A deposit is therefore required: Inpatients R80 for first day and R35 per day thereafter. Day cases R80. Dentals R70. Locals nil.

All patients whose hospitalization is not covered by a medical aid and third-party claims will be required to pay the following deposits at the clinic.

Out patients (Day Cases)

General anaesthetic R224
Locals R60

In patients — surgical

1 night R290
2 nights R355
Additional R70 per night thereafter.

In patients — medical

The daily rate is R63, please take a deposit of R70 per day to allow for drugs.

Private rooms now R92 per day.

Medical aid patients must pay the difference on discharge.

That is: Medical patients R31 per day
Surgical patients R32,50 per day.

Boarders: (Mothers who wish to stay with their children).

A nominal fee of R17,60 is charged per night. A bed is not guaranteed.

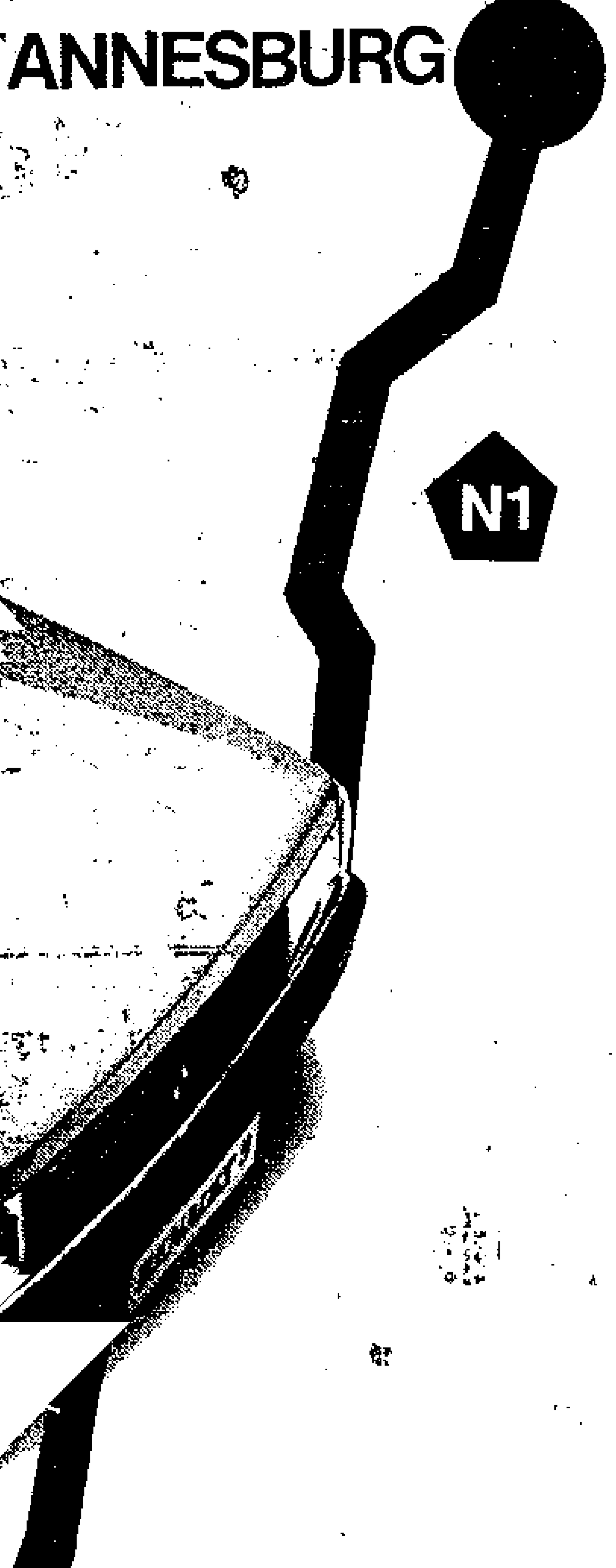
What private hospitals can't do

STORIES abound of patients not being allowed to leave the hospital until they have paid their accounts. WATCHDOG advises readers not to fall for this pitch. If anyone tries to obstruct your departure, you may call the police and charge the person with unlawful detention. You may also report the matter to the Department of Health.

Some hospitals require the patient or next of kin to sign an indemnity absolving them of all blame should something go wrong. This is often presented at the time of admission, when either the patient or next of kin may in a state of great anxiety. Few bother to read it, let alone refuse to sign.

CAUTION: Should you sign such an indemnity, you are signing away your common-law rights. You cannot be forced to sign. The hospital is not legally compelled to give its services in the absence of such indemnity, or indeed to any patient. However, WATCHDOG would be interested in hearing about any private hospital which turned away a sick patient on the basis of a refusal to give indemnity against malpractice, negligence, equipment failure or any other shortcoming.

No, it isn't an update on "Jaws". But just when you thought it was safe to enter a new tax year, this metal sculpture of a ferocious dog with bared teeth was installed at the Plein Street entrance to the office of the Receiver of Revenue.



Baboons in big demand for hospital experimental tables

NM 26/4/85

(98)

Mercury Correspondent

CAPE TOWN—Hundreds of baboons throughout the Western Cape are being caught by special permit and supplied to Cape Town's hospitals for medical experiments.

The vast Government animal centre in Kuilsrivier, Delft, which breeds and supplies a wide variety of animals to hospitals, alone recieves more than 300 baboons a year.

The baboons are mainly bought from farmers living along the mountain ranges of the Western Cape for prices ranging between R2 and R3,50 a kilogram. Delft has also received baboons from Humansdorp, Cradock and South West Africa.

About 100 baboons are kept in cages at Delft at any one time. They remained there for about six weeks before being sent to the medical schools at Groote Schuur and Tygerberg and other Peninsula hospitals.

Humanely

Permits to capture the baboons are issued by the Cape Department of Nature and Environmental Conservation. A quota of permits is usually obtained by Delft which then supplies the farmers. Delft also arranges collection of the animals.

This was established this week after the South African Association Against Painful Experiments on Animals voiced concern about an increasing number of reports about baboons being captured for hospitals.

The association's information is that the baboons captured are generally troublesome animals but there is also evidence that this is not always the case. They have received reports about animals being caught at Groot Constantia Estate, Hermanus, Caledon and Grabouw.

'We agree that there is a need for control if the animals are causing damage to farmlands. And if necessary they should be put down humanely but certainly not used for medical research,' said an association spokesman, Dr Janice Hoyle.

Dr Hoyle said she had written to the Cape Department of Nature and Environmental Conservation about the matter at least six weeks ago but had not yet received a reply.

When approached the deputy director of the department, Dr J Neethling, said the department was not in favour of painful experiments on animals but they realised that experiments were necessary for the good of humanity.

'That immediately creates a dilemma. But before issuing permits to Delft we try to find out how they are going to use the animals and whether the experiments will be painful. We will refuse a permit if they are unnecessarily cruel,' he said.

The head of Delft, a division of the Department of Hospital Services, Dr Albert Albertyn, confirmed that they were supplied with baboons by farmers and divisional and municipal councils.

Circulars asking for baboons had been sent to farmers unions about three years ago, he said.

Essential

'We need baboons for research which is absolutely essential. Virtually no disease has been solved without the assistance of laboratory animals,' said Dr Albertyn.

He said Delft was also against painful experiments on animals and made sure that they were treated as humanely as possible. He said the ethical principles drawn up by the S A Medical Research Council in 1979 were strictly adhered to by all people involved in animal experimentation.

'The baboons are better looked after here than they are in the wild. They have air conditioning, lots of food and water. It is essential for the experiments that we keep them in prime condition,' he said.

The manager of Groot Constantia Estate, Mr Koos Stofberg, confirmed that about 50 baboons had been caught in cages at the farm during 1980. But he said no further baboons had been caught for at least two years.

A spokesman for the Caledon Divisional Council confirmed that they had assisted with the capture of 65 baboons towards the end of 1983. He said the baboons were sent to Tygerberg Hospital.

CAPE TIMES 27/4/85 (98)

Threat to UCT medical research

Medical Reporter

HEAVY demands by increasing numbers of patients at the Peninsula's teaching hospitals and financial restrictions are posing a threat to high standards of research work being done at the University of Cape Town's Faculty of Medicine, said the faculty's deputy Dean, Professor J P van Niekerk.

Sounding this warning yesterday in comments on research developments in the faculty last year, Prof Van Niekerk, who is also chairman of the ethics and research committee, said UCT was "the leading institution for medical research in the country".

However, support was needed to retain "this valuable asset to South Africa", he said.

Much of the research in the faculty was done by individuals working on their own projects, but the eight Medical Research Council/UCT units at the faculty were especially productive.

In the field of heart research, Professor Lionel Opie, leader of the Ischaemic Heart Disease Unit, and his group "have done much basic work in understanding the mechanisms resulting in abnormal heart rhythms," said Professor Van Niekerk.

New drugs, of potential benefit in heart disorders, were being tested at a relatively early stage of their development as a result of Professor Opie's high reputation.

Projects

Among other heart research projects underway were investigations of non-invasive diagnostic techniques for various cardio-vascular disorders, the development of a mobile donor-heart preserver — something hitherto considered impossible — the early recognition of rejection of donor hearts in transplant recipients and the development of a replaceable heart valve.

The establishment of the first bone-marrow transplantation centre in the country by Professor Peter Jacobs was a development that offered hope of survival to sufferers of some previously fatal diseases, said Prof Van Niekerk.

 SOWETAN, Tuesday, April 30, 1985

Bara threatens to withdraw ambulance services

98

By LEN MASEKO

BARAGWANATH Hospital yesterday warned it may consider withdrawing its ambulance service in Soweto following attacks on the hospital's vehicles during recent incidents of violence.

A superintendent, Dr P J Beukes, said in an interview yesterday that five emergency vehicles belonging to the hospital had been hijacked in the area during the past three months. Two of the vehicles have since been recovered.

Last week a group of pupils from a Soweto high school threatened to burn down an Orlando West clinic run by Baragwanath if the staff at the health centre refused to treat one of their injured colleagues.

"These incidents — including the stoning of our emergency vehicles — have caused great concern among my staff. The public must realise that the emergency vehicles — most marked 'H' or with a red cross sign — are carrying specialists or nurses, who perform essential tasks at Soweto clinics," Dr Beukes said.

He warned that there would be "total chaos" if the ambulance service and other emergency vehicles were withdrawn from the area. Baragwanath runs 12 clinics in Soweto — all treating over 1 million outpatients a year.

Dr Beukes said the hospital authorities were worried about rumours connecting the emergency vehicles to police.

Dr Beukes added: "We have got nothing to do with police. The radios in the emergency vehicles are merely for contact between the hospital and clinics around the complex.

"The presence of our emergency vehicles in unrest-hit areas helps in our co-ordination work. When we notice that there is trouble in a certain area, we immediately contact our vehicles doing duty in the townships to keep out of that area."

Dr Beukes said the hospital — since 1976 — had had a "gentleman's agreement" allowing access into the townships during unrests. But, he added, the situation appeared to have changed recently, when hospital vehicles became the target of rioting youths.

- Meanwhile the phone number of Baragwanath's maternity has changed to 933-1100 — the number used by the general section of the hospital. The hospital switched to a new telephone exchange yesterday.

MEDICAL TREATMENT

Plain still without general hospital

ARGUS 3/5/85 (98)

Mitchell's Plain residents have to travel 20km to the nearest hospital. Staff Reporter SHARKEY ISAACS investigates.

MITCHELL'S Plain, the biggest single community in greater Cape Town, is still without a general regional hospital nine years after the first resident moved into the multi-suburb residential complex.

Community leaders say the township — as big as East London and bigger than Bloemfontein — is in urgent need of a general hospital.

Residents have to travel 20km to the nearest hospital — Victoria in Wynberg.

They are often referred to Groote Schuur Hospital in Observatory and to Tygerberg Hospital. Parents have to take sick children to the Red Cross Children's Hospital at Rondebosch — also a 20km journey .

Mr Luwellyn Landers, Member of Parliament for Mitchell's Plain, said it was "ridiculous" that such a big area had no general hospital.

Mr Landers said the private hospital being built in the area would not alleviate the situation because a large section of the commmunity was in the sub-economic group and could not afford private fees.

Among the first of the 250 000 residents to move into the complex in 1976 was Mr Stan Fisher, chairman of the Mitchell's Plain Ratepayers' Association.

Mr Fisher said the estblishment of a general hospital should be given priority as it was well known that the area had a high fatal road accident rate.

Dr John Sonnenberg, MPC, city councillor and Progressive Federal Party spokesman on health in the Provincial Council, said he had been calling for a regional hospital in Mitchell's Plain since 1977.

"It is a 20km journey each way from Mitchell's Plain to Victoria or Red Cross Children's hospitals.

"A hospital should serve the people in the area just like a police station or fire brigade," he said.

"The City Council has established polyclinics in Mitchell's Plain — mainly for preventive medicine — and there are three day-hospitals operating from converted houses.

"Advanced plans are, however, afoot to establish a day-hospital in Mitchell's Plain but this will not serve the purpose of a general hospital because it will close at 4.30pm and I shudder to think what happens to a resident with a cardiac condition or asthma who can't afford a doctor and gets sick at night or after closing hours on Saturday.

"I asked the Provincial Council to give priority to a regional hospital at Mitchell's Plain but the extensions to Groote Schuur Hospital were given top priority instead," Dr Sonnenberg said.

"The move for a training hospital attached to the University of the Western Cape is still in the pipeline but it has been downgraded in priority."

Mr Robert Engela, liaison officer for the provincial hospital department, said plans were underway for two day-hospitals at Mitchell's Plain and funds had been allocated to build the first day-hospital at Eastridge soon.

He said a Cape Flats regional hospital for academic training was also planned for the future in the Gugueltu-Heideveld area. This would come about as soon as funds were available but it was not known when this would be.

● A private 140-room hospital complex is being built at Mitchell's Plain. The R5-million building will have shops and offices on the first two floors and the hospital above.

98

Since December, 1967, when Professor Chris Barnard performed the world's first human heart transplant operation, on 53-year-old Mr Louis Washkansky, the heart team at Groote Schuur Hospital in Observatory have performed 76 transplants on 67 patients.

Medical Reporter CHRIS ERASMUS (left) spoke to one of the team's senior surgeons, **Dr DAVID COOPER** (right), about the present status of the transplant programme as well as new developments on the horizon.

Groote Schuur heart team going strong

Professor Chris Barnard at the press conference announcing the death of the world's first human heart recipient, Mr Louis Washkansky.

A shortage of donors is the biggest problem

ONCE Professor Chris Barnard had proved conclusively to the world that a human being could receive another's healthy heart in place of a diseased one, the number of teaching and research hospitals performing this technique grew rapidly.

Today in the United States alone there are between 20 and 30 heart transplant centres while in most of the major European cities there are one or two such centres, with a few others scattered about the globe. Of these, most are doing some clinical research while a few are heavily involved in experimental research.

According to Dr David Cooper, a senior surgeon who has been with Groote Schuur's heart team for five years and is co-author of a recently published book on the subject of heart transplants, the biggest problem facing transplant surgery today is the

cal personnel know that a particular person was a donor, allowing timely and appropriate steps to be taken to save useful organs.

"We often experience great difficulty obtaining donor organs because of religious and cultural perceptions among people as to whether or not such things are allowed.

"But people need to realize that between five and seven patients can benefit from a single do-

velopment of techniques for the early diagnosis of acute rejection in transplant recipients; the development of a mobile storage facility for hearts to allow the transportation of donor hearts over long distances; research into what happens to donor hearts during brain death; and the use of animal hearts, especially those from sheep and pigs.

Dr Dimitri Novitzky, another senior surgeon in the department, has

tinuously with a cold solution of preservative. A lot of experimental work has gone into this and we can now preserve donor hearts for up to 48 hours.

"Recently Professor Reichart used the transporter to bring a baboon heart from Munich and transplanted it into a local baboon. That attempt was not completely successful as the heart was slightly damaged, but we learnt a lot.

"No one anywhere else in the world can pre-

is still beating during brain death and using up the body's resources which are not being replaced — because the brain is dead — which means that the heart and the other still-living organs are all deteriorating."

What is the overall picture with heart transplants today?

"We are doing less of the piggy-back transplants than we used to. We were performing piggy-back operations exclusively for a few years, but these days we prefer the orthotropic transplant in which we implant an entirely new heart, largely because rejection is coming increasingly under control.

Powerful

"The availability of the immunosuppressive cyclosporin, which we have had since 1983, has made quite significant difference in this respect. We

donors."

"We could be doing two or three times as many transplants each year as we are presently doing — last year we performed only eight, but could easily have done 16 or 20. Patients are dying because we don't get them a donor in time."

System

Professor Bruno Reichart, Professor Barnard's successor as head of the Medical School's department of cardiothoracic surgery, feels strongly people should take a decision before life-or-death situations arise and carry a card or disk declaring themselves organ donors, said Dr Cooper.

This system would let family, friends and medi- eyes, both kidneys and heart, and in some cases the liver and the pancreas.

"When a donor's relatives understand how much benefit can come from a donation, they are sometimes comforted.

Animals

"But I think that whatever we do to combat the problem, there will always be a shortage of donors, which is why we are looking into pig, and possibly sheep, transplants."

On the research front, Groote Schuur is making steady progress and remains among the top few transplant centres in the world.

"Our major research work falls into four main areas. These are the de- early detection of acute rejection. He is looking into the use of small amounts of radioactive isotopes in the diagnosis of rejection, rather than somewhat risky procedure of taking small tissue samples from transplanted hearts — the only other method of detecting this problem.

Advance

"There are still a lot of technical problems associated with the isotope technique, but it would be a major advance if perfected and so far it seems to be working," says Dr Cooper.

The mobile heart preserver, developed by Dr Winston Wicomb, is another exciting advance.

"In this device the heart is perfused con- and we certainly are leaders in this field.

"Related to that work are our investigations into what happens to a heart during brain death.

Damage

"Dr Novitzky, who has also been researching this problem, has found that serious structural damage can occur following a major brain injury leading to brain death.

"We looked at the hearts of five patients who died soon after transplants and it seems in retrospect that the cause in all cases was related to the damage caused during the brain death period.

"Apart from this structural damage, the heart something like 16 patients, but its certainly a very powerful drug.

"American research suggests that the drug is not much better than its predecessors in chronic rejection, which occurs some time between a few months and a few years after a transplant, but it is highly effective with acute rejection.

"In combination with another drug, imuran, both forms of rejection are better controlled, with the result that patients are now going home within a month of their transplants — at least twice as fast as previously.

"The time taken during operations has also been reduced to about four hours with the patient on the by-pass machine for about an hour."

Artificial hearts not yet a human transplant option

ARTIFICIAL hearts are a long way from being widely used in heart surgery.

According to Dr David Cooper, a senior surgeon with Groote Schuur's heart team:

"No one has yet built a heart with an internal power source. Nuclear power, which is one possible solution, has associated radiation hazards.

"All power sources for present artificial hearts are external and the lifestyle of patients on them is very limited, whereas the lifestyles of people who have received a living heart are excellent — among our patients we have a karate exponent and another who is a skydiver," Dr Cooper said.

"No one is doing any research into artificial hearts in South Africa, partly because of the power source problem and partly because of the cost. I think animal heart transplants will be a reality before artificial hearts are widely used.

"The difficulty with using animal hearts to replace damaged human hearts is that transplanting organs across species, as was done with Baby Fae, results in an increase in the severity of rejection.

"As a general rule, it may be said that the greater the genetic difference between the species involved in such a transplant, the greater the rejection and the quicker it manifests.

"But there is a reasonable amount of evidence to suggest that with drugs such as cyclosporine rejection would be largely prevented in closely related species.

"We recently put pig hearts into baboons, assuming the baboons to be near equivalents to humans and are looking for ways to modify the acute rejection which results."

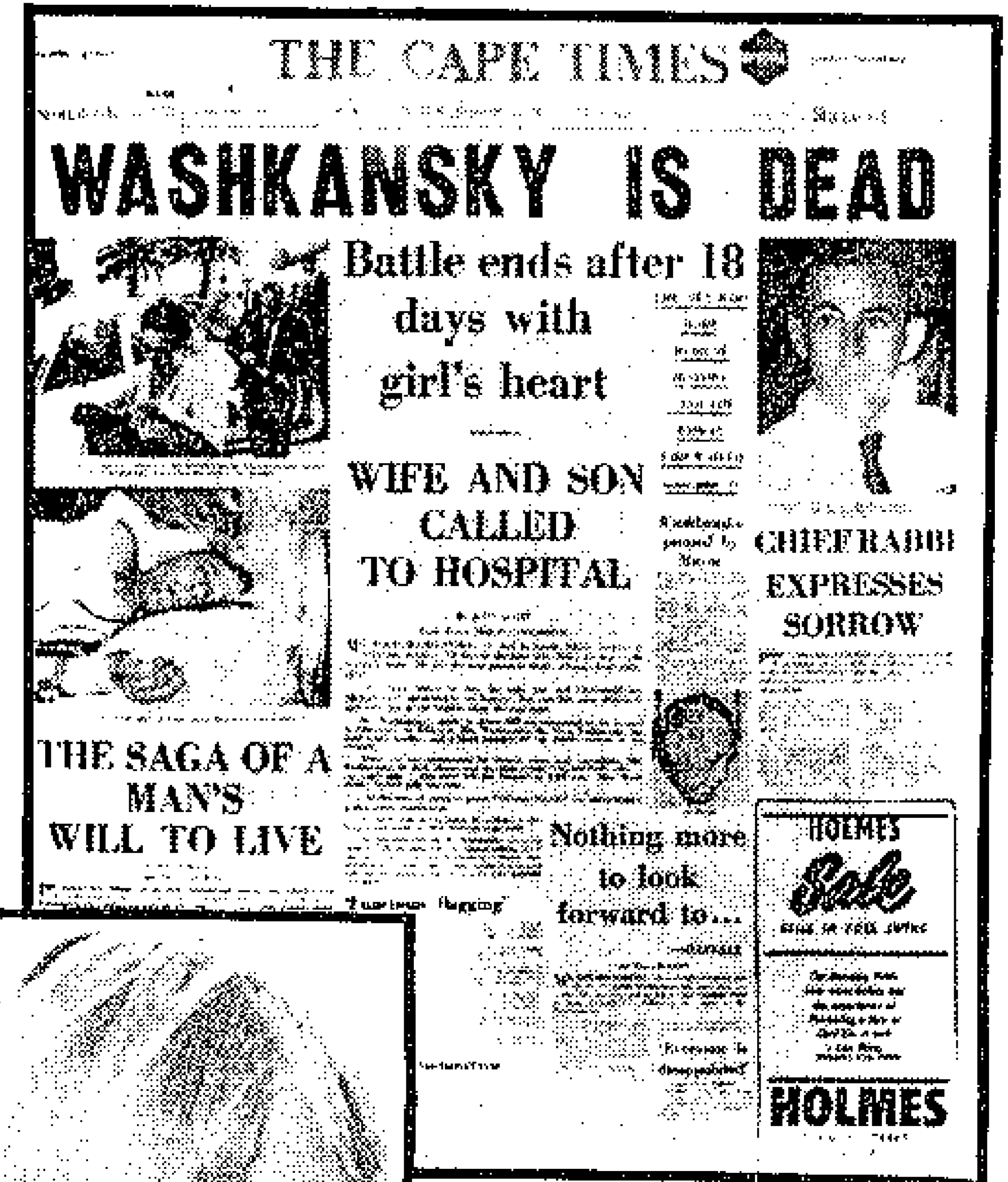
Baboons, says Dr Cooper, are not ideal as heart donors as their hearts never really grow big enough to handle the load required of it in a human.

"Professor Bruno Reichart believes there is case for using baboon hearts where partial and temporary support is needed. This has been done before, twice by Professor Barnard, but this type of cross species, or xenograft, transplant is not ideal at present."

Dr Cooper feels, as do most experimental scientists, that experimentation on and sacrifice of laboratory animals, especially those of the higher orders such as baboons and chimpanzees, should be the last resort. But where vital information is required that cannot be gained through in-vitro experimentation or studies on lower-order creatures such as mice, then for the sake of those who may benefit, experimentation is necessary.

"Professor Barnard used to say that he stopped using chimps because he bacame too attached to them. I feel that since most people eat pigs and sheep, there cannot be too many objections to using them in research as long as that is done humanely."

Dr Winston Wicomb, with the machine he developed to preserve donor hearts. UCT Medical School is now a world leader in this aspect of heart transplant research.



THE CAPE TIMES

WASHKANSKY IS DEAD

Battle ends after 18 days with girl's heart

WIFE AND SON CALLED TO HOSPITAL

CHIEF RABBI EXPRESSES SORROW

THE SAGA OF A MAN'S WILL TO LIVE

Nothing more to look forward to...

HOLMES Sale

HOLMES

TOP: A Cape Times special in 1967.
MIDDLE: Prof Bruno Reichart.
BELOW: Mr Louis Washkansky smiles from his hospital bed.

Nurses warn cutbacks will affect patients

Argus Correspondent

PRETORIA. — South Africa's nursing associations have warned the Government that a reduction in nursing staff could adversely affect patient care.

And it was recommended that nursing posts be abolished "only with the greatest circumspection", the South African Nursing Association (Sana) publication, Nursing News, reports.

Although nursing posts were being decreased the patient load was increasing with the recession, a delegation from Sana and the SA Nursing Council told the late Minister of Health and Welfare, Dr C V van der Merwe.

Unemployment had led to a greater demand for public health services and health problems were increasing.

The reduction in public health facilities caused further problems with a higher rate of bed occupancy, shorter hospital stays and more seriously ill patients — all of which placed greater demands on nurses.

"A point can be reached when patient care is no longer safe," Nursing News warns.

Another factor lowering the morale of nursing staff was the extra two and a half hours a week they had to work.

Control will pass to appointed political functionaries

Shake-up for white schools, hospitals

Star 7/5/85 (98)

By Colleen Ryan and Sue Leeman, Pretoria Bureau

The abolition of provincial councils will bring with it a major shake-up in the administration of white schools and provincial hospitals.

But while administrative structures will be fairly radically altered, there will be little change in the day-to-day running of these institutions.

The administration of white schools will remain in the hands of the different provincial education departments, but they will now be controlled by political functionaries appointed by the State President and answerable to the administration for Own Affairs.

Transvaal schools still fall under the TED and will feel little change except that future matric exams will be co-ordinated nationally.

The Transvaal MEC for Education, Mr Fanie Schoeman, said the province's plans to introduce compulsory school fees, probably from the start of next year, would remain unchanged.

Important changes will also be made to the running of hospital services with a view to rationalising health care in South Africa.

Transferred

The administration of white, black, coloured and Indian hospitals will be transferred from the control of the provinces to the administration for Own Affairs.

In practice, however, the white Own Affairs administration will administer all hospitals on an agency basis, working through appointed political functionaries in the four provinces.

The MEC for hospital services, Mr Daan Kirstein, said this morning hospital fees and the general running of hospitals would remain unchanged.

The changes to provincial administration, in line with the new constitutional dispensation, were announced yesterday by the Minister of Constitutional Development and Planning, Mr Chris Heunis.

He said provincial councils would be abolished by June next year.

Third tier

Draft legislation will be introduced to Parliament this session to provide for a new third tier of Government.

In terms of the legislation, Regional Services Councils (RSC) will be established to rationalise services provided by local authorities.

White, black, coloured and Indian local authorities will have representation on the councils.

Although provincial councils are to scrapped, administrators and extended executive committees will continue to have important responsibilities, such as liaising with RSCs and handling general provincial affairs such as roads.

● See pages 3, 4 and 15.

New system will lead to changes in hospital admin

Star 7/5/85

(95)

Pretoria Bureau

The abolition of provincial councils will bring about important changes to the administration of hospital services.

Under the present system, black, coloured, Indian and white hospitals are all under the control of the Transvaal Provincial Administration.

In theory, Indian and coloured hospitals will be transferred to the relevant "own affairs" departments, while white and black hospitals will fall under white "own affairs."

In practice, however, the white "own affairs" department will continue to run Indian and coloured hospitals on an agency basis, said Mr Daan Kirstein, Transvaal MEC for Hospital Services.

He said a deputy minister would be appointed by the Government to co-ordinate administration.

Mr Kirstein said there would be no change to the way fees were administered in hospitals and tariffs would continue to be determined by income.

The Government was determined to rationalise hospital services and avoid duplication under the new system.

"At the moment hospital services are very fragmented," he said.

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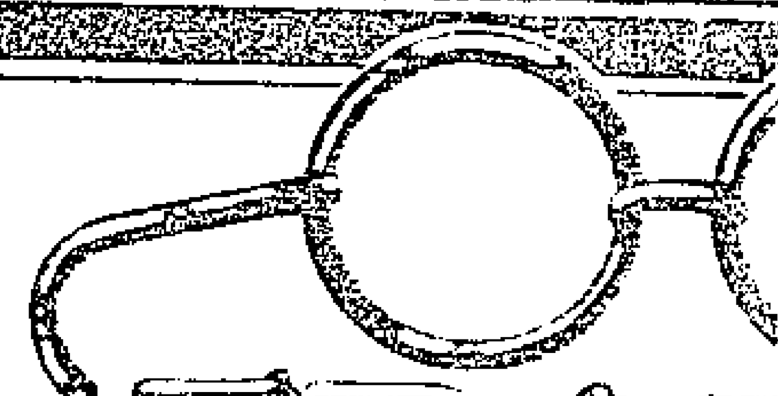

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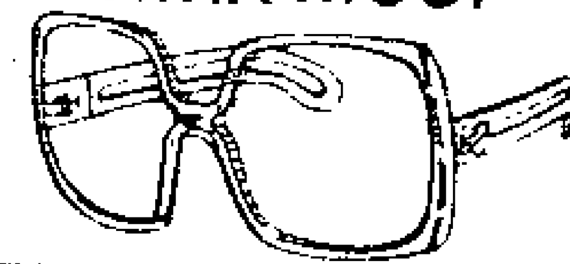

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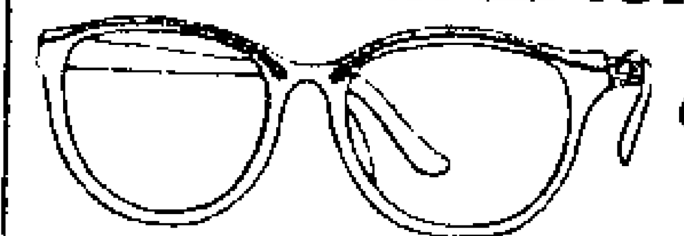

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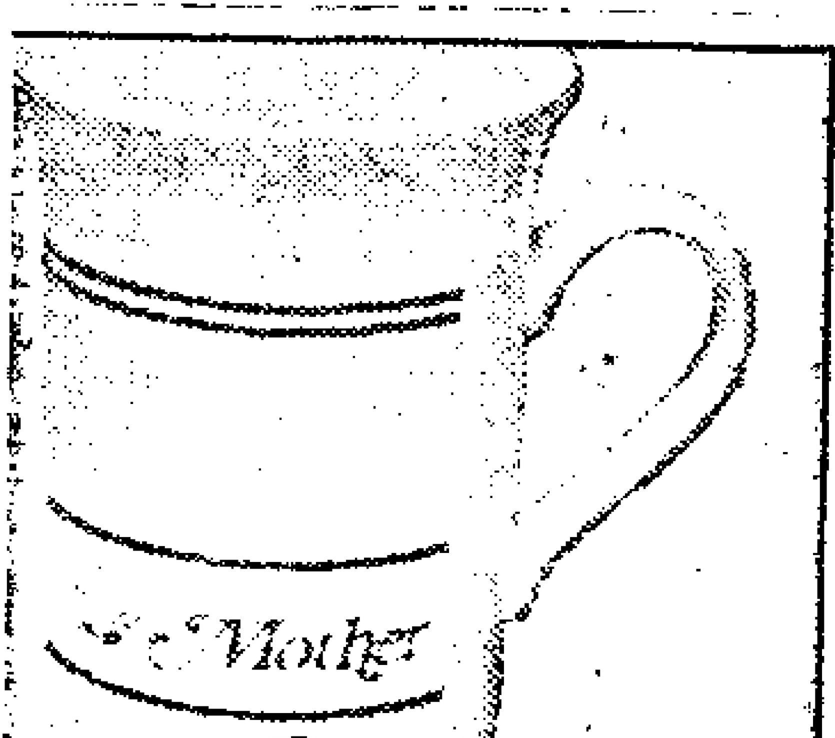

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THE PEOPLES'

Look at high price of hospital medicines

Medical Reporter

Star 8/5/85

The enormously high prices for medicines charged by private hospitals is being investigated by the Pharmaceutical Board of South Africa on the instructions of the Minister of Health.

This was said yesterday by Dr Kosie van Zyl, president of the Board, when addressing its annual meeting in Pretoria.

"The Minister has repeatedly expressed his concern about the high costs of medicines provided in private hospitals.

"It had also come to the board's attention that unusually large quantities of medicine are prescribed in some of these hospitals.

"There have been complaints by patients or surviving members of the family of being confronted with accounts for medicines running into thousands of rands," Dr van Zyl told the meeting.

Nurses' claims disputed

But still anger at work hours

By LINDA PIETERSEN
Weekend Argus Reporter

The Cape Director of Hospital Services and the Administrator have disputed complaints by nurses that they have to work overlong hours — and complaints that the current austerity measures are making things even worse.

But angry nurses objected to the official version of the amount of time they work and claim that "unofficially" they often work more than 46 hours a week.

In Weekend Argus last week CPA nurses expressed their anger over having to work an extra 2½ hours a week, like other provincial employees. They said this would mean they would have to work 12½ hours on some shifts.

But the Director of Hospital Services, Dr N S Louw, said this week nurses do not work longer than an eight-hour day. During the 7am—7pm shift, nurses "have four hours off which is determined by a duty roster", he said.

Time off

And the Administrator, Mr Gene Louw, said: "Nurses work exactly the same additional time as other provincial employees and they are given time off for working beyond 42½-hours a week."

But nurses who called Weekend Argus this week said although some shifts begin at 7am, nurses have to be on duty at least 15 minutes earlier to take over from the night staff and at the end of the day, handing over duties often takes up to half an hour.

They claimed also that incorporating lunch-times into the nurses' working week has been scrapped, whereas CPA administrative staff work a 42½ hour week, which includes their lunch-break.

Roster

Nurses at some hospitals said the four hours off arrangement mentioned by Dr Louw was scrapped for them some time ago and the working week at many hospitals consists of three shifts of 7am to 7pm and one shift of 7am to 3.30pm. The matron draws up the roster to meet the demands of the wards, they said.

But, said a spokesman for Groote Schuur Hospital's head matron, it was the nurses' choice to work four days a week and get three full days off.

"It is easier on transport and better for those with families if they have three unbroken days off."

Nurses at one provincial hospital say they have been informed that instead of increasing night duty by half an hour a night, their weekly pay will be reduced.

Frustration

"There is a high level of frustration among the nursing sector and whereas we used to work overtime willingly we are now forced into longer hours," the nurses said.

"During the time a nurse is on duty, she is continually at the beck and call of both the patients and doctors," said the Red Cross children's hospital head matron, Miss D McWilliams.

"Nurses do seem concerned about the extra hours," she said.

Nurses who spoke to Weekend Argus said they considered themselves already overtaxed and thought they should be exempt from the 2½ hour weekly increase because they feel it is counter-productive and "shifts are so well organised they overlap anyway".

Dr Louw stated emphatically that nurses have been told their night duty pay will not be affected by the working hour increases.

The Administrator said: "Last weekend's report created the impression of a cold and harsh attitude on the part of the administration, but nurses are close to our hearts. We recognise that they have made sacrifices and we have to reward them accordingly.

"Extended working hours are a sacrifice made by all employees as a contribution to the Government's promotion of productivity at a time when we are experiencing harsh economic setbacks and problems."

CAPE TIMES 14/5/85

Barnard dissects the national health service

Question

1. Introd.
2. Definiti
3. Assumpti
4. General
5. Concl.

HOUSE OF ASSEMBLY. — The future of South Africa's health services was inadequately defined and was endangered by the country's "frightening" population growth, Dr Marius Barnard (PFP Parktown) said yesterday.

Speaking in the committee stage of the Health and Welfare vote, Dr Barnard said there did not appear to be a national health policy to meet the demands of the future.

Medical training, hospitals and facilities in "developed" areas of the country equalled the best in the Western world while underdeveloped areas had to be satisfied with "the medical left-overs".

The percentage of the GNP devoted to health by most Western nations had increased over the past decade to between seven and 11 percent. In South Africa the figure had decreased from 4,2 to about 3 percent.

● Dr Barnard was called to order several times yesterday by the Chairman of Committees.

Dr Barnard said he found it "very odd" that Mr Sipho Mutsi, who died of head injuries last week after being arrested by police, had suffered an epileptic fit during interrogation.

"I've repeatedly asked the Minister of Health and Welfare about health facilities in prisons. The answer has always been that detainees are well cared for and that district surgeons visit them regularly.

"But there are never any reports by district surgeons of injury resulting from police action."

The chairman, Dr Helgaard van Rensburg, who earlier advised Dr Barnard to confine himself strictly to "the health aspect", ruled that he could not debate the merit of allowing prisoners to be seen by doctors.

Dr Van Rensburg said that prisoners' access to medical care fell under Prisons; actual medical care fell under Health. — Sapa

Dr Stuart Saunders, principal and vice-chancellor of UCT, and Mr Derek Livesey, warden of Shawco, among some of the medical supplies in the mobile clinic that forms part of the Shawco Khayelitsha Medical and Nutritional Centre which was opened yesterday.

Cape Times 14/5/85 (98)

Shawco opens in Khayelitsha

Medical Reporter

ESTABLISHING the first Shawco Medical and Nutritional Centre in Khayelitsha was not without its problems, according to the principal and vice-chancellor of the University of Cape Town, Dr Stuart Saunders.

Speaking at the opening the centre yesterday, Dr Saunders said Shawco's aim was to raise the living and social standards of the under-privileged in the Western Cape, and ultimately to make these communities self-sufficient.

"But coming here was not uncomplicated. If people are forced to work in an area against their will, it is very difficult for that community to operate in a healthy and happy way," he said.

To be associated in any way with the forced removal of communities threatened to compromise the university's concept of humanity.

"We are therefore pleased to note that people are coming to Khayelitsha voluntarily and that we are able to offer some services to these people," he said.

Mr Derek Livesey, warden of Shawco, said the centre comprised four ski-huts and a mobile medical unit, all of which had cost R20 000 to set up. Running costs would be about R40 000 annually.

"We are supplying four emergency services here: A mobile medical clinic, a nutritional shop, which is the only one in the area at present and therefore very important to the local community, a health-education programme and a pre-school feeding programme.

"The situation of the centre between the police station and the Divisional Council offices is excellent," he said.

CAPE TIMES 15/5/85

34 patients under guard

Municipal Reporter

THIRTY-FOUR prisoners, 23 with gunshot, bird-shot or bullet wounds, were kept under police guard in seven Eastern Cape hospitals between November 1, 1984, and February 28, 1985.

The age of the prisoners varied from eight to 49 years, and 13 were handcuffed or wore leg-irons.

This emerged in answers to questions put by the MPC for Walmer, Mrs Molly Blackburn, to the Provincial Administration in March and tabled yesterday in the Provincial Council.

Mrs Blackburn said afterwards she now wanted to know why four Cosas students were held at the white Provincial Hospital in Port Elizabeth, while other Cosas students held in connection with allegations relating to unrest had been held in hospitals serving their own race groups.

● Further questions from Mrs Blackburn relating to the admission to Eastern Cape and Karoo hospitals of patients suffering from gunshot wounds and the effects of teargas were not answered yesterday.

The MEC in charge of hospitals, Mr J W Theron, asked for a "stand over" because of "the research required".

Mrs Blackburn has asked how many of these patients were admitted to various hospitals, how many died, how many were kept under police guard or handcuffed to their beds, whether the police were notified by the hospitals of the expected dates and times of their discharge, and whether the hospitals gave the police any instructions regarding the need to continue medication for these patients.

R13-m building plan for Kalafong

98 Sowetan 15/5/85

KALAFONG Hospital, near Atteridgeville, which has been plagued by overcrowding since it was built more than 20 years ago, has embarked on a multimillion rand project of extending the hospital.

A spokesman for the hospital yesterday confirmed that work has already begun on a new out-patient department. It is being built at an estimated cost of R13 m.

Other phases to be built, probably towards the end of this year, include the obstetrics and gynaecology and neonatal ward for children.

A block of offices, a new kitchen and extra wards would also be built at a cost estimated at about R15 m.

The multi-million rand project will also include extensions to the present nursing home, the Lebowa nurses college and the mortuary. The erection of extra wards at the hospital will come as a great relief to a large number of patients, many forced to sleep on the floors because of the lack of beds.

The hospital's senior superintendent, Dr C G Joubert recently confirmed that they have, since early 1960s, been plagued by overcrowding because they treated large numbers of patients from all over the country, including the national states.

Azapo homes raided

THE homes of two senior Azanian People's Organisation members and two members of the Azanian Students' Movement at Langa, near Uitenhage, were

'Inexperience and inefficiency' partly to

Hospital wards 'ready but empty'

(98) NM 16/5/85

By Tania Broughton

FULLY equipped wards at Umlazi's Prince Mshiyeni Hospital are standing ready but empty while conditions at the largest black hospital in Durban, King Edward VIII, are described as badly overcrowded and 'shocking'.

'I am embarrassed that we are not doing more for King Edward,' said Dr W G McNeill, medical superintendant at Prince Mshiyeni.

According to Dr McNeill, the hospital's main problem is lack of staff.

'One section — maternity, with about 200 beds — has been ready for about six months. There was considerable delay in the creation of posts for staff. Only now have senior medical posts begun being advertised.'

Meanwhile, King Edward struggles to deliver 22 000 babies a year in a maternity section with facilities for only 12 000.

Dr McNeill said he could not pinpoint any specific reason for the delay but that inexperience and inefficiency were two factors responsible.

Available

'The KwaZulu Health and Welfare Department only began in 1977 and is obviously still sorting itself out,' he said.

According to the KwaZulu secretary for Health and Welfare, Dr Daryl Hackland, funds for salaries were available, but appointing staff inevitably took a certain period of time.

KwaZulu is anxious to open up the maternity and pediatric sections as soon as possible.'

Prince Mshiyeni Hospital has been the centre of many controversies. Planned to open in 1972, it was built for KwaZulu with funds from the South African Government. During the delays, the cost soared from an original R14 million to R25 million.

Eventually, in January 1982 the hospital opened its doors — but only as an outpatient and casualty hospital because construction was still under way.

It is now estimated that building will be completed only in 1990. When the Mercury visited the hospital this week, part of it was equipped and ready, part was under construction and building of some sections had not even begun.

Prompted

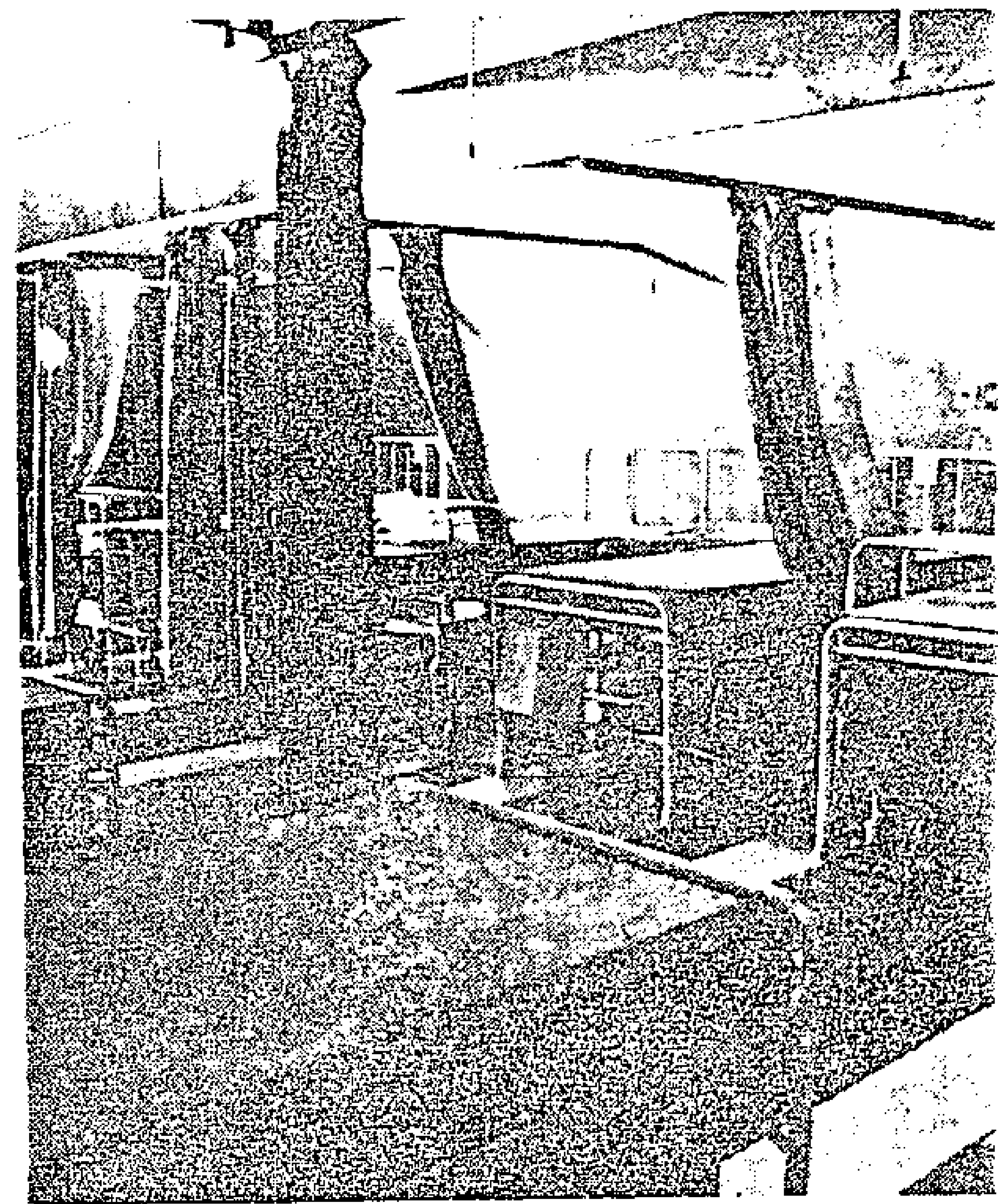
Of the planned 1 600 beds, only about 160, used mainly for general and pediatric purposes, were in operation.

Overcrowding at King Edward Hospital has prompted House of Delegates MP Mr Thulkanna Palan (Sol Bayview) to press for an investigation into the 'shocking' conditions.

Dr Fred Clarke, MEC for Hospital Services in Natal, yesterday expressed his concern at the situation.

Dr Clarke slammed the split between the Natal and KwaZulu health services.

'It's iniquitous. Natal and KwaZulu are like a chess board. I think there is an enormous wastage of money because of this artificial division of hospital services.'



One ward in the maternity wing which is re... open.

Alleged killer made confession after breaki...

Accused cried in arms of a policer...

Pietermaritzburg Bureau

A MAN accused of murdering a woman to gain life insurance money totalling more than R174 000, cried in the arms of a policeman before making a confession, the Supreme Court here heard yesterday.

The branch commander of the Detective Branch in Pietermaritzburg, Lt J Myburgh was testifying at the trial before Mr Justice Law and two assessors of Mr Cuppan Sathasivan Pillay, 43.

Mr Pillay is facing a charge of murdering Miss Lutchmee Naidoo, 30, on April 28 last year. The woman's body was found in the Mountain Rise Cemetery. She had suffered a fractured skull.

Mr Pillay is disputing the admissibility of confessions he has made to the police and to a magistrate, on the grounds that they were made under duress.

Appeared tense

Lt Myburgh testified yesterday that on June 21 last year Mr Pillay who ... wanted to see me. He started crying.

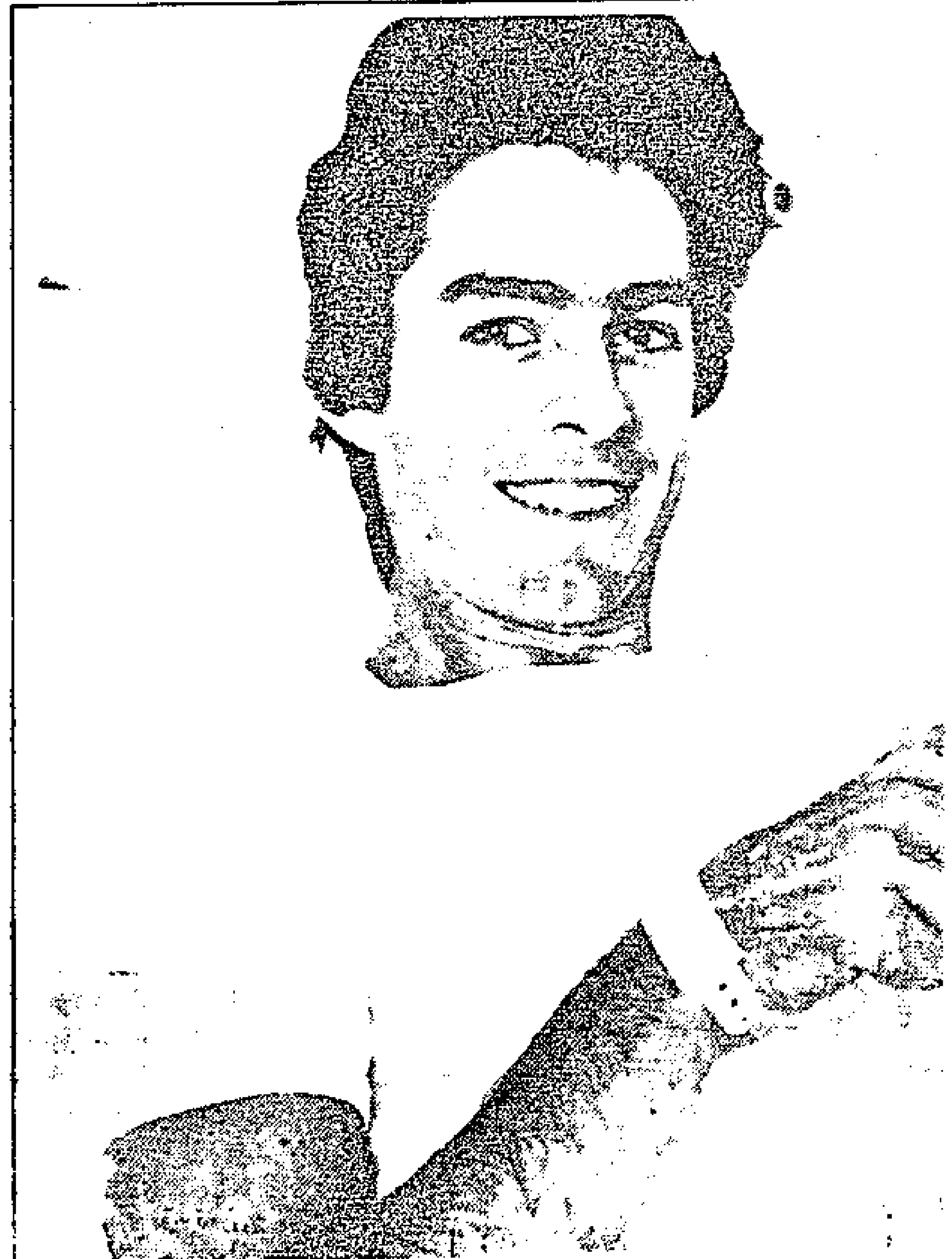
'I held him close to me and again asked him. He cried for a while before I succeeded in calming him down.'

Lt Myburgh said before Mr Pillay began talking he warned him he was not obliged to make a statement but that anything he said would be taken down in writing: 'He said he wanted to tell me the story.'

Statement

Lt Myburgh said when Mr Pillay finished he asked him if he would be prepared to repeat what he had said to another police officer who was also a justice of the peace.

Lt Myburgh said he made the neccessary arrangements and Capt C ...



Natal jockey, Paul Gadsby, in his hospital ... a fall which left him with a bro...

Mr S K Naidoo (right) trustee of the Divine Life Society of South Africa, with some of the guests at the ambulance presentation ceremony at Ndwedwe yesterday. They are (from left) Mr N M Mokgako, district magistrate of Ndwedwe, Sr Virginia Chili, Dr Daryl Hackland, KwaZulu's secretary of Health and Welfare, and Mrs Z Nkosi, matron of the Ndwedwe Central Clinic.

Ambulance presented to black clinic

(98) 16/5/85 NM

Mercury Reporter

THE Divine Life Society of South Africa yesterday presented a fully equipped ambulance to the Ndwedwe Central Clinic as part of its programme to assist the poor and needy in the black community.

Mr S K Naidoo, trustee of the society, said yesterday they were also building a large clinic in the township.

'The donation of the R15 000 ambulance was made in honour of the founder of the Divine Life Society movement, Swami Sivananda, who was a medical doctor before becoming a monk in the Himalaya Mountains in India in 1936,' he said.

The clinic would be called Sivananda Centenary Clinic.

A large crowd gathered at the Ndwedwe clinic yesterday to witness Mr Naidoo handing over the keys of the new ambulance to Dr Daryl Hackland, secretary of the KwaZulu Government's Department of Health and Welfare.

Mr Naidoo said the society also provided meals for hundreds of black schoolchildren and had built additional classrooms at some schools in the outlying areas where there was a serious shortage of classroom accommodation.

R20-m for hospital

Sowetan 17/5/85

By NKOPANE MAKOBANE

THE Government has approved an amount of R20-million for the erection of a new regional hospital with provincial hospital status, the mayor of KwaThema announced this week.

Mr J B M Mzamane said in a statement that this follows intensive and protracted discussions between the KwaThema Town Council and Mr Van der Merwe (MP) and Dr Jurgens (MPC), both of Springs.

DIMBOS
of Killarney
Shopping Centre
The following meals under R5,00
BURGER, CHIPS AND COKE
SHAWARMA AND COKE
STEAKROLL AND COKE
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FISH AND CHIPS AND COKE
10% discount on presentation of this advert

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Latest fashion at lowest prices
LADIES
Salvatore
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HUURY!!!
BENS

Illegal immigrants

*8. Mr T LANGLEY asked the Minister of Justice:†

(1) Whether any cases of the employment of illegal immigrants by farmers in the Messina District have been referred to his Department for prosecution purposes since 1 January 1985; if so, how many;

(2) whether his Department has instituted prosecutions in respect of all these cases; if so, (a) against which persons and (b) what was the outcome of the prosecutions in each case; if not, (i) against which persons have prosecutions (aa) been instituted and (bb) not been instituted, (ii) why have prosecutions not been instituted in certain cases and (iii) what was the outcome in the cases in respect of which prosecutions were instituted?

†The MINISTER OF JUSTICE:

(1) Yes, four.

(2) No.

(i) (aa) Messrs W P Esterhuizen, A P Van Aardt and R P Baxter.

(bb) Mr C T H Fischer.

(ii) The public prosecutor has still to take a decision in regard to Mr Fischer.

(iii) Mr Esterhuizen was convicted of contravening section 51(a) of the Admission of Persons to the Republic Regulation Act, 1972 (Act 59 of 1972) and sentenced to a fine of R60 or 20 days' imprisonment.

Mr Van Aardt was prosecuted for an alleged contravention of section 26 of the Black Labour Act, 1964 (Act 67 of 1964). He was acquitted.

Mr Baxter was prosecuted of contravening section 51(a) of the Admission of Persons to the Republic Regulation Act, 1972. The trial has been postponed until 23 May 1985.

Kannemeyer Commission

Hansard Q. Col. 1536 21/5/85

*9. Mr D J N MALCOMESS asked the Minister of Justice:

(1) Whether the matter which arose during the course of the proceedings of the Kannemeyer Commission in connection with a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, has been referred to the Attorney-General; if so, (a) when and (b) what is the (i) name of this person and (ii) nature of the matter in question;

(2) whether any action has been taken in this regard; if not, why not; if so, (a) what action and (b) when;

(3) whether a decision has been reached on the matter; if not, when is it anticipated that a decision will be reached; if so, what is the decision?

The MINISTER OF JUSTICE:

(1) Yes.

(a) 3 May 1985.

(b) (i) Mr N Anderson.

(ii) A possible contravention of regulation 14 read with regulation 15(c)(ii) of the Regulations promulgated with reference to the Commission in *Government Gazette* 9674 of 22 March 1985.

(2) Yes.

(a) The matter has been referred to the South African Police for investigation.

(b) 6 May 1985.

(3) No. After the completion of the police investigation.

Physical Planning Act 21/5/85

Hansard Q. Col. 1537

*10. Mr P C CRONJE asked the Minister of Trade and Industry:

Whether any prosecutions have been instituted in terms of section 3(1) of the Physical Planning Act, No 88 of 1967; if so, how many as at the latest specified date for which figures are available?

† The MINISTER OF TRADE AND INDUSTRY:

Prosecutions are instituted in terms of section 11 of the Physical Planning Act, 1967, and in respect of contraventions of section 3(1) there were 21 prosecutions during the period 19 January 1968 to 14 May 1985.

Hansard Q. Col. 1537

(98) **Mathopestad: health facilities** 21/5/85

*11. Mr P G SOAL asked the Minister of Health and Welfare:

(1) Whether he or any member of his Department has at any time received any applications from the residents of Mathopestad for the provision of (a) clinics and (b) any other specified health facilities; if so, (i) on what dates and (ii) what was the nature of the facilities requested in each case;

(2) Whether these applications were granted; if so, (a) what facilities were provided and (b) on what dates; if not, (i) why not and (ii) what health or medical facilities are available to the residents of Mathopestad;

(3) whether his Department (a) has received any requests for, and/or (b) has been involved in, the provision of any health facilities at the resettlement area on the farm Mimosa No 81 J Q, near Onderstepoort; if so, (i) (aa) by whom and (bb) when were these requests made, (ii) what was the nature of (aa) his Department's involvement and (bb) the facilities provided, (iii) when were these facilities provided and (iv) what was the total cost involved;

(4) whether he will make a statement on the matter?

The DEPUTY MINISTER OF HEALTH AND WELFARE:

(1) (a) No.

(b) No.

(i) Falls away.

(ii) Falls away.

(2) (a), (b) and (b) (i): Falls away.

(b) (ii) Department of Health and Welfare mobile unit visits every 5 weeks.
District Surgeon at Koster available for consultations.
Koster Provincial Hospital.
Leratong Provincial Hospital.

(3) (a) Yes

(b) No. Village unoccupied.

(i) (aa) Department of Co-operation and Development.

(bb) 12 February 1985.

(ii) (aa) Nil to date

(bb) Mobile clinic available when required.

(iii) Available for use from 13 March 1985.

(iv) No cost to date—awaiting movement into resettlement farm.

(4) No.

Mr P G SOAL: Mr Speaker, arising out of the hon the Deputy Minister's reply.

could I suggest that he consult the files of his department in Johannesburg and refer to File No 21/3/85? He will then see that this community applied for a clinic in their area and that there was no response from the hon the Deputy Minister's department.

"Fun Train"

*12. Mr B B GOODALL asked the Minister of Transport Affairs:

(1) Whether the South African Transport Services were connected with the so-called "Fun Train", which ran from Johannesburg to Durban and back; if so, (a) when was it started and (b) what was the nature of their involvement;

(2) whether (a) a certain organization, the name of which has been furnished to the South African Transport Services for the purpose of the Minister's reply, and (b) any other organization was connected with this train; if so, (i) what are the names of the organizations concerned and (ii) what was the nature of their involvement in each case;

(3) whether any contracts existed between the South African Transport Services and any organizations in regard to this train; if so (a) what were the terms of the contracts and (b) when were they entered into;

(4) whether this train service has since been discontinued; if so, (a) when, (b) why and (c) who took the decision in this regard;

(5) whether he will make a statement on the matter?

†The MINISTER OF TRANSPORT AFFAIRS:

(1), (a), (b), (2), (a) and (b) Yes. Since 9 July 1983 the "Fun Train" was operated by Transport Services and leased to Southern Sun Hotel Corporation (Pty) Ltd. No other organization was involved.

(3) (a) Yes. For sound business reasons it is not the policy to disclose details of contracts entered into.

(b) 16 June 1983.

(4) Yes.

(a) With effect from 14 April 1985.

(b) and (c) By mutual agreement.

(5) No.

"Fun Bus"

*13. Mr B B GOODALL asked the Minister of Transport Affairs:

(1) Whether the South African Transport Services are connected with the so-called "Fun Bus"; if so, what is the nature of this involvement;

(2) whether any other organization is involved in this bus service; if so, (a) which organization and (b) what is the nature of this involvement;

(3) whether a contract exists between the South African Transport Services and this organization; if so, (a) what are the terms of the contract and (b) when was it entered into;

(4) whether the South African Transport Services have any similar contracts with any other organizations or bodies; if so, (a) with which organizations or bodies and (b) in respect of what services were these contracts entered into;

(5) whether the South African Transport Services were consulted about a competition in this regard which was advertised on 14 April 1985 in a certain Sunday newspaper, the name of which has been furnished to the South African Transport Services for the purpose of the Minister's reply; if not, what action will be taken in this regard; if so, (a) (i) by whom and (ii) when and (b) what was the purport of this advertisement;

(6) whether the South African Transport Services are involved in this competition; if so, what is the nature of this involvement;

(7) whether he will make a statement on the matter?

†The MINISTER OF TRANSPORT AFFAIRS:

(1), (2), (a) and (b) Yes. Southern Sun Hotel Corporation (Pty) Ltd charters a luxury bus from Transport Services and is responsible for the marketing of the service as well as the selling of tickets. Transport Services only operates the bus.

(3) Yes.

(a) For sound business reasons it is not the policy to disclose details of contracts entered into.

(b) April 1985.

(4) No.

(5) No. No action is deemed necessary.

(a), (i), (ii) and (b) Fall away.

(6) and (7) No.

Hansard Q Col. 1541 21/5/85

Teachers: salary increase

*14. Mr E K MOORCROFT asked the Minister of Co-operation, Development and Education:

(1) Whether teachers in his Department were eligible for a 12% increment in salary in 1984; if so,

(2) whether the payment of this increment was deferred until 30 April 1985; if so,

(3) whether this increment has been paid to all teachers in his Department; if not, (a) why not and (b) when is it anticipated that it will be paid; if so, when?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes. An increment of approximately 23%.

(2) Yes, the increments in respect of October and November 1984 were deferred as in the case of all education departments.

(3) No

(a) Due to programme adjustments to the computer it was not possible to pay the increments together with their salaries.

(b) At the end of May beginning of June 1985.

Hansard Q Col 1542 21/5/85

Death of certain person

*15. Mrs H SUZMAN asked the Minister of Law and Order:

(1) Whether an investigation is being held into the death of a certain person, whose name has been furnished to the South African Police for the purpose of the Minister's reply, at the Baragwanath Hospital on or about 6 May 1985; if not, why not; if so, (a) who is in charge of the investigation, (b) what were the circumstances surrounding the death of this person, (c) what was the cause of death and (d) what is the name of this person;

(2) whether this person was arrested and/or detained by any branch of the South African Police; if so, (a) when, (b) why, (c) in terms of what statutory provision and (d) where was he (i) arrested and/or (ii) detained;

(3) whether he was released subsequent to being arrested and/or detained; if so, (a) when and (b) where;

(4) whether any relatives or friends of this person made enquiries about him from any members of the South African Police; if so, (a) on what date and (b) what was the (i) nature of the

Illegal immigrants

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(1) Whether any cases of the employment of illegal immigrants by farmers in the Messina District have been referred to his Department for prosecution purposes since 1 January 1985; if so, how many;

(2) whether his Department has instituted prosecutions in respect of all these cases; if so, (a) against which persons and (b) what was the outcome of the prosecutions in each case; if not, (i) against which persons have prosecutions (aa) been instituted and (bb) not been instituted, (ii) why have prosecutions not been instituted in certain cases and (iii) what was the outcome in the cases in respect of which prosecutions were instituted?

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(bb) Mr C T H Fischer.

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(1) Whether the matter which arose during the course of the proceedings of the Kannemeyer Commission in connection with a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, has been referred to the Attorney-General; if so, (a) when and (b) what is the (i) name of this person and (ii) nature of the matter in question;

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(4) whether he will make a statement on the matter?

The DEPUTY MINISTER OF HEALTH AND WELFARE:

(1) (a) No.

(b) No.

(i) Falls away.

(ii) Falls away.

(2) (a), (b) and (b) (i): Falls away.

(b) (ii) Department of Health and Welfare mobile unit visits every 5 weeks.
District Surgeon at Koster available for consultations.
Koster Provincial Hospital.
Leratong Provincial Hospital.

(3) (a) Yes.

(b) No. Village unoccupied.

(i) (aa) Department of Co-operation and Development.

(bb) 12 February 1985.

(ii) (aa) Nil to date.

(bb) Mobile clinic available when required.

(iii) Available for use from 13 March 1985.

(iv) No cost to date—awaiting movement into resettlement farm.

(4) No.

Mr P G SOAL: Mr Speaker, arising out of the hon the Deputy Minister's reply,

could I suggest that he consult the files of his department in Johannesburg and refer to File No 21/3/85? He will then see that this community applied for a clinic in their area and that there was no response from the hon the Deputy Minister's department.

"Fun Train"

*12. Mr B B GOODALL asked the Minister of Transport Affairs:

(1) Whether the South African Transport Services were connected with the so-called "Fun Train", which ran from Johannesburg to Durban and back; if so, (a) when was it started and (b) what was the nature of their involvement;

(2) whether (a) a certain organization, the name of which has been furnished to the South African Transport Services for the purpose of the Minister's reply, and (b) any other organization was connected with this train; if so, (i) what are the names of the organizations concerned and (ii) what was the nature of their involvement in each case;

(3) whether any contracts existed between the South African Transport Services and any organizations in regard to this train; if so (a) what were the terms of the contracts and (b) when were they entered into;

(4) whether this train service has since been discontinued; if so, (a) when, (b) why and (c) who took the decision in this regard;

(5) whether he will make a statement on the matter?

†The MINISTER OF TRANSPORT AFFAIRS:

(1), (a), (b), (2), (a) and (b) Yes. Since 9 July 1983 the "Fun Train" was operated by Transport Services and leased to Southern Sun Hotel Corporation (Pty) Ltd. No other organization was involved.

(3) (a) Yes. For sound business reasons it is not the policy to disclose details of contracts entered into.

(b) 16 June 1983.

(4) Yes.

(a) With effect from 14 April 1985.

(b) and (c) By mutual agreement.

(5) No.

"Fun Bus"

*13. Mr B B GOODALL asked the Minister of Transport Affairs:

(1) Whether the South African Transport Services are connected with the so-called "Fun Bus"; if so, what is the nature of this involvement;

(2) whether any other organization is involved in this bus service; if so, (a) which organization and (b) what is the nature of this involvement;

(3) whether a contract exists between the South African Transport Services and this organization; if so, (a) what are the terms of the contract and (b) when was it entered into;

(4) whether the South African Transport Services have any similar contracts with any other organizations or bodies; if so, (a) with which organizations or bodies and (b) in respect of what services were these contracts entered into;

(5) whether the South African Transport Services were consulted about a competition in this regard which was advertised on 14 April 1985 in a certain Sunday newspaper, the name of which has been furnished to the South African Transport Services for the purpose of the Minister's reply; if not, what action will be taken in this regard; if so, (a) (i) by whom and (ii) when and (b) what was the purport of this advertisement;

(6) whether the South African Transport Services are involved in this competition; if so, what is the nature of this involvement;

(7) whether he will make a statement on the matter?

†The MINISTER OF TRANSPORT AFFAIRS:

(1), (2), (a) and (b) Yes. Southern Sun Hotel Corporation (Pty) Ltd charters a luxury bus from Transport Services and is responsible for the marketing of the service as well as the selling of tickets. Transport Services only operates the bus.

(3) Yes.

(a) For sound business reasons it is not the policy to disclose details of contracts entered into.

(b) April 1985.

(4) No.

(5) No. No action is deemed necessary.

(a), (i), (ii) and (b). Fall away.

(6) and (7) No.

Hansard Q Col. 1541 21/5/85

Teachers: salary increase

*14. Mr E K MOORCROFT asked the Minister of Co-operation, Development and Education:

(1) Whether teachers in his Department were eligible for a 12% increment in salary in 1984; if so,

(2) whether the payment of this increment was deferred until 30 April 1985; if so,

(3) whether this increment has been paid to all teachers in his Department; if not, (a) why not and (b) when is it anticipated that it will be paid; if so, when?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes. An increment of approximately 23%.

(2) Yes, the increments in respect of October and November 1984 were deferred as in the case of all education departments.

(3) No

(a) Due to programme adjustments to the computer it was not possible to pay the increments together with their salaries.

(b) At the end of May beginning of June 1985.

Hansard Q Col 1542 21/5/85

Death of certain person

*15. Mrs H SUZMAN asked the Minister of Law and Order:

(1) Whether an investigation is being held into the death of a certain person, whose name has been furnished to the South African Police for the purpose of the Minister's reply, at the Baragwanath Hospital on or about 6 May 1985; if not, why not; if so, (a) who is in charge of the investigation, (b) what were the circumstances surrounding the death of this person, (c) what was the cause of death and (d) what is the name of this person;

(2) whether this person was arrested and/or detained by any branch of the South African Police; if so, (a) when, (b) why, (c) in terms of what statutory provision and (d) where was he (i) arrested and/or (ii) detained;

(3) whether he was released subsequent to being arrested and/or detained; if so, (a) when and (b) where;

(4) whether any relatives or friends of this person made enquiries about him from any members of the South African Police; if so, (a) on what date and (b) what was the (i) nature of the

Call for hospital in Mitchells Plain

Cape Times 21/5/85

Political Reporter

HOUSE OF REPRESENTATIVES. — An urgent appeal for a hospital in Mitchells Plain was made yesterday by Mr Luwellyn Landers (LP Mitchells Plain).

He was speaking during the health and welfare (general affairs) budget vote in the House of Representatives.

The government's policy of separate development, which brought about the sprawling townships in the Cape Flats, did not provide for adequate health facilities in these areas, he said.

Mitchells Plain, with a population of 250 000 people, had no hospital. People had to travel long distances to hospitals from the townships, Mr Landers said. The area qualified for an 800-bed hospital or two small-sized ones.

He also called for the development of a medical faculty at the University of the Western Cape to provide essential health services in the Western Cape.

Dr L A P A Munnik, acting Minister of Health, said that his department preferred day hospitals — they were cheaper and provided better services. Hospitals would be built only if there was a need for them, he added.

Nutrition centre opens

Cape Times 22/5/85

Medical Reporter

THE Cape Nutrition Education Project yesterday opened its centre in Khayelitsha.

Built on to an existing core house and adjacent to the recently-opened Shawco Medical and Nutrition Centre, the CNEP Nutrition Centre will accommodate about 50 women and will be used for cooking demonstrations, videos, slide shows and lectures on health.

It will also be a resource centre for local residents, health professionals and students. Residents will be taught the best way to use available foodstuffs.

The centre will be "domestically" orientated and people will be encouraged to "feel free" to utilize its resources and to take advantage of the educational aspects of the centre, according to a CNEP spokeswoman.

It is hoped that the centre will also conduct research, such as nutrition surveys on children. The child-safety centre of the Red Cross War Memorial Hospital will also use the centre's facilities.

R800 000 scanner will provide 'limited service'

Pietermaritzburg Bureau

98 NM 22/5/85

AN R800 000 total body scanner planned for Greys Hospital will only provide a limited service once it is installed later this year, according to the MEC in charge of hospitals, Dr Fred Clarke.

Replying to questions by MPC Mr Brian Edwards in the Provincial Council, Dr Clarke confirmed that problems had been encountered in the staffing of the scanner unit.

He said funds were not available for the creation of any new posts at this stage and with the available staff only a limited service would be provided when installation of the unit was completed in three to four months.

Dr Clarke said after yesterday's session that it would cost the Province R67 000 a year to man the scanner, which he described as an essential piece of hospital equipment.

'Shocking' drug bills: Private clinics probed

By PETER FABRICIUS, Weekend Argus Reporter

"SHOCKING" complaints about several private hospitals charging huge amounts for drugs — including a charge for 42 litres of intravenous fluid given to one patient in one day — have been received by the State Health Department.

The department has ordered the Pharmacy Board to investigate drug prices at private hospitals because of the complaints.

The Deputy Minister of Health and Welfare, Dr George Morrison, said this week he had received several "shocking" complaints including:

- A patient who was charged for 42 litres of intravenous drip in one day — a dose described by one pharmacologist as "horrific".
- A patient who received a medicine bill for R18 000 after a 46-day stay in a private hospital.
- Another whose drug bill was R5 500 for one week in hospital.

But private hospitals have denied any deliberate or systematic overcharging. They contend that they charge the same for medicines as the ordinary pharmacist as they are obliged by law to adhere to the same tariffs.

Many of the complaints have come from medical aid societies and this week a senior medical aid scheme manager said the cases submitted to the Government were "not exceptional".

"Some especially shocking cases"

"There are some especially shocking cases but we experience much more of this sort of thing."

He gave an example of a patient who received a bill for R25 593,42, of which R18 361 was for medicine, after a 46-day stay in a private hospital.

"The trouble is we couldn't really identify the problem. But common sense tells you that is a ridiculous amount to charge.

"It is not only the exorbitant prices but the quantity of medicine which is prescribed and the the control over the dispensing which are problems."

Another medical aid scheme manager said: "When you look at many of these bills, it is incredible to think that a patient could have absorbed so much medicine.

"But we can't really put our finger on the problem. I can't really say that hospitals are overcharging medical aid schemes but it could be so."

A Durban medical scheme manager said the high prices were a "source of constant concern to us. The price of medicines is very high anyway and especially so in private hospitals. But a lot of the problem is over-prescribing by doctors".

Listed, controlled prices

But Mr Barney Hurwitz, chairman of the Representative Association of Private Hospitals, has strongly defended private hospitals.

"Basically, drugs are no more expensive at private hospitals than at any other pharmacies. They charge according to listed and controlled prices.

"Drugs may be expensive but the manufacturers set the prices. If pharmacists were allowed to substitute generic equivalents they would be cheaper."

SMT Times 29/5/85

Hospital ward was 'crowded'

MEDICAL staff treating victims of the Uitenhage "massacre" had tolerated a grossly overcrowded and unhygienic emergency ward "to facilitate the wishes of the police", Mrs Molly Blackburn said yesterday.

Mrs Blackburn (MPC Walmer) told the Provincial Council she had seen patients "crammed" into one ward in the Uitenhage Provincial Hospital and patients (including one with a fractured skull) lying on the floor among pools of water.

"There is only one reason why, with empty beds in the wards on either side, such conditions were tolerated by the staff — and that was to facilitate the wishes of the police who, simply because these people were wounded, placed them all under arrest."

She said ministers of religion were "prevented from administering religious rights to their parishioners" in the hospital and that patients had had their medication confiscated by the police.

Hospital means test to change

Cape Times 29/5/85

(98)

Staff Reporter

THE means test in provincial hospitals, by which patients are classified into either "private" or "hospital cases", will in the new financial year be based on income tax liability rather than on monthly income as at present.

This was announced yesterday in a policy speech by Mr J W Theron, MEC for Hospital Services, in the Provincial Council.

He said the present income level — R240 a month — which formed the cutoff point for classification as a hospital case was unrealistic.

After wide-ranging talks with interested parties over the buying power of the rand, the consumer price index and the household subsistence level, the conclusion had been reached that tax liability would be the best classification norm, he said.

Those who are liable for income tax of less than R48 a year will be hospital cases, irrespective of the size of their families.

Mr Geoff Everingham, MPC for Pinelands and PFP spokesman on financial affairs, said in an interview after yesterday's session that the move was a step in the right direction. A married person without dependants would qualify as a hospital case with an income of up to R350 a month (or R4 200 a year) he said.

For each child in the family, the family income could be R833 a year higher without disqualifying its members as "hospital cases".

Hospital cases are entitled to full medical treatment at provincial hospitals, while private patients must rely on the private sector, though they may also be admitted to hospitals.

News 29/5/85 (98) PROVINCIAL COUNCIL

Nominal admission fees considered

Provincial Staff

PENSIONERS, child cancer patients and others who pay no hospital fees could be asked to pay nominal fees of R1 to R2 on admission for treatment as inpatients in Cape Provincial Hospitals.

During the hospitals vote of the provincial budget debate yesterday Mr Koos Theron (MEC Hospital Services) said a mere six percent of expenditure — about R1-million more than the sum budgeted for in the 1985 financial year — had been received from hospital fees.

Mr Koos Theron

Many patients were abusing the system whereby they were given free treatment if they said they did not have money.

For this reason a nominal fee of R1 or R2 payable on admission was being considered for these patients.

It was estimated that a "couple of million rands" would flow into the province's treasury in this way and would bring home to the public that everyone should make a financial contribution, no matter how small, to personal medical services.

It was an accepted fact that the present income ceiling of R240 a month, under which a patient was classified as a "hospital case", was unrealistic, Mr Theron said.

After discussions it was concluded that if the income of the average family was linked to income tax payable — the amount of tax being used as a classification norm — this would result in a just classification of patients as "hospital" or "private" cases.

Someone who paid R48 a month or less in tax, in any size of family, would thus be considered a "hospital patient" and be entitled to full medical treatment and in a provincial hospital.

Someone who paid more than R48 a month in tax would be classified as a "private patient", and would have to depend on the private sector for medical treatment, except in the cases of emergencies or a shortage of physical facilities in the private sector.

Questions on Tygerberg's heart surgery

CAPE TIMES 29/5/85

(98)

Municipal Reporter

THERE was "undeniably" some truth in the rumour that six patients died of irreversible brain damage after undergoing heart surgery at Tygerberg Hospital, the Opposition spokesman on health in the Provincial Council, Dr John Sonnenberg, said yesterday.

Dr Sonnenberg's questions last week on mortality rates after heart surgery in three Peninisula hospitals have still not been answered.

"One cannot but draw the conclusion that the answer is an embarrassing one and that the (hospitals) department would prefer that the matter should not be raised in debate," he said.

Dr Sonnenberg said "most disturbing rumours" had come to his attention about a "series of tragedies that occurred at Tygerberg hospital some months ago".

He said the priming of the pump of the heart-lung machine with potassium phosphate was believed to have been a factor in the death of six heart patients.

He had also heard that the heart surgery programme at the hospital had been interrupted while "urgent investigations were conducted by medical staff", and that the magistrate at Bellville would soon be conducting a series of inquests.

"These, I repeat, are rumours, but that there is some truth in them is undeniable.

"One has the uncomfortable impression that there has been a cover-up and nothing short of a full and honest disclosure of available information will suffice." he said.

The MEC for Hospital Services, Mr J W Theron, has undertaken to answer Dr Sonnenberg's questions today.

Dr Sonnenberg said he would respond to the answers during the continuing debate on the hospitals vote.

BUSINESS BRIEF

Gold (close)	$310,50
Rand	$0,4985/95
FT index (close)	1006,50
BD 100	1065,40
Dow Jones	1301,52

Business report
Pages 21 — 23
● Mounting opposition to Kaap Kunene's offer
● Call to control assurance lapses and surrenders
● Krawitz's plea for consensus
● Govt deal to rescue O'okiep
● Leyland forms new subsidiary

Cape Ti[...] on Frid[...]

THE Cape Ti[...] appear [...] Friday (May [...] public Day). [...]vertisement [...] will be close[...] tomorrow 5p[...] Monday mo[...] Birth, death ar[...] and-found [...] can be phoned [...] 2233 between [...] and 5pm on [...] and Sunday.

... in court

Tygerberg deaths riddle: MEC replies

Argus 29/5/85 (98)

By KAREN STANDER, Provincial Staff

MR KOOS THERON, MEC for hospitals, today denied suggestions that the substitution of one chemical for another in a heart-lung machine had caused the deaths of six heart-surgery patients at Tygerberg Hospital.

Mr Theron confirmed that six patients — all of them high-risk cases — had died within a short time, and said heart operations had been suspended for one and a half weeks during a subsequent investigation.

He told the Provincial Council today that he objected to the implication in PFP questions of a "cover-up" by his department.

His statement was prompted by questions in the council yesterday by Dr John Sonnenberg, chief Opposition spokesman on hospitals, on "most disturbing rumours" about "a series of tragedies" at the hospital some months ago.

Dr Sonnenberg told the council: "I have been told that something like six patients died after surgery from irreversible brain damage."

It had been rumoured that a heart-lung machine's pump had been primed with potassium phosphate instead of potassium chloride, which may have contributed to the deaths.

Baboon tests

Mr Theron said today the possibility that calcium phosphate might have caused the chemical reaction had been raised in discussions.

For this reason similar experimental surgery on baboons, using phosphate, had been undertaken. Post-mortem examinations on the animals had shown no abnormalities.

He said it had come to light that two of the six patients had not received calcium phosphate.

It was possible that the cause of death in at least some of the patients had been oxygen entering the brain through the blood, which could not be prevented.

All the fatalities had been high-risk cases, Mr Theron said. One had had triple bypass surgery.

Calcium phosphate had been used for four years with outstanding results, he said.

"Uncomfortable"

Yesterday Dr Sonnenberg emphasised that his reference to the deaths was based on rumour, "but that there is some truth in the rumours is undeniable".

"One has the uncomfortable impression that there has been a cover-up ..." he said.

In his statement today, Mr Theron objected to the "cover-up" implication.

He said his department had had to investigate 1 578 patients in order to answer Dr Sonnenberg's question, which was why it had taken so long to reply.

● Dr J P van der Westhuyzen, the medical superintendent at Tygerberg, would not discuss the matter when approached for comment today. Dr van der Westhuyzen had bypass surgery in the cardio-thoracic unit last year after a heart attack.

Permit system for hospital visitors

(98) NM 30/5/85

Mercury Reporter

A PERMIT system has been introduced for visitors at the R K Khan Hospital in Chatsworth, Durban, following reports about gang warfare spilling into the corridors of the hospital during visiting hours.

Only two visitors at a time are being allowed at the bedside of each patient.

This was confirmed yesterday by Dr P K Naidoo, the hospital's senior medical superintendent, who warned that he would not hesitate to impose additional security measures if visitors disobeyed the hospital regulations.

Commenting on a disclosure in the Provincial Council this week about 'gang warfare' spilling into the corridors of the hospital during visting hours, Dr Naidoo said this had been a problem in the past, especially in the casualty departments.

'Recently we are beginning to see a recurrence of this. If this trend continues, it might become necessary to further tighten security on visits.

'My primary concern is for the patients, my staff and the hospital generally.

'I am not prepared to allow people to walk in and out of the hospital as if it is an amusement park. Some people come to the hospital merely to walk around the wards. This must be stopped immediately,' he said.

A Mercury reporter who visited the hospital during visiting hours on Tuesday night found more than 200 people crowded at the entrance in the hope of visiting the sick.

Only those with hospital-issued permits were allowed in. But many others beat the ban by swopping permits with other visitors.

Dr Naidoo said he was aware of the permit-swopping and added that the hospital's security staff had been alerted.

Permits are issued to family members when patients are admitted to the hospital.

Clarke warns of possible closure of two hospitals

Pietermaritzburg Bureau

98

TWO Natal Provincial hospitals may have to close to maintain standards in other hospitals, the MEC in charge of hospitals, Dr Fred Clarke, warned yesterday.

NM 30/5/85

He said the budget for the coming year showed a very serious financial situation as far as health services were concerned.

'Cuts have been applied beyond the ability of the department to react and there is therefore no choice but to reduce the standard of our services.

'The department is in fact fighting a rearguard action as it retreats from its absolute responsibility to the people of Natal,' said Dr Clarke, painting a gloomy health services picture in the Provincial Council budget debate.

'Those fine women in our nursing profession, carrying heavy responsibilities in our wards, operating theatres, ICUs, casualty departments and everywhere else, cannot carry on under such unrelenting pressures without something beginning to give, and I warn that this time is not far away.'

Dr Clarke feared the next MEC in charge of hospitals, who would be appointed by the President, would inherit 'a very tired service'.

'The Department of Hospitals was being strangled by tight monetary restraints.

'The freezing of staff posts has not been applied to teachers or police, but to doctors and nurses who are already being pushed to their limits.

'I think therefore that the closing of two small hospitals in order to maintain standards in the others warrants serious consideration,' Dr Clarke said.

He would not say which hospitals might be affected.

Dr Clarke appealed to the Government to review its priorities for allocating funds and to raise the allocation for health.

Grieving talk of s

Philip Botha
Crime Reporter

MR NEELS Snyman, 76, and his wife Joey, 71, spoke yesterday for the first time of their heartache since their son, Ronnie — who they described as one of the most popular doctors in Natal — was shot dead on Monday by his distraught former wife, Irma.

Mr Snyman said Mrs Irma Snyman, who later shot herself, 'must have snapped when my son refused a reconciliation for the second time.'

Mrs Snyman had left her husband last year after meeting a man 10 years younger than her while selling insurance. The man had left his wife and moved in with Mrs Snyman.

She decided to return to her husband when she ran into financial difficulties soon after buying a farm in the Natal Midlands.

Said a bitter Mr Neels Snyman: 'Irma approach-

R1,6 m for new Natal ambulances

98 NM 30/5/85

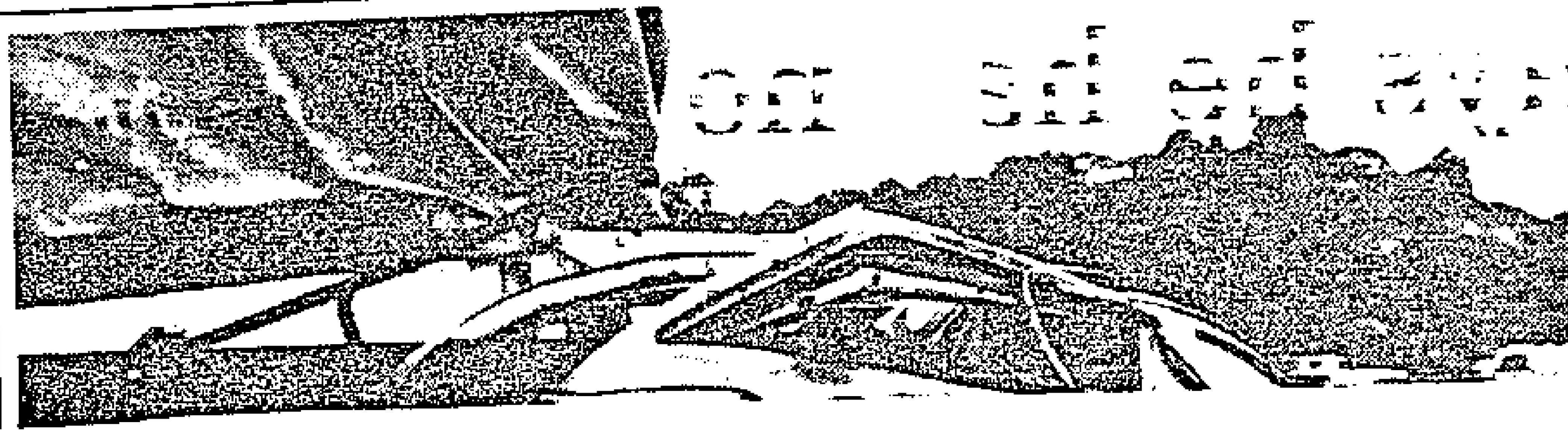
Pietermaritzburg Bureau

A TOTAL of R1 600 000 has been allocated in the Provincial budget for the purchase of ambulances and other specialised vehicles to overcome the serious shortage in many parts of Natal.

The MEC in charge of Hospitals, Dr Fred Clarke, speaking during the budget debate, said the development of the Ambulance and Emergency Medical Services since 1981 had been nothing less than brilliant.

'Against a background of constantly inadequate funds, no inherent supply of trained ambulance staff nor know-how of infrastructure and equipment, this division has made remarkable strides.

'From a baseline of naught, they now have an integrated network fanning out from the nerve centre at Wentworth Hospital.'



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Cape Times 30/5/85

Hospital problems blamed on cuts

Medical Reporter

THE problems now being faced by nurses, medical technologists and paramedics at provincial hospitals were almost all related to the cut-back in government spending, the Cape Director of Hospital Services, Dr N S Louw, said this week.

He was reacting to complaints by all three groups relating to cuts in their annual bonuses, cuts in overtime pay and the extension of their working week from 40 to 42½ hours.

Personnel costs

Dr Louw said: "It must be understood that all these problems relate to the government's decision to cut back on expenditure wherever possible. When the instruction came down to my department to cut back by eight percent on salary and associated personnel costs, we were left with few alternatives.

"We could have cut back on the income of these people, and that would have been an across-the-board reduction. That was done in the form of the one-third reduction in the annual bonuses, which resulted in a R500-million saving to government."

"One way of making these savings was to ask personnel to work an extra half-hour each working day and that was also done," Dr Louw said.

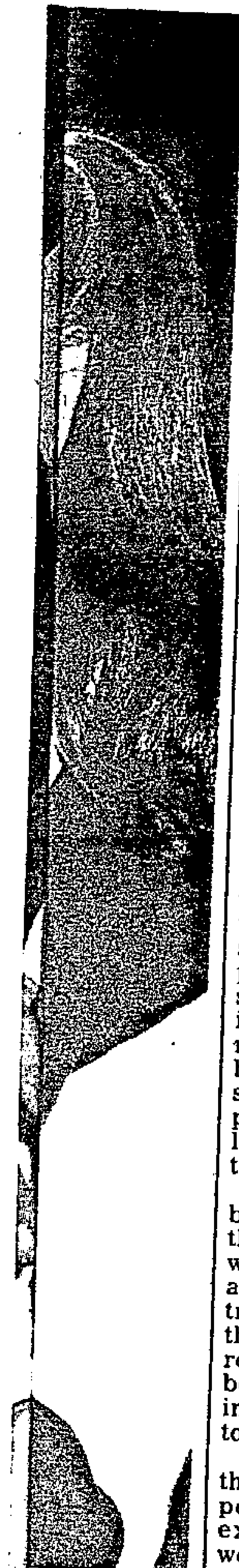
'Irritation'

Responding to complaints that an extra half-hour on the hospital staff working day had more "irritation than practical value", Dr Louw said this was "a very dangerous statement" as "I might have to take these people up and force them to work the time efficiently".

Doctors had a much longer working week than nurses or paramedics — a survey had shown they worked an average of 65 hours a week rather than the 56 expected of them.

Paid overtime

Nurses working 12-hour night shift...



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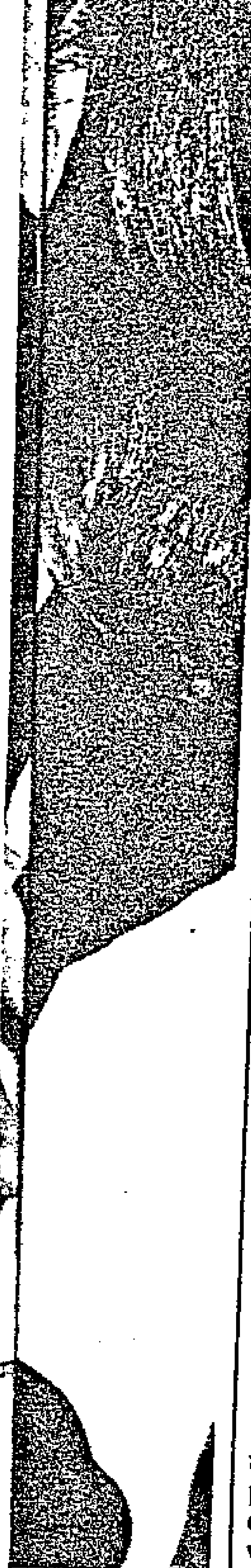

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Paid overtime

Nurses working 12-hour night shifts were paid overtime for the extra hours they worked, he said.

The paramedics had confused the situation, said Dr Louw. The stand-by pay they previously received, and which had been "extensively abused", had been stopped, but they too received overtime pay for emergency work required of them.

'12 years later, we're STILL waiting'

CP Correspondent

THE PEOPLE of Mathopestad, the Western Transvaal town threatened with resettlement, applied for a clinic 12 years ago — but the Government knows nothing about it.

Deputy Health Minister George Morrison told Parliament this week the residents had not made any application for a clinic.

But according to Johannesburg North PFP MP Peter Soal, Mathopestad residents made two applications for a clinic in 1973, one to Johannesburg's Department of Health and the other to Rustenburg's health regional director.

"There is clearly something wrong with their files if they don't have a record of these applications. The Deputy Minister's reply is not satisfactory because an application was made, and he should clarify the situation," said Mr Soal.

He said a mobile clinic visiting Mathopestad every five weeks was no substitute for a clinic in a settled community.

98 C Press 2/6/85

New R56 m Grey's Hospital 'faces two major threats'

Mercury 6/6/85

Pietermaritzburg Bureau

THE new R56 million Grey's Hospital in Pietermaritzburg faces two major threats — its imminent transfer from the Province to the Department of Health in Pretoria and the possible construction of private hospitals in the capital.

The MEC in charge of hospitals, Dr Fred Clarke, officially opening the massive complex yesterday, said that of the 24 general hospitals run by the Province in Natal, three were vulnerable to the new constitutional system.

'Flagship'

The R K Khan at Chatsworth was destined to be administered by the House of Delegates, and Grey's and the Hillcrest Hospital for the chronic sick would be run by the Department of Health. White Affairs, in Pretoria.

The remaining 21 institutions would remain general affairs and would hopefully continue to be run by the second tier of government.

Dr Clarke foresaw immense problems, because hospitals were not independent institutions but part of an integrated, meticulously-organised system.

'Do you believe that Edendale Hospital, once the flagship of the Province, has in any way improved by its surgical excision from the extensive infrastructure of the NPA?' he asked.

He said he shuddered to think of the administration of health in Natal if and when control rested separately with KwaZulu, the NPA, State Health, local authorities and Indian, coloured and white affairs.

Dr Clarke said Grey's was also vulnerable to the erosion of its status by the possible construction of private hospitals in the capital and the 'creaming off of a significant percentage of the private patients'.

'If the patient figures drop precipitously, so will the hospital's grading and its priority for expensive equipment — and all of Pietermaritzburg, the Midlands and Northern Natal will be the losers.'

Dr Clarke said the new Grey's was the biggest and most expensive building the NPA had erected in the past 75 years.

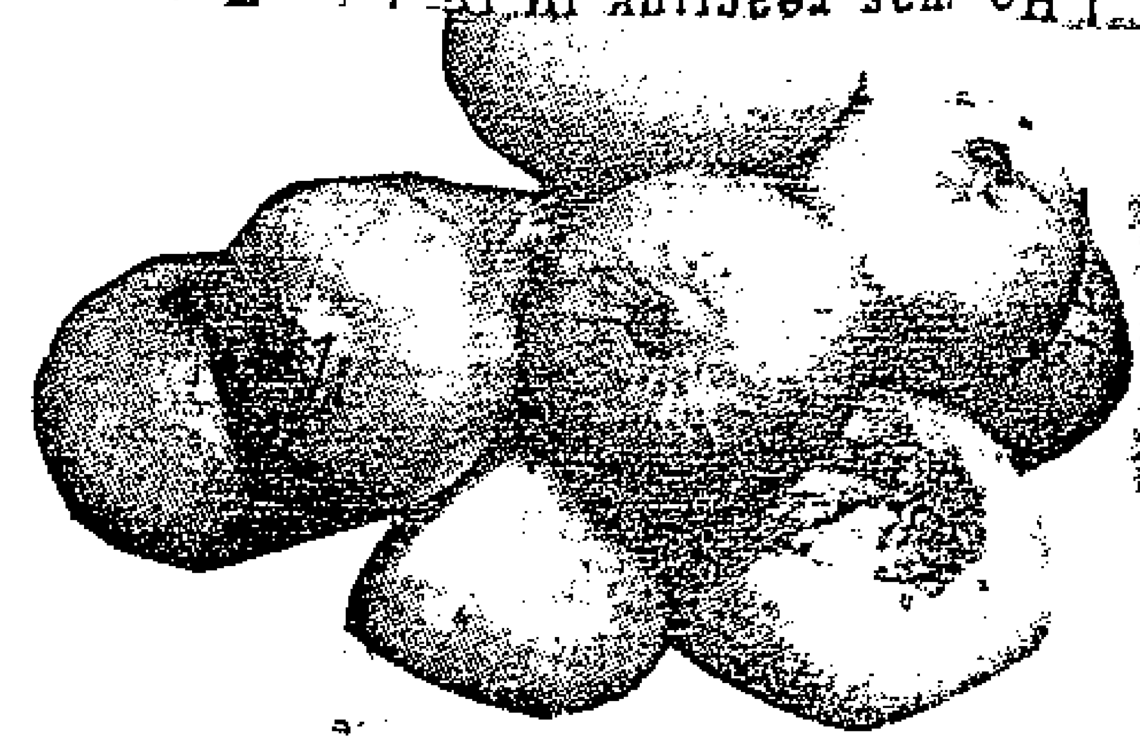
'The courageous decision to build a new Grey's was a very difficult one in many ways, and in certain areas it was not well received,' he said.

Body crisis

MBABANE—A pile-up of bodies in all Swaziland mortuaries has reached crisis point, according to Swaziland's Minister of Health, Prince Phiwokwake. — (Sapa)

Miners return

LUSAKA—Zambian officials said yesterday more miners were returning to work as the country's copper mine strike entered its fifth day. — (Sapa-Reuter)



CAPE ONIONS CLASS 1

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MINNEOLAS (NEW

fish

VACUUM PACKED HAKE FILLETS

R 3 28 per kg

A1 & SUPER LAMB PACK

R 2 98 per kg

Bara staff gets hippo

98

Sowetan 7/6/85

BARAGWANATH Hospital yesterday introduced a hippo to transport specialists and nurses who perform essential tasks at Soweto clinics in the wake of attacks on the hospital's vehicles during recent incidents of violence.

Superintendant Dr P J Beukes, said he was concerned about the safety of his staff and the health of the patients, and after several of the hospital's vehicles were stoned he had no option but to request for the armoured vehicles from the Road Transport Department.

He said that another vehicle would be made available to the hospital within the next two weeks.

Earlier, the hospital had threatened to withdraw its ambulance service in Soweto after five emergency vehicles belonging to the hospital were hi-jacked and several others stoned.

Dr Beukes said he was aware that the armoured vehicle might force the Soweto residents to associate the hospital with the "forces of security", but "all the people in this vehicle will be unarmed as they will only be going to Soweto for medical purposes".

He also appealed to people to stop throwing stones at emergency vehicles — most marked "H" or with a red cross sign — as this might injure not only a doctor but a patient who was in serious health trouble.

He added that it was "impossible" for the police to offer protection for every hospital vehicle, as there were between 70 and 100 vehicles serving the 10 clinics in the township.

The vehicle can accommodate 12 persons and has been painted white with a red cross sign. Dr Beukes added that with the passage of time they may effect some changes in it.

Azapo's health spokesman, Dr Abu Asvat, said it was not necessary for the hospital to introduce such a vehicle.

"At no time have people being ferried to and from the hospital been attacked. This is just another fallacy with suspicious motives," Dr Asvat said.

BARAGWANATH superintendant, Dr P J Beukes, standing next to the casspir that will be used to ferry specialists and nurses in Soweto. With him are nursing sisters Louisa Banda, Nomonde Phechana, Florence Balani and Thandeka Ngoana.

Addington cuts down tranquillisers

NM 15/6/88

Mercury Reporter

ADDINGTON Hospital medical staff have restricted the amount of tranquillisers prescribed for patients, in an attempt to stop the problem of addiction.

Yesterday hospital superintendent Dr Margaret Barlow said the use of tranquillisers was being more 'carefully monitored'.

'There have been a lot of problems with people becoming addicted to Valium and other tranquillisers and therefore we are just being more careful in our use of them,' Dr Barlow said.

She said tranquillisers were 'obviously' still used in the hospital but mostly for a short term.

LAC blocks multiracial hospital

Mercury Reporter

MOVES by a group of white, Indian and coloured doctors to build a R3 000 000 multiracial hospital in Sydenham have been blocked by the Durban Coloured Local Affairs Committee.

The consortium of Durban doctors bought a mansion on a 0,8 ha site in Sydenham for R400 000 with the intention of converting it, with additions, to an 80-bed hospital.

An application for approval to rezone the property was lodged with the Durban City Council who referred the matter to the LAC.

LAC chairman, Mr Albie Stowman, said yesterday that the property, in Randles Road, was zoned special residential and should be used to provide badly needed housing for coloureds.

He denied that the LAC had objected to the siting of the hospital in the coloured area because doctors had supported a campaign discrediting LACs during last year's tricameral parliamentary elections.

'We have carried out a survey and found that there are many private hospitals for Indians and coloureds in Durban,' said Mr Stowman, adding that instead of building another hospital the consortium should use its money to provide housing.

Mr Morris Fynn, a Wentworth member of the LAC, said: 'No ways will the LAC allow another hospital to be built in Sydenham.'

He said that if private doctors wanted to build hospitals in coloured areas they should look at Wentworth, Mariannridge and Newlands East.

Dr Yacoob Rawat, chairman of the Durban West Hospital Committee, confirmed that he had received a letter from the council's Planning Committee rejecting the application to rezone the property.

NM 21/6/85

Lesedi takes big strides

98

SOWETAN 21/6/85

LESEDI Clinic, the first privately-owned black clinic in the country, has opened an opthalmic surgery for patients who suffer from eye diseases.

Mrs Wendy Coles, public relations officer of the clinic, said the new service began on Tuesday this week, and already six patients had been treated in the fully equipped surgery.

She added that opthalmic specialists would always be available at the hospital. Patients suffering from eye diseases only had to make appointments.

"There is no question of waiting in long queues for the whole day. Our fees also compare with those of other private clinics in town," Mrs Coley said.

The 73-bed hospital, with 25 specialist doctors, admitted more than 900 in and outpatients since it started operating in February this year.

The hospital has, among other things, three consulting rooms, three operating theatres, an intensive care unit and three wards.

Problem hospitals 'can't overcome'

Mercury Reporter (98) NM 27/6/85

NATAL medical officials agreed yesterday that poor communication between private doctors and provincial hospital staff was a serious problem.

And it was a problem that hospitals were not able to overcome, they said reacting to a letter published in the latest South African Medical Journal.

The letter was written by an Umkomaas doctor who alleged that over a five year period he had submitted more than 500 special forms to hospitals requesting information on diagnosis and treatment and only about 10 percent had been returned.

'This has always been a problem because it is a costly exercise when we are so short of doctors,' Dr Fred Clarke, MEC in charge of hospitals, said yesterday.

'Somebody has to transfer pages of reports into a clinical summary to give to the private doctor, and this is time-consuming and takes the doctor at the hospital away from his clinical work.'

'And although the situation is better at bigger hospitals, it is a problem that we are not able to overcome altogether,' he said.

And Addington Hospital medical superintendent Dr Margaret Barlow said it was an 'ongoing and difficult problem'.

'We know we slip and communication does break down.'

Dr J Morfopoulos, medical superintendent of King Edward VIII Hospital, said he viewed the doctor's complaint as a 'compound problem'. He said although the hospital had a policy of replying to any referral letters, 'something could go wrong'.

The doctor said yesterday that it was not the well-to-do patients who suffered. 'The disadvantaged section of the population are the ones who have to bear the brunt of this poor care,' he said.

Doctor punched me - widow

By ALI MPHAKI

AN ailing White City widow with an amputated leg claims she was punched by a medical doctor who also ordered that she be discharged from Baragwanath Hospital.

Mrs Glory Ledwaba (57) said a doctor at the hospital punched her in the thigh after she had tried to restrain a student doctor from pressing a sore on her right leg.

A deputy superintendent at the hospital said if Mrs Ledwaba has a "legitimate" problem she should do so in writing and send it to the superintendent who will consider the matter.

Mrs Ledwaba is suffering from sugar diabetes and is also short sighted. Her leg was amputated in January 1981.

She said since her discharge, nurses visit her at home.

Reconstructing the incident she said: "When I felt extreme pain as this student doctor was pressing my sore, I tried to hold his hands but a senior doctor instead punched me and said I have no right to do that and I must go to witchdoctors in the townships who will treat me better," Mrs Ledwaba said, sobbing.

She said she was immediately discharged by the senior doctor at about 10 am, and had to stay in her hospital bed until 7 pm when an ambulance took her home.

Mrs GLORIA LEDWABA . . . alleges she was punched by a doctor at Baragwanath Hospital.

New Sandton clinic set to be leading chest centre in SA

98

by
Shirley Woodgate

Star 6/4/85

Under the guidance of top heart surgeon Professor Rob Kinsley, Sandton's luxury Morningside Clinic is set to become the leading cardio-thoracic centre in South Africa

This is the opinion of Medi-Clinic Corporation director Mr Brian Kirsch who said this week the private clinic aimed to achieve standards comparative with those at the J G Strijdom Hospital, which by sheer volume of work alone, had established itself as a leader in this field.

He added it was clear Professor Kinsley would not work in a situation unless the quality of the unit was of the highest possible order.

The Morningside Clinic joins the Milpark Hospital in Johannesburg and the City Park in Cape Town, as the third private institution to enter the cardio-thoracic field in this country.

The hospital division of the Rembrandt group bought into the Sandton Clinic at the same time as acquiring an interest in Morningside Clinic, adding to their Cape trio of the Leeuendal Nursing Home in Tamboerskloof, Medipark on the Foreshore and a clinic due to open in Parow in July.

Asked about Rembrandt's investment in private clinics, Mr Kirsch said it followed the general concept accepted by the Government that the private health care industry had to be handled more by the private sector as the cost of providing in the future could no longer be borne by the taxpayers.

Lenasia Hospital project ahead of schedule

98 Star 8/7/85

Joe Openshaw,
Medical Reporter

Construction of the 100-bed Lenasia Hospital is ahead of schedule and optimistic forecasts are that it could be ready by March.

Dr D E Wulff, superintendent of Coronation Hospital, who is in charge of commissioning the Lenasia project, told *The Star* that when the new hospital — rated as a community hospital providing health care at general practitioner level — was opened, Lenasia would be well off in medical services.

The R6-million hospital has been in the pipeline for 20 years.

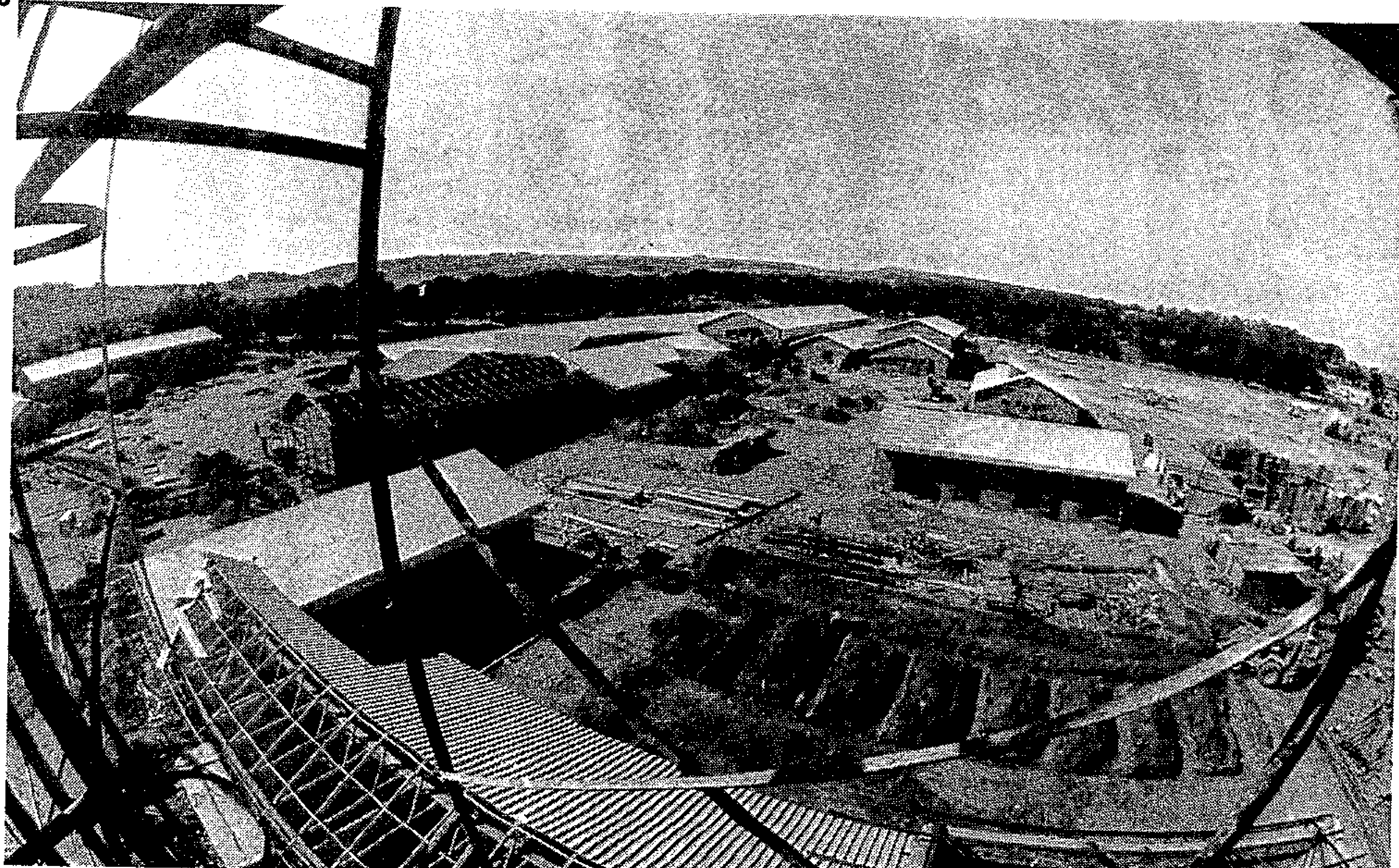
"Lenasia will then have a private clinic, provincial clinic, municipal clinic and own hospital," Dr Wulff said. "There is also an ambulance section run by the Johannesburg Municipality."

The provincial clinic has 12 short-stay beds in the maternity section and two minor surgery theatres.

The facilities at the new hospital will include:

- X-ray department for routine radiography.
- Casualty section with short-stay beds and own operating theatre.
- Dental unit with modern X-Ray facilities.
- Two general surgery theatres.
- A post-surgery section.
- Maternity section with 24 beds and two delivery theatres.
- Two high-care beds for special cases.
- Operating theatres.
- Polyclinic and physiotherapy section.
- Nurses' quarters.
- Two self-contained flats for nurses.
- Halaal cooking facilities.

"Cases for specialised care will be transferred to Coronation Hospital or the new Johannesburg Indian Hospital," Dr Wulff said.



Some of the buildings which will make up the new Lenasia Hospital. They are nearing completion and the entire project is ahead of schedule. ● Picture by Jacoob Rykliff.

Govt freezes hospital posts

Dispatch Reporter

EAST LONDON — Work pressure has been severely increased for Frere Hospital staff due to the freezing of posts by the Department of Hospital Services.

The deputy superintendant at Frere, Dr Ben Hall, said yesterday that at present the hospital was experiencing a 10 per cent shortage in nursing staff. (98)

But, he added, the same pressures were being experienced among the doctors, other paramedical staff and the administration department. "We are battling."

The liaison officer for the Department of Hospital Services in Cape Town, Mr Robert Engela, said there would be no staff retrenchments and that it was more a matter of a cutback on staff expenses. D.Dispatch

He added that hospital patients would not suffer in any way. 10.07.88

Cut back in the department would be made on 13th cheques, overtime remuneration and free transport for staff.

Posts were only frozen on becoming vacant, and would be kept vacant for a limited period only, Mr Engela said.

But, he said, if it was a key position in the hospital it would be filled immediately.

'Open hospitals to all'

Star 10/7/85

98

Medical Reporter

The solution to South Africa's health care problems was to open hospitals to all races, the Azanian People's Organisation health spokesman said today.

Dr Abu-Baker Asvat was commenting on the possible early completion — early next year — of the new R6 million Lenasia Hospital.

"The hospital should not be reserved for Indians only. It should serve people living close to it — Indians in Lenasia South, coloureds in Ennerdale and everyone in Grasmere," Dr Asvat said.

Hospitals are suffering from a shortage of nurses — the Johannesburg General and the J G Strijdom are in a crisis situation, with a 50 percent and 60 percent bed occupancy, while bed occupancy at Baragwanath is 144 percent and Coronation Hospital 103 percent.

Province accused of 'taking all and giv

Cape nurses

over longer h

NURSES employed by the Cape Department of Hospital Services, already working longer hours than most other Cape Provincial Administration workers, are bitterly angry at orders that they must now work 12½-hour days.

The austerity measures announced by the Administrator, Mr Gene Louw, which affect all Province workers, come in addition to:

- Bonus cutbacks;
- Retraction of a promised half-day off a week;
- Removing lunch-hour time from working hours;
- Refusal of salary increases for the second year running.

And angry nurses accuse the Provincial Administration of "taking everything and giving nothing in return".

However, they say they are powerless to do anything. If they were to take action, they would risk losing their jobs, they say.

Carry on working

"Only about 1 000 people would be prepared to stand up against this. The other 5 000 will carry on working," said one angry nurse.

"At present employment is frozen in hospital services and we won't easily get jobs somewhere else."

None of the nurses speaking to Weekend Argus was prepared to be named, for fear of retribution.

They feel they should not be included in regulations applying to public servants generally, but that they should be treated separately, as part of the medical profession.

"We are professional people who are highly qualified," said another nurse. "I don't consider myself on the same level as the tax clerk. We are an essential service which applies to all medical people."

Nurses say the extra 2½ hours a week they have been instructed to work would mean they would either have to cut back on their lunch-time or get home later, which would have a detrimental effect on their family lives.

Nursing was one of the essential cornerstones in society and "this move is going to make future nurses reluctant to join the profession," they said.

Pay cutback

The feeling of many nurses is that they should get their qualifications — and then leave the CPA.

"Why should we stay — they offer us nothing and we can get private employment with normal working hours and better pay," an unhappy nurse said.

At present, nurses work a 48-hour week — compared to the average 40-hour week of many other professions. Shifts for most nurses are either from 7am to 7pm or the night shift from 7pm to 7am. Night shift hours will not be increased but extra pay normally received for night duty will be cut back.

"The nurses are furious about these extended hours and benefit cuts," said a nursing sister.

Many nurses say they cannot understand how this extra half an hour a day will put money in Government coffers.

"What must we do with the extra half an hour a day? We cannot re-wash a patient or remake a bed and our shifts are so well organised that they overlap anyway."

Some nurses said they felt the Provincial Administration "just takes from us all the time but gives nothing in return".

Mr Robert Engela, Provincial Hospital Services public relations officer, said there is tremendous pressure on health services, as on other services.

"It is just one of those things no one can do anything about."

Health care will be inadequate, say doctors

Star 11/7/85

(98)

Joe Openshaw, Medical Reporter

Strong opposition to the commissioning of the Indian Hospital in Johannesburg is mounting.

Doctors predict that crucial staff shortages will mean health care will be virtually non-existent when it opens on August 5.

Clinicians at the Hillbrow Hospital this week told Dr J A Fourie, senior deputy director of hospital services, that the lack of doctors and nurses made it impossible for them to provide adequate services at the Indian Hospital.

"Unless medical and nursing staff at the Hillbrow Hospital — the people expected to man the new hospital — are increased, it will only be able to provide secondary casualty services," a senior clinician told *The Star*.

The Transvaal Indian Congress announced today it would launch a campaign among Indians in Fordsburg and Mayfair against the opening of the hospital.

The TIC has called on the Indian Hospital management board to resign, to demonstrate to Johannesburg Indians their opposition to the opening.

A call for an immediate halt to recommissioning the old Non-European Hospital in Hospital Street as an Indian hospital was made last month by the board of the Faculty of Medicine at the University of the Witwatersrand.

Mrs Irene Menell, the Progressive Federal Party spokesman on hospital services, who has been campaigning for two years to halt plans to recommission the old hospital, endorsed the board's stand.

INADEQUATE

Calls for the opening of the Johannesburg Hospital to all races have come from the Faculty Board, TIC, PFP and Dr Abu-Baker Asvat, health spokesman for Azapo.

This would indicate the authorities recognised there was no place for apartheid where health matters were concerned, they said.

All have expressed concern at the inadequate care Indian patients at the new hospital — and black patients at Hillbrow Hospital — will endure because of the move, and questioned the moral and ethical principles behind segregated health services.

Fragmenting the medical profession into racial groups had also been denounced by all as unethical and absurd, they said.

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Crossroads upgrading urgent, say clinic staff

Staff Reporter

URGENT upgrading of Crossroads was necessary so thousands of residents "don't have to go through another winter like this", say staff at the Crossroads clinic.

A doctor at the clinic said a proper drainage system was urgently needed.

"We are seeing an increased number of chest infections and burns. Any assistance we give is fairly useless because people are going back to the same conditions," she added.

At the western end of the Crossroads complex, where several other communities are living, about 170 families moved into tents put up by the Western Cape Development Board yesterday.

Families moved their few remaining dry possessions into tents in freezing weather.

Mrs Jeanetta Opperman, whose shack in Bez Valley was flooded, painted a bleak picture of the conditions.

"We have no blankets, no clothes and our children can't go to school anymore. All we want now is dry places for the children so we can live decently."

Several people said their children were sick and they could not afford doctor's fees. Many who are "illegal" in the area complained that they could not get work.

The Nyanga Bush community, which has refused a Government offer of tents after their request to re-erect their shacks on higher ground was turned down, has appealed to the public for pumps to help to drain knee-deep water from the low-lying areas.

The squatters, who lived in tents for about two years before they were given permission to build shacks, have said the tents are inadequate protection against the cold and rain.

Mr Melford Yamile, chairman of the Nyanga Bush squatters, said that anyone who could help by supplying pumps should notify the Western Province Council of Churches at ☎ 451180.

'Use old hospital as convalescent centre'

12/7/85 Star (98)

Joe Openshaw, Medical Reporter

Johannesburg's old non-European hospital, which will open again on August 5 as a recommissioned Indian hospital, should be used as a convalescent centre, Mrs Irene Menell, Progressive Federal Party spokesman on hospital services, said today.

Mrs Menell said she agreed with the board of the Faculty of Medicine of Wits University about the moral issue of segregated health services.

But she welcomed the 72 additional beds for blacks the hospital will have.

The faculty board, in a resolution sent to Mr Daan Kirstein, the MEC for Hospital Services, also urged that the old non-European hospital be used to accommodate low-care patients.

Mrs Menell said she was opposed to the recommissioning of the old hospital as an Indian hospital because it meant a duplication of services.

"I consider it lunacy to duplicate hospital services within 500 metres of each other for ideological reasons.

"There is a very real threat that the increase in the workload on medical professionals at the Hillbrow Hospital will jeopardise academic standards and patient care at this teaching institution.

"Why not use the empty beds in the Johannesburg Hospital for 'blacks'?

"There are 2 000 beds at this hospital and at any given time only half are occupied," said Mrs Menell.

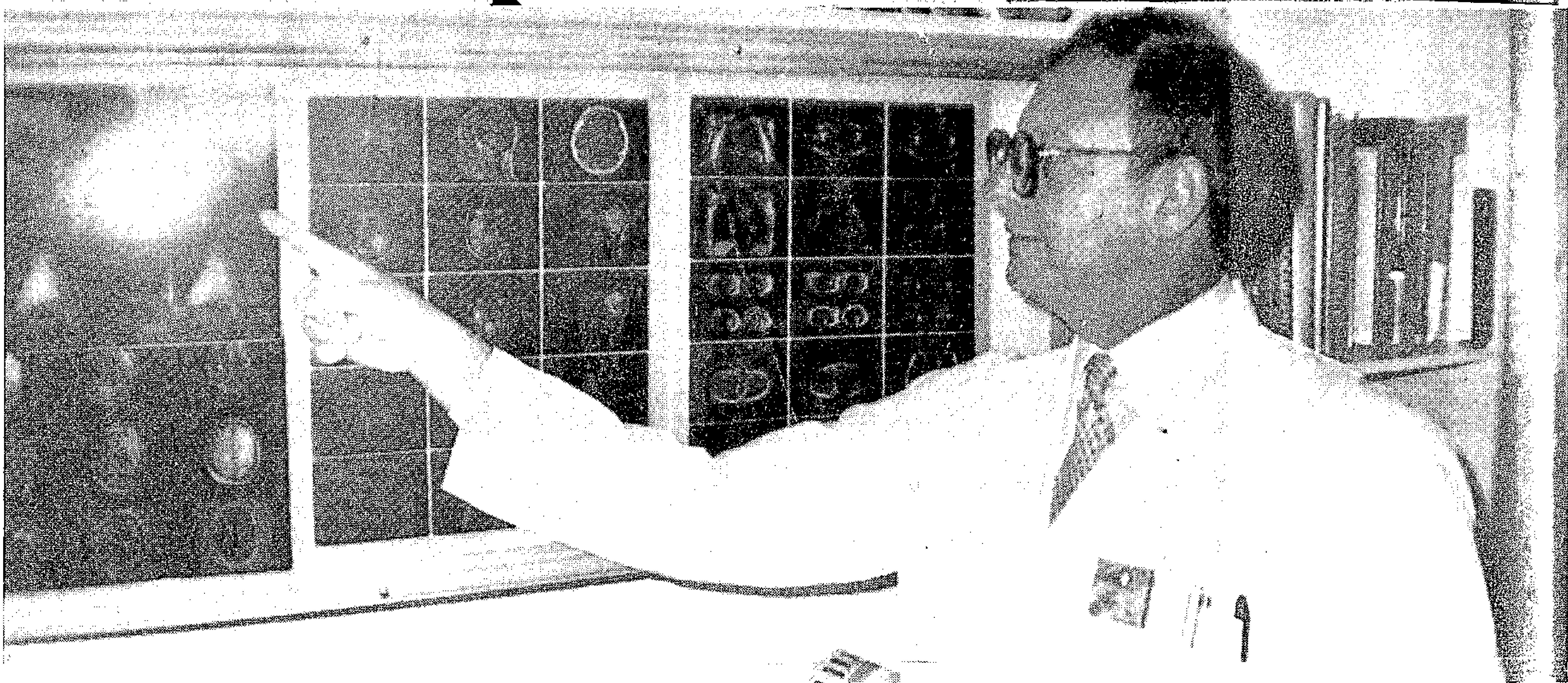
Marymount: doctor

(98) Star

By Olga Horowitz

Hospital says

Gynaecologists in Johannesburg are still



Radiologist Dr Paul Sneider examines magnetic resonance images which surpass X-Ray and cat-scanner pictures in definition.

Jo'burg clinic gets latest diagnostic aid

Star 16/7/85

Joe Openshaw, Medical Reporter

A R3 million magnetic resonance scanner unit which produces a clinical diagnostic picture far superior to convential x-rays and cat scanners will be in use in Johannesburg by September.

The revolutionary new technique — known as magnetic resonance imaging (MRI) — is considered the most powerful and versatile imageing method in medicine and is being installed at the Park Lane Clinic.

This will be the first unit of its type in South Africa and it will be used for safe, painless, accurate and inexpensive everyday diagnosis.

"MRI promises to open up a huge new vista propelling us futher along the road to really safe and accurate diagnosis of disease," Dr Paul Sneider, a leading South African radiologist, said today.

Dr Sneider will address the annual general meeting of the National Cancer Association, Southern Transvaal, this evening on the new imageing technique.

He said the greatest potential of the MRI scanner would be to aid early diagnosis of cancer in the abdomen.

The unit can reproduce on a television screen superb morphological pictures of the human body which resemble painstaking and accurate anatomical drawings and in which soft tissue has an almost three-dimensional contrast range. The scanner's soft tissue contrast exceeds 500 percent, compared with only seven percent for x-rays and the cat scanner.

COMPUTER

"MRI is computer-operated and offers superb spatial resolution down to sub-millimetre size and a great deal of tissue information without the use of potentially harmful x-ray irradiation, dangerous drugs and catheter manipulation.

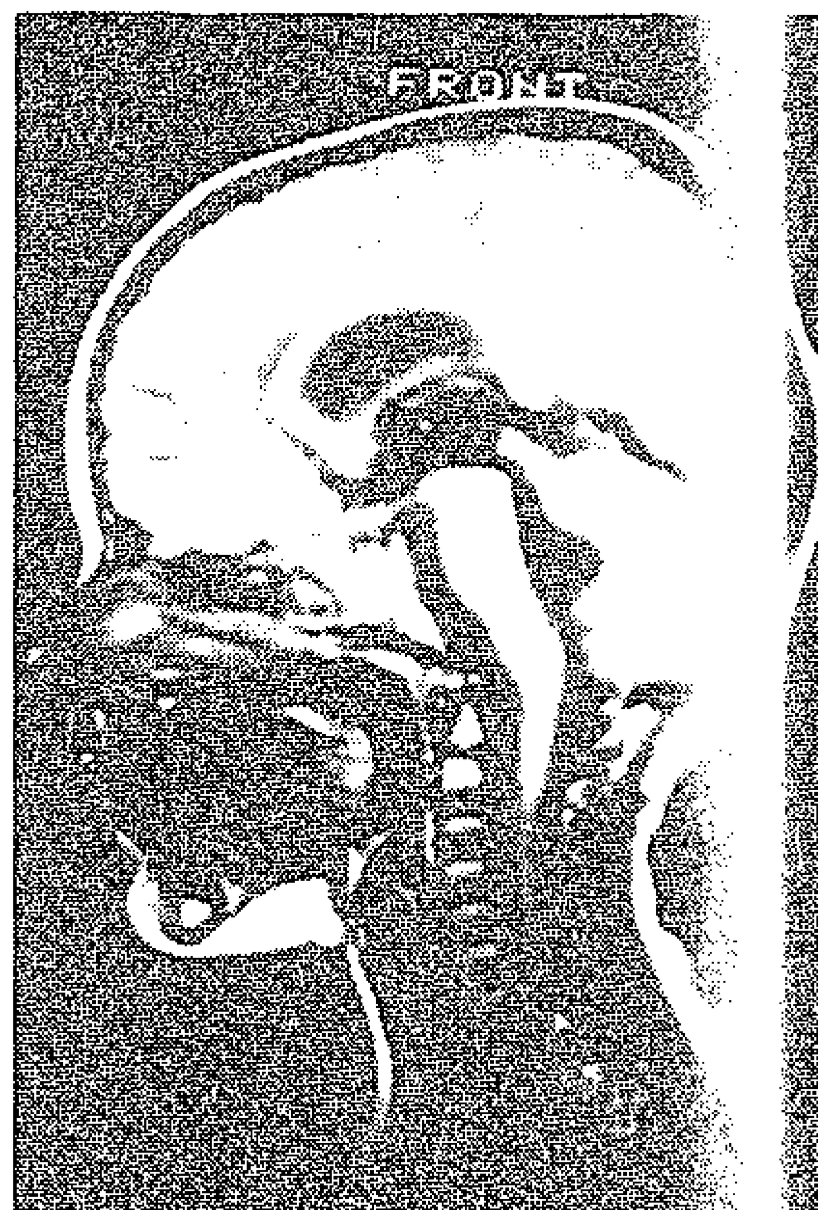
"Unlike x-rays and cat scanners which provide only a limited number of ways of enhancing the constrast between tissues (using, for example, constrast agent injection), MRI offers an almost unlimited number of technical approaches to evaluate not only gross pathology but also physiological and biochemical changes in tissue," said Dr Sneider.

Dangerous invasive surgery — some of which even carries a death risk — would no longer be required.

Building operations at the Park Lane clinic to house the unit will cost R500 000.

A special 21-ton metal shield will have to be installed and nine tons of shielding metal will be fixed to the ceiling to prevent the unit's magnetic field interfering with cardiac pacemakers in the clinic.

The core of the scanner is a six-ton conducting magnet immersed in liquid helium at a temperature of minus 264 deg C which produces a magnetic field strength 10 000 times greater than the earth's magnetic field.



This magnetic resonance imag[e pr]oduced on a television screen is a[cc]urate morphoglogical picture and [resem]bles a detailed anatomical draw[ing].

Indians told: drop all-race hospital plea

(98) Star 18/7/85

By Joe Openshaw, Medical Reporter

The Indian Hospital Board has been warned that Indians would suffer if the recommissioned Non-European in Johannesburg became part of the Hillbrow Hospital open to all races.

"It would then fall under a black hospital board and only blacks would get beds there," Mr Daan Kirstein, M E C for Transvaal hospitals, said today.

He was commenting on the threat by board members to resign if the old Non-European Hospital in Hospital Street was opened on August 5 exclusively for Indians.

Mr I F H Mayet, chairman of the Indian Hospital Board, and members of his board met Mr Kirstein and the director of Hospital Services, Dr Hennie van Wyk, on Tuesday to inform him of their decision, taken on Monday, to ask that the old hospital become an annex of the Hillbrow Hospital and open to all races.

"We cannot, in terms of the ordinance, have two hospital boards running one hospital," said Mr Kirstein.

"A black Hillbrow Hospital Board would decide, because there is overcrowding there, to make beds in the adjunct available to blacks only."

Indians do not have a hospital in Johannesburg, he said, and a special kitchen has been built at the recommissioned hospital for Muslim patients and visiting members of their families.

Mr Kirstein warned the board of the consequences of their resigning if the hospital is designated for Indians only.

"The hospital authorities did not have politics or apartheid in mind when they deciding to open a Indian hospital in Johannesburg. The board have now been politically motivated to oppose the new hospital."

He said Indian patients from Coronation Hospital and the new hospital in need of specialist attention would be referred to the Hillbrow Hospital or any other provincial hospital — including white hospitals — where high-care facilities were available.

The Star Friday .

Call for full desegregation of all hospitals

(98) Star 19/7/85

At a protest meeting yesterday against the proposed new Indian hospital, staff members of the Coronation Hospital adopted a resolution calling on the authorities to desegregate all medical facilities.

"We deplore the establishment of the new Indian hospital — a measure which will entrench hospital segregation even further," said the resolution, read out at yesterday's meeting by Dr Y Veriava, one of the Coronation Hospital's doctors.

COMPROMISE

He told the meeting that the establishment of the Indian hospital in Hillbrow affected them, because it would compromise their principles of giving medical care to any person in need, regardless of race or colour. It meant they were to turn away Indian people from the Coronation Hospital in future.

The further segregation of hospital facilities also meant that their choice of job possibilities and job environments became more restricted, Dr Veriava said.

The new hospital would have no intensive care unit. This meant patients with cardiac arrest would first have to be diagnosed at the Indian hospital, then transferred to the Hillbrow hospital, said Dr Chiman Lala, president of the Health Workers Association.

Sick patients would have to be transported long distances to get treatment, he said.

Adding to this, Dr Veriava said the decision of transferring patients placed an additional medico-legal burden on doctors.

Hospital segregation on an ethnic basis led to unnecessary wastage of medical resources and enhanced racial friction in this country, said the resolution, which was adopted unanimously by more than 100 members of the Coronation Hospital staff.

The meeting called on the staff of other segregated hospitals to protest against the practice of hospital apartheid and to strive toward the desegregation of hospitals.

● See Page 6.

Patients make do with porridge

Mercury Reporter NM 26/7/85

KING EDWARD VIII Hospital in Durban switched from bread to mealie-meal porridge yesterday as the strike by about 1 900 bakery workers continued into its second day.

St Augustine's Hospital on the other hand was 'importing' bread from Albany Bakery in Pietermaritzburg yesterday.

Spokesmen f[illegible]er provincial and private [illegible]tals in and around the city [illegible]ted that they were using up bread which they had stockpiled in freezers in anticipation of the strike.

Dr Justin Morfopoulos, medical superintendent of King Edward VIII, said attempts had been made to obtain bread from local bakeries, but it was abandoned after fears had been expressed for the safety of the drivers.

'We've switched to mealie-meal porridge instead,' he said.

The senior hospital secretary at Wentworth Hospital said they were still getting their daily supply of bread from 'an outside source'.

Meanwhile, Albany Bakery in Pietermaritzburg reported a 'big demand' for bread from people in Pinetown and Durban.

'We sent three trucks of bread to Pinetown and some people from Durban arrived in Kombis to pick up bread.'

● See Page 2

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Chicago—The future 'Mrs Rambo', fia
bears all in the September issue of Pla
Danish-born Brigitte Neilsen, 21, is the
just started her second film role in St
ple announced their engagement

Wynne fined R2
for interference

By Richard McMillan

NATAL jockey Patrick Wynne has been fined R250 for causing interference to three horses during the running of the Computaform Juvenile Futurity Stakes at Clairwood last Saturday.

Wynne rode Direct Connection into fourth place in the race and was found guilty at an inquiry in Durban yesterday of causing interference to Kerry Piper, Class and Cape Cloud.

He was charged Jockey Club Rul and was found gu failing to take eve caution to preve mount causing in ence to other runn

The interferenc place at two point home straight af field had moved outside of the co take advantage better going.

Advertisement deadli

TOMORROW'S Mercury will be printed in two
so the deadline for classified linage advertise
noon today.

Punter rea

Mercury Correspondent

JOHANNESBURG—One lucky punter sco jackpot at Newmarket in Alberton yesterday R607 856.60.

Who he or she is the course public relatio declined to say, but they confirmed that a lo had won the money.

Out of a gross pool of R810 475 and a n R607 856.60, the winner got the lot by sele

Professor slams hospital plan

STAR 26/7/85 (98)

By Joe Openshaw, Medical Reporter

The opening of a segregated hospital for Indians in this day and age should be totally unacceptable to medical staff in teaching hospitals, Professor John Gear, head of community medicine at the University of the Witwatersrand, said yesterday.

Professor Gear said the staff of the Hillbrow Hospital should reject the idea of the recommissioned old Non-European Hospital in Johannesburg being opened on August 5 as an Indian hospital.

APARTHEID

He was speaking at a meeting called by the National Medical and Dental Association, attended by medical staff of the Hillbrow Hospital, to discuss the proposed Indian hospital.

The meeting called on medical staff to resist the perpetuation of apartheid structures and inequality in health services and for all existing hospitals to be open to all, irrespective of colour.

It also called for a single teaching hospital system with uniform standards and in which all staff had the same training.

Mr Daan Kirstein, MEC for hospitals in the Transvaal, has indicated the new Indian hospital will fall under the administration of the Hillbrow Hospital.

"The opening of a new segregated hospital in the year 1985 should be totally unacceptable to us," said Professor Gear.

He said the proposed Indian hospital was being commissioned in "inadequate buildings" with inferior facilities. It would be a small hospital for routine care only.

Speaking on the economics of opening a new Indian hospital, Professor Gear said it was not cost-effective to open a small hospital like the one envisaged.

"They are bleeding other hospitals of expertise and staff to establish a separate Indian hospital.

"There is the Johannesburg Hospital with incredible facilities 2 km away and which is under-utilised."

Dr Yusuf Veriawa, of Coronation Hospital, also addressd the meeting and said South Africa should now be moving towards totally integrated health care.

Ambulance burned in township

A brave attempt by an ambulance driver to save life was interrupted when his ambulance was set alight by an angry mob in Mamelodi on Sunday night.

A report was received that a man had been stabbed in the township and Mr Paulos Munzhedzi was sent to collect him.

On his arrival, members of the group who had attacked the man, stopped Mr Munzhedzi from taking the victim to hospital, insisting he should be left to die.

Later the driver and the injured man evaded the attackers and managed to get to the waiting ambulance, but the mob followed them to the ambulance.

The two men jumped out and the ambulance was set alight. The injured man was transferred to another ambulance and then taken to hospital.

30/7/95

LOCAL GOVERNMENT

ARGUS 31/7/85 98

Belhar health-care 'totally inadequate'

Staff Reporter

HEALTH-CARE facilities in Belhar are "totally inadequate" but the Provincial Administration has no funds to establish the community health centre necessary in the area.

Among the major problems are malnutrition, tuberculosis, a high birth-rate among teenagers, sexually-transmitted diseases and many elderly people requiring attention, according to Divisional Council medical officer of health Dr L R Tibbit.

"There are at present no curative or dental services available in Belhar," he said.

However, at a meeting yesterday, the council stood by its policy of providing preventive and promotive health-care services and rejected a proposal that it become involved in establishing a primary health-care centre in Belhar.

Dr Tibbit said the council was already providing preventive and promotive health care at "inadequate" clinics in Belhar I and II. New facilities were to be built with a grant from the Department of Health and Welfare, he said.

"The inhabitants (of Belhar) were drawn from overcrowded and depressed areas. These people require a tremendous amount of social upliftment"

In liaison with provincial department of hospital services, it had been agreed that the council's health services be incorporated with a curative centre in one community health complex.

Subsequently, the director of hospital services had told the council that while his department wanted a joint health complex in Belhar, the province had "no funds" available.

He proposed that the council obtain additional funds from the National Housing Commission.

This was outside the council's sphere, said Dr Tibbit.

Meetings: A question of timing

Staff Reporter

A PROPOSAL by Mr Arthur Wienburg that Cape Town City Council Executive Committee consider starting monthly council meetings after lunch instead of 10am sparked a lively debate.

"The public do not really have the opportunity of seeing us," Mr Wienburg said.

Mrs Joan Kantey felt council procedures had been "tested and tried" over a long period.

Mr Norman Osburn said the average age of the council had been reduced drastically in the past 10 years.

"In the old days council was a much older group of people who had the luxury of time," he added.

Mrs Eulalie Stott said there were those who felt "more working-class people" would be interested in council affairs if it did not sit through working hours.

The motion was approved.

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Argus 31/7/85 (93)

Medical help for Grassy Park

Medical Reporter

THREE "neighbourhood medical centres" with sectional title consulting rooms attached to a small hospital owned by doctors are planned for Grassy Park, where there are no hospital beds for private patients.

A private health-care company in Cape Town is convinced of the need for the clinics.

"More than 900 hospital beds are needed across the Peninsula," said managing director Mr David Hoffman.

"General practitioners and dentists are decentralising their practices and have rooms in the suburbs, where they are doing more curative work than before.

"But there are no hospital beds available for their patients in Government institutions or private hospitals.

"I have had doctors with patients needing emergency surgery telephoning me because there are no beds for them," he said.

"These neighbourhood centres will enable doctors and dentists to treat patients in an established hospital near their consultancies, not far from the patient's home, at medical-aid tariffs."

The general manager of the company, Mr Peter Stevens, said patients with medical aid using provincial hospitals were depriving people without aid.

The hospitals would have between 35 and 50 beds each, with 15 to 20 general practitioners operating from each.

The company will establish the buildings, equip, train and employ staff and manage the operation.

Boycott urged for opening of new hospital

98 2/8/85 Star

Joe Openshaw, Medical Reporter

Academics and personnel of the Wits Medical School were urged at a meeting yesterday not to take part in ceremonies marking the opening of the new Indian hospital in Johannesburg on Monday.

The meeting of 300 students and staff of the Medical School also called for the Wits Medical School administration and students to meet outside lecture theatres from 12 pm to 1 pm on Monday to express rejection of the opening of the hospital.

Professor M McGregor, Dean of the Faculty of Medicine, told the meeting that the Director of Hospital Services, Dr Hennie van Wyk, had informed academics last week the recommissioned old Non-European Hospital would be a 72-bed extension of the Hillbrow Hospital in the form of two wards for the accommodation of Indians.

It was officially announced yesterday the old Non-European Hospital in Johannesburg is to re-open on Monday to accommodate Indian patients in spite of opposition on practical and ethical grounds from academics, politicans, doctors and nurses at the Coronation and Hillbrow Hospitals, the Health Workers Association, the Transvaal Indian Congress, Azapo and the National Medical and Dental Asociation.

The extended Hillbrow Hospital facilties introduced next Monday will be expanded in a phased operation according to the growing needs of patients.

The Board of the Faculty of Medicine of Wits University last month called for an immediate halt to recommissioning the old hospital as an Indian hospital and for the opening of the half-empty Johannesburg Hospital to all races.

The meeting noted the facilties at the recommisioned hospital would be inadequate and that the opening was opposed by the majority of the Indian community and health workers.

Criticisms at the meeting levelled at the move to establish separate facilities for Indians in Johannesburg were:

- It was not planned as a multi-disciplinary facility.
- It would not have an intensive care unit and obstetrics and paediatric departments.
- The staff of the already understaffed Hillbrow Hospital would have to run the hospital.
- Patients needing intensive care would have to be ferried across the 500 m between the two hospitals.
- There would be a duplication of the hospital services.

Resist apartheid medicine, says HWA

C-Press 4/8/85 (98)

By SINNAH KUNENE

THE "Indians only" Hillbrow Hospital opens on Monday amid criticism from political and health workers' organisations.

Strongly opposing the Government's decision to open the hospital, the Health Workers' Association issued a call on health workers to resist the implementation of apartheid in all walks of life, including health services.

In its latest newsletter, HWA says the "implementation of this apartheid hospital" means:

- Having separate Indian, African and white hospitals within a radius of three kilometres in the same area, and consequently, poorer health services.
- Further segregation of communities along racial lines since patients arriving at Coronation Hospital will be transfered to the "Indians only" hospital, which is an inconvenience.
- Using bully tactics and victimisation of health workers who object to the transfer.

HWA points out that the Government is also building the new R200-million Groote Schuur Hospital despite opposition from the Mitchell's Plain community organisations.

Instead of spending large sums of money on new hospitals for whites and duplication of facilities the State should tackle the problem of poor health services in Mitchell's Plain, said HWA.

★ HEALTH bodies locally and abroad have successfully campaigned against South Africa's plans to host the World Medical Association assembly in Cape Town in October.

A Health Workers' Association spokesman said the venue has been changed to Belgium.

The WMA would have been hosted by the state-funded Medical Association of SA.

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Hospitals need nurses 9 months after 'bungled staff cuts'

STAR 5/8/85

By Joe Openshaw, Medical Reporter

The Transvaal Department of Hospital Services is advertising for senior and qualified nursing sisters because of the critical staff shortage and the alarming drain of experienced nurses from provincial hospitals to private clinics and nursing homes.

The advertisements are for senior and qualified sisters at the Johannesburg and H F Verwoerd hospitals.

The staff situation at those hospitals and the J G Strijdom Hospital has been deteriorating since the announcement by the province last November of stringent economy cuts, retrenchments and extra overtime. Appointments cannot keep up with the resignation of dissatisfied nurses.

The shortage of staff has led to the closing of wards at Johannesburg Hospital where fewer than half of the 2 000 beds are open.

"The province has now been forced to advertise for sisters less than nine months after retrenchments and budget cuts and this is proof of the appalling way they have bungled their economy drive," Mrs Irene Menell, PFP spokesman on hospitals, said.

- Nurses at Johannesburg Hospital work a 42½-hour week while private hospitals advertise a 40, even 30-hour week.
- Overtime and standby allowances have been abolished and this necessitates offering time off to compensate for extra hours worked — something difficult to implement due to lack of staff. These allowances are available in the private sector where attractive conditions are luring nurses away from public hospitals.
- Delays in processing new appointments through head office and the rigid adherence to staff establishment figures have contributed to the decline in applications.
- Resignations of experienced sisters which threaten units such as intensive care and which caused the resignation of the J G Strijdom's chief surgeon, Dr Rob Kinsley, and the possible closure of his crack cardio-thoracic unit.

Dr Reg Broekmann, superintendent of Johannesburg Hospital, said that 40 senior and qualified sisters were needed at his hospital.

"There have been virtually no applications to fill these vacant posts and I am not very optimistic that we will get much of a reponse to the advertisements," said Dr Broekmann.

Professor M C van Huyssteen, president of the South African Nursing Association, said she was aware of the tremendous outflow from Transvaal hospitals to the private clinics and nursing homes, especially in Pretoria and Johannesburg.

"We have asked Transvaal Hospital Services for statistics to assess the seriousness of the situation but are told repeatedly that figures are not available."

Only one patient for new hospital

98 STAR 5/8/85

The new Indian Hospital in Hillbrow opened its doors this morning and by 10.30 am had admitted only one patient. And medical students from Wits University were expected to demonstrate against the opening of the single race hospital later today.

There has been opposition to the opening of this hospital from the Indian Hospital Board, the Transvaal Indian Congress (TIC), the National Medical and Dental Association and Azapo.

Their objections centre on the belief that the hospital is being housed in inadequate buildings with inferior facilities, and because it is segregated.

'WASTE OF TAXPAYER'S MONEY'

The TIC has said that this amounts to a duplication of facilities and a waste of taxpayers' money on an inferior ethnic hospital.

Last month Professor John Gear, head of community medicine at Wits University, said at a meeting of the National Medical and Dental Association that the opening of the segregated hospital "should be totally unacceptable to medical staff in teaching hospitals in this day and age".

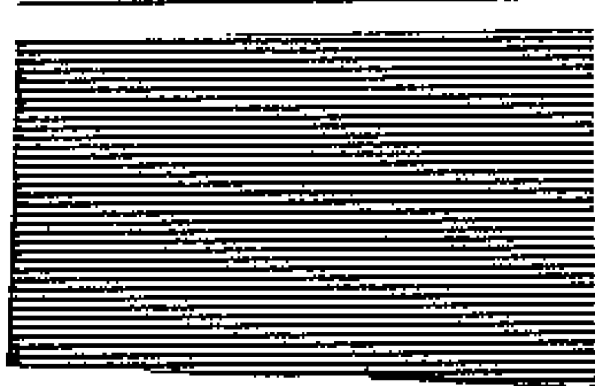
Wits medical students demonstrate against the opening of the new Indian Hospital in Hillbrow.

STAR 6/8/85 (98.)

Medical students criticise Indian Hospital

Students from the faculty of medicine at the University of the Witwatersrand yesterday slammed the segregated new Indian Hospital, which was opened in Hillbrow, as an unnecessary triplication of services and an entrenchment of apartheid.

Various speakers pointed out that there were now three racially segregated hospitals within a 3 km radius.



As a result there are staff shortages at all of these hospitals, while the Johannesburg Hospital (for whites) is permanently half-full.

Mr Chris Ngcobo, national secretary of the Azanian Students' Organisation (Azaso), and leader of the Black Students' Society on the Wits campus said all concerned people should get together to draw up a health charter.

He said it was essential that students not only criticised inadequate and racially segregated health facilities, but also offered an alternative.

"Projects like Operation Hunger, conducted by the Institute of Race Relations, did not provide a solution.

"By giving starving people apples or bananas, you are creating a need for assistance. You are allowing them only to 'eat for now', but this is no solution," he said.

"The only solution is to create democratic structures ... and this can only happen if black people can participate fully in central government."

After the meeting students decided to take their objections to the new Indian Hospital further.

They adopted a resolution calling for students and doctors to boycott the hospital "once all concerned organisations had been consulted".

Black nurses start work at white hospital

(98) STAR 14/8/85

By Joe Openshaw, Medical Reporter

Black nurses from Baragwanath Hospital with training in intensive care and theatre are being used at Johannesburg Hospital to relieve the critical staff shortage and keep the high-care sections open.

Sixteen sisters from Baragwanath will start work at Johannesburg Hospital today because there had been no response from whites to advertisements for senior and qualified personnel, superintendent Dr Reg Broekmann has confirmed.

"We have been using black sisters on an ad hoc basis for some time now," he added.

The PFP provincial spokesman on health, Mrs Irene Menell, said the province was "doing the right thing, but in the worst possible way". It was vital that hospitals be desegregated, but not at the expense of black patients.

Baragwanath nurses complain that sisters are being drawn from their hospital (bed occupancy more than 100 percent) to nurse whites at Johannesburg Hospital (bed occupancy below half). They say black nurses are being asked to look after whites to the detriment of black patients.

'BLACK PATIENTS NOT ADMITTED'

"We're good enough to nurse white patients, but black patients are not admitted to Johannesburg Hospital," they said.

Johannesburg Hospital needs 40 senior and qualified sisters — but the only applications came from unemployed black sisters, said Mr Daan Kirstein, MEC for Hospital Services.

"They did not have the training for the vacant posts, so we employed them at Baragwanath," he said. "We were then able to release sisters from Baragwanath who had the skills urgently required at Johannesburg Hospital."

He added that no one of colour had been refused treatment in the high-tech departments of Johannesburg or J G Strijdom hospitals.

Black nurses at Baragwanath claim the sisters invited to work at Johannesburg Hospital were afraid they would be fired if they refused.

Mr Kirstein said: "They were free to refuse if they had qualms about the welfare of their black patients. They would not have been fired."

Black sisters nurse whites

W/E Argus 17/8/85 (98)

Weekend Argus Correspondent

JOHANNESBURG. — Black nurses from Baragwanath Hospital with intensive care and theatre training are being used at the Johannesburg Hospital to relieve the critical staff shortage and keep high-care sections open.

Sixteen black sisters from Baragwanath Hospital started work at the Johannesburg Hospital last week because there was no response from whites to advertisements for senior and qualified nursing sisters, said Dr Reg Broekmann, superintendent of Johannesburg Hospital.

"We have been using black sisters on an ad hoc basis for some time now," he said.

The Transvaal Hospital Services advertised the posts because of the critical staff shortage and the alarming drain on experienced nurses from the Johannesburg and J G Strydom hospitals in Johannesburg and the H F Verwoerd Hospital, in Pretoria, to private clinics and nursing homes.

Nurses at Baragwanath complain that skilled and experienced sisters are being drawn from their hospital where bed occupancy is over 100 percent, to nurse white patients in the Johannesburg Hospital were bed occupancy is below 50 percent.

"We are good enough to nurse white patients but black patients are not admitted to the Johannesburg Hospital," said a deputation of nurses who called on The Star, sister paper of The Argus.

Johannesburg Hospital needs 40 senior and qualified sisters and the only applications came from unemployed black sisters, said Mr Daan Kirstein, the MEC for Hospital Services.

"These black sisters did not have the specialist training for the particular vacant posts at the Johannesburg Hospital so we employed them at Baragwanath in jobs for which they were qualified.

Mr Kirstein denied there was a shortage of black nurses. He said there were enough black, coloured and Indian nurses in the Transvaal.

He said no one of colour had been refused treatment at the Johannesburg or J G Strijdom hospitals and he referred particularly to kidney transplant and heart by-pass surgery.

"The black sisters who agreed to work at the Johannesburg Hospital chose to do so and were free to refuse if they had qualms about the welfare of their black patients," Mr Kirstein said.

'Private clinics must train staff'

(98) STAR

Private hospitals must start providing a comprehensive health service and accept responsibility for training medical personnel before the Government will speed up the privatisation of health care.

Chief Executive Director of the Department of Health and Welfare in the white administration, Dr C F Slabber, told members of the medical faculty at the University of the Orange Free State last night that there had been a significant privatisation of health services in South Africa to date.

The private hospital "industry" was one of the fastest growing sectors in the country, he said.

17/8/85

However, there were certain shortcomings in private hospitals which had to be eliminated before privatisation could be speeded up.

Most private institutions concentrated on the smaller surgical procedures and did not provide a comprehensive health service. Many did not provide emergency sections, proper intensive care units, rehabilitation services and preventive treatment and were unwilling to accept trauma cases.

In addition, they were not providing for the training of medical personnel.

Government hospitals had difficulty recruiting and training staff and wards had to be closed.

Approval for the building of private hospitals in future would only be considered if the private sector was prepared to get involved in training.

Dr Slabber said the private sector could establish its own nursing colleges for hospitals or groups of hospitals or could apply for access to Government training facilities.

Maternity hospital cares for 250 mums monthly

Closure of Marymount would be a catastrophe, says doctor

98

STAR 19/8/85

By Olga Horowitz

The threatened closure of the Marymount maternity hospital in Kensington on November 15 will be "no less than a catastrophe", a leading gynaecologist said in an interview with *The Star*.

The reason given for the closure is the lack of Dominican nursing sisters.

"I do not believe it is possible to exaggerate the extent of such a potential disaster in the field of maternity hospital work in Johannesburg," he said.

"The Marymount, in the 37 years of its outstanding work, has confined 250 to 300 women every month. If it ceases to exist there will be a shortage of about 200 beds every month. There will be no room for this number of women to have their babies."

He said he had made frequent attempts to persuade the Dominican Order, which owns and has run this hospital since its inception, to rethink its intention to close the hospital and hand over the premises for use as a pastoral centre.

EFFORTS FAILED

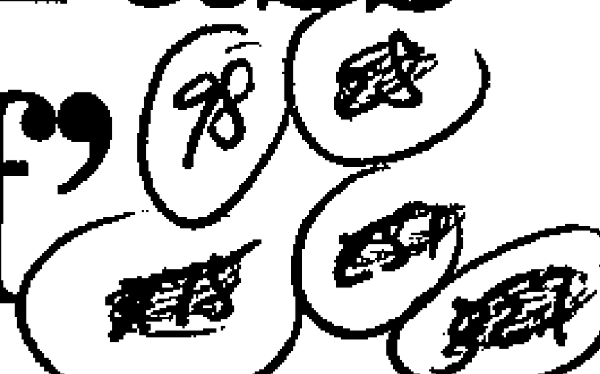
"All my efforts have failed. The Dominican Council of Four — Sisters Dolores, Jane Francis, Juliana and Evangelist — is autonomous and so far has refused to budge from this intention.

"I have implored in the names of mercy and charity for the Order to allow the continuance of the hospital even if it can no longer be staffed by members of the religious order. This same Order owns Maryfont, a maternity hospital in Pretoria, which is administered with great success by a joint committee of lay and religious people.

"I believe that the Marymount could be well administered in exactly the same way. For 37 years the Marymount has been run according to the strict principles of Catholicism. It has been promised that the same pattern would be rigorously observed in the future whether or not Dominican Sisters were working there."

The Johannesburg City Council had behaved with true concern and generosity in the matter, the doctor said, offering land for a pastoral centre elsewhere.

Police 'harass clinic staff'



Own Correspondent

EAST LONDON. — The Grahamstown Supreme Court is scheduled to hear an urgent application this morning for a rule nisi to restrain police from harassing, interfering with or intimidating clergymen operating an aid centre and clinic here treating victims of the Duncan Village unrest.

An urgent application was brought here yesterday in the circuit division of the court, but Mr Justice Eksteen said the matter was being opposed by the police and would have to be heard in Grahamstown.

The application was brought by Mr Sydney Kentridge, SC, and Mr Deva Pillay on behalf of the parish priest at St Francis Xavier Church in Pefferville, Father Graham Cornelius, the priest-in-charge of St Peter Claver's Roman Catholic Church in Duncan Village, Father John Jordaan, and the Catholic diocese of Port Elizabeth under which East London falls.

Respondents are the Divisional Commissioner of Police and the Minister of Law and Order.

Mr Kentridge made several appeals yesterday for an interim order to be made because of fear of "what could happen between now and tomorrow morning". He said the order was to stop the "grossly illegal conduct of the South African Police" against the clinic run by the Catholic church.

"The application was brought here this morning as a matter of extreme urgency becaus the police went so far as to tear down crosses from signs on the church combi used to bring the injured to the clinic.

"This shows appalling lawlessness by people who regard themselves above the law.

"I accept that we can approach the Grahamstown court tomorrow morning, but this involves the liberty of the subject.

"We are not asking to stop anything lawful — we are trying to stop something unlawful," Mr Kentridge said.

Mr Justice Eksteen explained earlier that he had discussed the matter with the Judge President and had instructed the registrar to inform the instructing attorneys of the applicants that the matter would have to be heard in Grahamstown.

This was to have been done in the morning, but Mr Kentridge said they had been informed at 2.15pm.

Temporary

Mr Kentridge said there was a prima facie case based on the affidavits, which showed unlawfulness.

"With the greatest respect Your Lordship, I am in your hands," Mr Kentridge said in a reiterated plea for an interim measure.

Mr Justice Eksteen said he had not studied the affidavits.

Mr Kentridge: "If Your lordship transfers the matter to Grahamstown, the question is whether Your Lordship would consider temporary relief?"

The judge: "I cannot deal with the matter as I have not seen the papers."

Surprising

Mr Kentridge said he was indebted to the judge's suggestion that the matter could be heard immediately in Grahamstown and asked whether the registrar could make arrangements for the matter to be heard after hours.

He said it was surprising for a rule nisi to be opposed and that they had brought the aplication as a matter of urgency to the nearest court.

Mr Kentridge then agreed that urgent arrangements be made for a Grahamstown hearing last night, but announced later that the matter would be heard at 10am today.

CAPE TIMES 21/8/85

Blow for polyclinic

98/81

Municipal Reporter

THE government has slashed spending on a polyclinic to be built at Beacon Valley in Mitchells Plain by more than R90 000.

The Cape Town City Council, which is to build the clinic, calculated that it would cost R616 500 if construction was started on June 1.

The funds were to come from loans from the National Housing Fund and the Department of Health.

The Department of Health agreed to contribute 87,5 percent of the costs, to be repaid over three years.

The National Housing Fund, however, has insisted that spending be limited to R525 046 and that it be provided with full plans and details of the project.

According to the City Engineer, Mr Jan Brand, it will be impossible to build the clinic for that amount.

He says delays in beginning the work have already resulted in the cost escalating to almost R640 000 and that this would increase by R7 500 every month the project was postponed.

Argus 21/8/85

98 (8)

Loan refusal delays start to Plain clinic

Municipal Reporter

CONSTRUCTION of the new Beacon Valley polyclinic in Mitchell's Plain has been delayed following the refusal of a R77 070 loan from the National Housing Fund.

The city engineer reported that construction of the clinic — planned to coincide with the building of the day hospital, which is already at an "advanced stage"— would cost R616 550, provided that a start was made by June 1.

The Department of Health approved the project and agreed to provide 87,5 percent of the cost, to be refunded over three years.

NEGOTIATIONS

The balance of R77 070 was sought from the National Housing Fund, but after "lengthy negotiations" the National Housing Commission resolved that only R525 046 could be approved for the project, subject to a number of conditions relating to tender.

The city engineer said it was impossible to build the clinic for this sum and if all the conditions were met the project would be delayed by at least six months. The cost has already escalated by R23 000 since June and will increase by a further R7 500 each month it is delayed.

The executive committee will now recommend to the council that the city engineer's department begin work on the new clinic "without delay".

Catholics in plea on police 'harassment'

Argus 21/8/85

Argus Bureau

PORT ELIZABETH. — A Roman Catholic church in East London has brought an urgent application before the Supreme Court, Grahamstown, seeking to restrain police from interfering in the running of a clinic treating people injured in unrest in Duncan Village.

The application for a rule nisi by the St Francis Xavier Church in Pefferville outside East London is being opposed by the divisional commissioner of police and the Minister of Law and Order.

Last week police confirmed that two wounded patients had been taken from the clinic and arrested. The priest in charge of the clinic, Father Graham Cornelius, complained that the police had harassed and threatened priests and workers, interfering in his "ministry of compassion".

The application was brought by Mr Sydney Kentridge SC and Mr Deva Pillay on behalf of the church and was to be heard by Mr Justice Eksteen today.

People are dying there...

By TEBELLO RADEBE

THOUSANDS of people in the Transvaal face death and chronic illness after choosing to stay away from hospitals since the fees were increased last year.

"We're going to have a situation where people are simply going to be dying," said Soweto's Dr Nthato Motlana.

Fewer people are taking treatment from provincial hospitals.

Their numbers have droppped markedly since last April when the latest tariff hike was announced.

Over 260 000 people chose not to use the provincial hospitals' out-patients section after March 31 to September 30 last year.

The figure soared to over a million in the three months from September to December of the same year.

These facts emerged from figures supplied in a reply to Progressive Federal Party health spokesperson Irene Menell by Transvaal MEC Dan Kirstein.

Dr Motlana, who was alarmed by the drop in numbers of people attending hospitals, said: "For the elderly, the sick and the destitute, it will be one way to the cemetery."

The drop is particularly high in hospitals and clinics serving blacks.

In some cases, like Daveyton Clinic, more than 13 000 people were treated between October 1983 and March 1984 but the number has fallen to 4 700 for the next six months up to December.

Baragwanath (including its 10 clinics) saw the number of its out-patients visits dropping by over half from 670 000 to 280 000 in the same period.

"The clerks who admit patients insist that all should pay the required tariffs," Dr Motlana said.

Dr Kirstein also supplied figures which showed that less than 200 patients have applied to have their income status reconsidered.

Hospitals such as those in Natalspruit and Laudium, and clinics including those in Senaone and Pimville in Soweto, had not received requests for lower fees, he added.

People drift back to traditional healers

HOSPITAL costs are soaring – so many people have resorted to sangomas and traditional healers.

Many would-be hospital patients are flocking to herbalists, says African Skilled Herbalists' Association head Galaza Msibi.

"More people have lately resorted to sangomas and traditional healers in the wake of soaring hospital costs and inflation," he said.

"Sangomas have special mixtures which clean their patients' bodies easily, as well as other inexpensive concoctions.

"It's really cheap. One can easily get treatment for less than R3."

Sats to fight claim

The SA Transport Servicess this week said it will defend the R2 000 action brought against it by a Natalspruit man who claims he was assaulted by the railways early this year.

Mr Nhlapo's lawyer M A Makume said he had received a letter from SATS indicating it was going to defend the matter.

And a 25-year-old teacher Sylvia Mathaisa of Taung in Bophuthatswana won a R32 134 lawsuit against SATS this month, for loss of support.

Her taxi-driver husband was crippled and later died after he was shot in the chest by railways cop Sanwell Kakuiye.

Hospitals may be sold to private sector as Govt relaxes its control

By Michael Chester

Entire hospitals or at least whole wards may be rented or sold to the private sector in new economic strategies being worked out by the Government, it was disclosed today.

Dr Chris Stals, director-general for finance at the Treasury, revealed that the hospital scheme was among a number of possibilities being considered as the Government moved towards handing over sections of State corporations and services to the private sector.

The business sector would probably also launch more private schools, he said.

Dr Stals, addressing a Syncom national conference on privatisation and deregulation, conceded the State alone would be unable to meet current obligations that seemed likely to reach a stunning R120 billion by the turn of the century.

The Government had taken a new course by seriously considering deregulation and privatisation of Government concerns and assets that could be managed and controlled more effectively and profitably by the private sector.

But there had to be proof that belief in more free entrepreneurship was not misplaced.

Dr Stals listed several guidelines being used by the Government:

- Though a strong case often existed for privatisation on economic grounds, there were sometimes policy considerations — such as the strategic importance of certain industries and services — that meant Government control had to be maintained.
- The Government had to be convinced the advantages of privatisation were not outweighed by disadvantages to consumers.
- Transfer of control from the public to the private sector must not carry high risks for "Government safety and internal order".

● See Page 15.

ARGUS 4/9/85 (98)

Call to hospitals over police, unrest victims

Medical Reporter

PROVINCIAL hospitals have been called on to issue a public statement and undertaking that patients attending hospitals and clinics will not be harassed or interfered with by police.

The National Medical and Dental Association also called on the authorities to guarantee the family of any person admitted "normal access to the patient, speedy confirmation of the patient's presence in hospital and his condition".

The call came in response to information that security legislation made it legal for a policeman to remove any patient from an operating theatre, doctor's consulting room or hospital ward.

Dr S J Saunders, vice-chancellor of the University of Cape Town, said in the South African Medical Journal that this was "clearly unacceptable" in terms of of medical ethics.

Dr S J Saunders

Medical authorities should "insist that the law be repealed", said Dr Saunders.

The association said a patient's life and health needs were the primary concern of health professionals.

There was no general obligation in law for doctors to report any injury, including gunshot wounds, to the police or to divulge any information to a policeman in search of people wounded in unrest.

The association said doctors must compile a comprehensive medical report, including details of the treatment required, before allowing a patient to be handed over.

If doctors were unhappy about the condition of patients or feared they might not receive proper care the doctors should refuse to allow patients to be removed.

The chairman of the federal council of the South African Medical Association, Dr R D le Roex said World Medical Association regulations noted that medical ethics in time of conflict were identical to medical ethics in time of peace.

DURBAN, WEDNESDAY, SEPTEMBER 4, 1985
Registered at GPO as a Newspaper

Hospital fees set to jump by 30 per cent

Pietermaritzburg Bureau

PROVINCIAL hospital fees were set to rocket by an average of 30 percent from November 1, increasing the cost of a bed alone from R30 to R40 a day, the MEC in charge of hospital services in Natal, Dr Fred Clarke, announced here yesterday.

Ambulance fees would rise by 50 percent and treatment charges using specialised equipment would be increased.

Patients admitted to intensive or coronary care units, for example, would face an extra charge of R20 a day.

Use of a whole-body scanner or cardiac catheterisation would cost an additional R80, while radiotherapy and intravenous chemotherapy would cost an extra R40.

Those on kidney dialysis machines could expect to pay an additional R200 a month, Dr Clarke said, while patients with their own machines would pay an extra R100.

Postmortems would go up from R30 to R40.

By comparison, private hospitals in Durban charge nearly R70 a day for a bed in a general ward and R114 in a private ward while the charge in an intensive-care unit is R150.

Dr Clarke said the present [illegible] for hospital care were unrealistic and in spite of the critical financial position in which most people found themselves, he could no longer delay an increase.

Patients earning up to R1 700 a month would get special consideration and have fees assessed on their income and number of dependants. Only those earning up to R1 500 a month had previously qualified for this concession.

Dr Clarke said those private patients who found their fees excessive could apply to the Director of Hospital Services for a review.

He described the position of provincial hospitals as 'serious' because of Government cut-backs and the freezing of posts.

Exco had decided against closing two small hospitals in order to maintain standards in others, but wards in many institutions had had to be closed because of staff shortages.

Medical centre

Dr Clarke also announced that a R2 000 000 medical centre for private doctors would be established on the site of the new Grey's Hospital in Pietermaritzburg.

The proposed complex was approved in principle by Exco yesterday and follows approaches by local doctors.

It has not been decided yet whether the centre should be funded by the Province or by private enterprise.

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HEALTH AND APARTHEID

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FEATURE

The system is sick

Apartheid is bad for your health. Health care specialists and medical practitioners agree: poor planning and a bad basic health structure created according to apartheid norms is ruining the provision of health services in the country, making medicine inaccessible to most citizens.

Existing staff shortages and lack of proper co-ordination of services at hospitals are results of apartheid being imposed on medicine. The situation was compounded last year when hospital tariffs were raised, resulting in a sharp drop in the number of outpatients at both hospitals and clinics.

Government plans soon to privatise medicine for more than 6m South Africans, while another 20m (in the poverty category) will continue receiving subsidised hospitalisation, but with the services controlled by separate administrations for each race group: apartheid again.

However, a similar structure in Namibia where health services are controlled by separate administrations, representing the various ethnic communities, is known to be a fiasco and there are strong pressures from all health authorities in the territory to move away from it.

Irene Menell, Progressive Federal Party (PFP) spokesman on health services in the Transvaal Provincial Council, tells the *FM* there are 69 hospitals in the province and that of these, only 29 have facilities to admit members of all race groups — whites, Africans, coloureds and Asians.

She says that in terms of the new constitution, the 29 hospitals will soon be administered by four separate departments, each with its own separate staff and facilities. "This is bureaucracy gone crazy. How can you hope to provide and co-ordinate services in such circumstances?"

Menell cites, as an example of bad basic structuring, the decision to make the Johannesburg General Hospital in Hillbrow an Indians-only hospital despite public opposition even in the Indian community itself.

Doctors and nurses, she says, are dedicated people working within terribly bad structures. In white hospitals there are too many beds for patients but few nurses while there are few beds for patients at black hospitals.

She reckons Soweto alone needs three more hospitals, each with 800 beds, to alleviate the chronic congestion at Baragwanath which often results in the discharge of patients before they are properly cured so as to give room to new admissions.

Medicine is also becoming less accessible to most people because of increased tariffs, and so workers are losing out with the result that commerce and industry suffers.

"In the Transvaal they have limited the number of blacks who could train as nurses. Last year there were 13 000 people who applied for training, but only 900 were admitted. The year before, only 3 000 were accepted for training out of 23 000 applications," Menell says.

About October last year, she adds, hospitals were instructed by the government to make drastic cuts in expenditure and this instruction was implemented by abolishing overtime pay; freezing vacant posts and all other posts which were to become vacant thereafter; and further instructing nurses to work an extra two-and-half hours week without pay.

"This resulted in white nurses resigning in large numbers, moving out to the private sector. Those remaining are unhappy because of the work-load."

At Soweto's Baragwanath Hospital, which has 10 clinics, the number of its out-patients dropped by half from more than 600 000 to about 300 000 last year.

Baragwanath . . . chronic congestion

"Privatisation of health services is a popular view, but only 4% of the black workforce has cover to have access to private medicine while 96% have no means whatsoever. Medicine, which is too basic and essential to be privatised, is, therefore, becoming less accessible to most people mainly because of increased tariffs, and so workers are losing out which means industry and commerce suffers," says Menell.

Soweto medical practitioner Julius Kgomo believes health can only exist in a suitable social, economic and political climate and not in a situation fraught with tension, insecurity and fear which is a product of inadequate housing, poor nutrition and improper planning.

"Good planning is the basic prerequisite. But in the urban areas this is not possible because residents are usually scared of influx control during a census. Afraid that they may be driven away, they usually hide, making it impossible for proper population figures to be obtained." ■

30 Highway doctors increase fees

Mercury Reporter

ABOUT 30 doctors practising in Westville, Pinetown, Kloof, Hillcrest, Northdene and Queensburgh have decided to charge uniform fees higher than the medical aid scale of benefits.

The doctors will charge R13 for a normal rooms consultation, as against the R9,50 fee recommended by medical aid funds.

But medical aid societies will increase their benefits at the end of the year to cover the hike.

A spokesman for the group of Highway doctors, which includes virtually all doctors in the area, said: 'We've had a lot of trouble for a long time with medical aids.

'Their benefits just don't go up nearly in line with inflation. And it can take more than four months before they pay up.'

A meeting of doctors had been held.

'We finally decided on a reasonable tariff which will help us with our problems but not lumber the patients with too high an increase, economics being what they are at the moment.'

He added: 'It's going to cost us a bit of money and unpleasantness in collecting fees that are behind schedule directly from patients.

'But we have to do it to get away from the stranglehold medical aids have over us. This move is happening all over the country.'

The Medical Association recommends a fee for rooms consultation of R18,90.

Mr John Ernstzen, chairman of the Representative Association of Medical Schemes (Rams), said the medical aid scale of benefits would be increased on January 1. A rooms visit to a general practitioner would be paid out at R13,60, he said.

Few Indians use their new hospital

(98) STAR 13/9/85

Medical Reporter

The Indian hospital in Hillbrow is scarcely being used by Indians and the province may stop their admission to Coronation Hospital to divert them to near-empty wards in the new facility.

There have not been more than 15 to 20 patients in the 72-bed Indian Hospital since it opened on August 1 — few of them Indian.

Most patients at the hospital are blacks and coloureds transferred there for surgery from Hillbrow Hospital.

Dr Joe Nach, superintendent of the Hillbrow Hospital, confirmed this yesterday and said theatres in the Indian hospital were being used for urgent surgery on patients from his hospital, where four operating theatres are undergoing emergency repairs.

"Black and coloured patients are transferred to the Indian hospital for surgery at the rate of five to six a day and returned to Hillbrow Hospital when they have recovered."

Only 15 to 20 people a day attend the casualty and out-patient sections of the Indian Hospital and few are Indian.

Mr Daan Kirstein, MEC for Hospital Services, said yesterday a decision could be taken to stop admission of Indians to Coronation Hospital if the community did not make use of the new facility.

"Coronation Hospital is overcrowded and needed for the coloured community.

"We will watch the situation for a couple of months before making a decision but, quite clearly, we cannot allow beds to stand empty at a facility requested by Indians and provided for them," said Mr Kirstein.

Dr D E Wulff, superintendent of Coronation Hospital, told *The Star* there were about 60 Indian patients in his hospital at any given time.

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Weekend Argus, September 14 1985 3

Clinic now a 'front line' casualty station

PIPPA GREEN, Weekend Argus Reporter

CONTINUING clashes between the police and the people in Cape Town's riot-torn black townships have transformed the Empilisweni Clinic at Crossroads into a "front line" casualty station where more than 100 people have been treated for injuries — mostly gunshot wounds — in the past two weeks.

Crossroads clinic doctors and a few outside volunteers have had to maintain round-the-clock duties to cope with the influx of wounded.

Since August 28 — when a planned protest march to Pollsmoor Prison was prevented by police — the staff at the clinic, which is normally a routine health-care centre, have treated more than 125 people.

Two corpses were brought to the clinic on Thursday, and one person, referred by the clinic to a hospital on August 28, was certified dead on arrival.

Anxious relatives at Crossroads.

"Nasty bleeding"

"Usually the mornings are fairly quiet and we try and treat as many routine patients as possible," said a doctor at the clinic.

"If we suspect that something might happen in the afternoon, we stop admissions about lunchtime so the staff can cope with emergencies."

Police had used mostly buckshot, the doctor said, so "we are seeing serious wounds with nasty bleeding".

Empilisweni clinic employs 36 staff, 10 of whom are professionally trained doctors, dentists and nurses, and eight specially trained health-care workers from the local community.

"But there are always extra volunteers who help us out. Volunteer doctors sleep at the clinic overnight to attend to emergency cases, the health care workers have been trained to dc dressings, other people help with transport or cook food for the staff and patients who stay overnight," said a doctor.

Staff have had to make special arrangements in the day-clinic so that injured patients can spend the night there.

"The people who stay overnight are those who would normally go through to hospital but who do not need operations.

"Many families come to us to inquire after missing relatives and can visit them if they are here."

Regular Empilisweni doctors as well as the volunteers are reticent about publicity for themselves.

They also stress that the Crossroads clinic is not the only one operating as an emergency centre.

"There are many folk in the community who are trained as nurses and they are seeing people in their homes. There are also GPs in places like Mitchell's Plain who have turned their houses into treatment centres."

Cape Times 17/9/85

KTC health clinic praised

Staff Reporter

THE KTC squatter committee has praised doctors conducting a voluntary health service at the squatter camp for saving the lives of children suffering the effects of the winter cold.

The health spokesman for the committee, Mr Patrick Mzamka, said four doctors from the Department of Health, the Red Cross and Groote Schuur Hospital had operated a highly successful clinic from a one-roomed shack in the camp for the past four months.

He hoped the clinic, which operates from 11am to 1pm every Saturday, would be provided with bigger premises

Report on children's hospital is with MEC

Mercury 27/9/85

Mercury Reporter

A REPORT on the future of the Addington Children's Hospital has been completed and submitted to Dr Fred Clarke, MEC for hospitals.

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Mr Mannie Stein, a Durban surgeon who was appointed by Natal's Executive Committee to investigate and advise on the issue, said he had completed the report about six weeks ago.

Mr Stein's investigation included a visit to the Red Cross Children's Hospital in Cape Town and the children's hospital in Johannesburg and obtaining opinions from the public, professors, teachers and people from the medical profession.

The decision to close the children's hospital in October last year because of 'severe financial limitations' caused a public outcry.

Detainees: Staff shun Doctor Orr

W/E Argus 28/9/85

From KEN VERNON, Weekend Argus Bureau

PORT ELIZABETH. — A young district surgeon whose allegations of widespread and systematic assault and torture of state of emergency detainees here led this week to an urgent Supreme Court order restraining police, has been "sent to Coventry" by colleagues in the Government department she works for.

Dr Wendy Orr, 25, was the main applicant, along with 44 others, in seeking an urgent interdict from the Port Elizabeth Supreme Court to prevent policemen from assaulting detainees held at the St Albans and North End Prisons under the state of emergency regulations.

Dr Wendy Orr

The interdict applies especially to 36 detainees named in the application, as well as all future detainees who may be held in the Port Elizabeth and Uitenhage magisterial districts.

Since the news, the elfin, red-headed doctor has sat almost a prisoner in her office in the centre of Port Elizabeth.

"On orders"

Switchboard operators at the Government's Eben Donges Building where Dr Orr works this week refused to put any telephone calls through to her "on orders from Pretoria". She has to have her outgoing calls approved as being "official business".

"Since Wednesday, when the order against the police was granted, I have not heard one single word from anyone in the department," she said.

Dr Orr's immediate superiors, who oversaw her work as the doctor responsible for the welfare of prisonrs at the North End and St Albans Prisons, are Dr Ivor Lang and Dr Benjamin Tucker.

Two months ago Dr Lang and Dr Tucker were found guilty of misconduct by the South African Medical and Dental Association over their role in the death of black consciousness leader Mr Steve Biko.

Dr Tucker was suspended from practice for three months, sentence suspended for two years, while Dr Lang was cautioned and reprimanded.

In the absence of any word from her superiors, Dr Orr says she intends to "sit tight and continue with my work".

"No matter what action is taken against me, like this silent treatment, I will not be forced into resigning."

The quiet young woman is an unlikely candidate for the worldwide attention her action has attracted. She is in her job only because she has to work for the Government for three years to repay the bursary on which she went to medical school.

"I have never been involved in politics," she says. "No, I took the action I did purely because I was not prepared to compromise my medical ethics.

"To protect people"

"My aim was not to make any political statements or create any political repercussions. I did it only to protect people who were unable to protect themselves."

Dr Orr, who is single, leads a quiet social life and is the daughter of a Methodist minister in Port Elizabeth.

She is naturally worried about what action — apart from being "sent to Coventry" — her Government employers may take against her.

But she has been heartened by many calls of support from other doctors, many of whom have offered to employ her.

Board will run popular maternity home

Doctors thankful for Marymount reprieve

98

3/10/85 STAR

By Sue Dobson

Doctors are relieved that the Marymount Maternity Hospital in Kensington, Johannesburg, has been given a year's reprieve.

The Marymount, which has served women in the Reef area for 36 years, was to have closed next month because there were not enough sisters from the Oakford Dominican Order to continue running it.

The Catholic Bishop of Johannesburg, the Right Rev Reginald Orsmond, announced yesterday that the Marymount would stay open for another year and that the situation would be reviewed during that period.

Doctors said that they had experienced problems about where to place their patients.

"This is one of the reasons why we are so relieved — there would not have been enough beds for mothers to have their babies. We could not book them into the Johannesburg General Hospital as there are not enough beds because of the severe staff shortage. Other private clinics are so expensive that they are beyond the reach of many patients," a gynaecologist said.

70 000 BABIES

Between 250 and 300 patients can be accommodated at the hospital and about 70 000 babies have been born there over the years.

The gynaecologist said: "There is something special about the atmosphere of the Marymount. It is run with such quietness and tranquillity by the nuns. The hospital is also known for its high standard of obstetrics, cleanliness, its good facilities and its high level of competence."

The hospital will be run by a Catholic Hospital Board, consisting of Catholic laymen who will be responsible for its medical and administrative management.

The bishop made his announcement in response to requests from the Catholic laity of the diocese that they be given the opportunity to manage and staff the hospital as a Catholic service to their community and the public.

The bishop accepted a blueprint for running the hospital put forward by a group of doctors two weeks ago. Letters from the public have also been streaming in.

"Although we are happy about the agreement to run the hospital with a board like its sister organisation, the Maryfont nursing home in Pretoria, we feel that this whole situation could have been avoided if the bishop and the Dominican sisters had sat down and discussed the issue with the doctors and staff affected," the gynaecologist said.

"They said the decision was made because there were not enough Dominican nuns to staff the hospital and the number of patients had been falling off. I know that there has been no decrease in the number of patients over the years and the Marymount is as popular as it always was."

Aussie doctor tilts at hospital apartheid

98

The Star's Foreign News Service

SYDNEY — Durban's King Edward VIII Hospital represents all that is bad about apartheid, says an Australian doctor who recently spent a year there.

Dr Nicholas Fisk was a registrar in obstetrics and gynaecology at the hospital, a referral centre for blacks with serious medical complications.

STAR

"King Edward is nothing more than a conglomerate of ancient halls and dilapidated huts where patients are forced to sleep on the floor in some instances," Dr Fisk said. "There are only 2 100 beds but up to 3 000 patients."

He said that while King Edward was short of drugs and equipment, the nearby Addington Hospital for whites had well-equipped wards, marble arches, lifts and fountains.

"It also faces the sea and only 43 percent of its beds, on average, are occupied.

5/10/85

"King Edward, when I was there, had only three machines to monitor a baby's heart rate during labour for its 17 000 deliveries annually. But Addington, the whites-only hospital, had eight machines for 3 000 births."

Dr Fisk said the standard of treatment available at the two hospitals highlighted the inequities of apartheid.

"In that hospital for blacks the patients had to sweep the floors, make their beds and take their own specimens to the laboratory. And because there were not enough soap or towels, hygiene was poor."

He said said the poor facilities at King Edward meant that few babies under 1,5 kg survived. "Yet, in Australia, babies half that size live because they get the right treatment.

"And, at King Edward, about 84 babies out of every 1 000 die during or soon after birth. That is four times as many as in Australian maternity hospitals."

Dr Fisk also said that because abortion was illegal in South Africa, black women had taken to having backyard terminations.

"Among black females, backyard abortions are second only to road accidents as a cause of deth.

"Routine pap smears are not available for black women, so advanced cancer of the cervix is common."

We're sick of rats!

(98)

C. Press 6/10/85

By SINNAH KUNENE

ILLNESS isn't the only thing patients have to overcome at Bethal Hospital – they have to wrestle with rats and cockroaches too.

Scrambling for food in the patients' bedside cabinets, the pests make life a misery for the ill.

Patients have to wrestle with cockroaches too

As if that isn't enough, the patients say they have to battle to swallow the hospital food.

They say there are two kinds of porridge on the menu – half-cooked, or stale.

Chef's special? Daytime leftovers minced and used for the evening soup.

"If we have beef and cabbage for lunch, the soup we have for supper will be beef and cabbage.

"Sometimes it's thickened with a sorghum cereal," said a patient who was recently discharged from the hospital.

City Press visited the hospital this week and tasted the meals. And one mouthful was enough to convince us the patients were right.

The "main course" was discoloured pap, soft porridge and soup which was definitely prepared from leftovers, as the patients said.

But it's the evenings that are really full of nightmares for patients in the female ward.

Rats and cockroaches come out and scramble for food in the cabinets.

"It's impossible to sleep peacefully," said a frail pensioner.

"I'm afraid of rats, and my grandchildren know that. I doubt if I'll have a speedy recovery."

● Chief matron B Wolhuter denied the allegations.

"Who gave you permission to enter the hospital?" she demanded.

She stuck to her story, too – even when we told her we had actually seen the rats and cockroaches, and tasted the "half-cooked" meals.

Hospital superintendent Dr WH Boshoff was not available for comment.

TEAMWORK: From left to right — Mrs Irene Luthaga, Miss Mary Fitzgerald, Sister Christine Mkhasibe and Professor Lucy Wagstaff co-operate on projects which reflect the centre's philosophy of helping people to help themselves.

Wits group hard at work on self-help for mothers

By Kate McKinnell

From an obscured building on the vast Baragwanath Hospital grounds a small group works enthusiastically, reaching communities local and distant.

Headed by Professor Lucy Wagstaff of the community paediatrics department at the University of the Witwatersrand, the university's primary health care education centre outreach staff comprises four women and a lone man.

Their task is to seek out the health needs of South African communities and act as resources to help people help themselves.

At present their focus is on teenage pregnancies, researching the problems and needs of the young mothers and finding out if their children are medically as fit as other babies in the period immediately after birth.

The programme has been planned not just to collect information.

"We will help the teenage mothers to develop self-help projects in areas they choose — it could be a scheme to buy food in bulk, or a means of completing their education and learning skills.

"We don't know what problems they experience — they will tell us their needs," says Miss Mary Fitzgerald, community development adviser at the centre.

This project reflects the strong philosophy of the centre to support communities in helping themselves, and not do things *to* or *for* people.

It is hard to nail down any of the centre's members as they are constantly out in the field — often in distant rural areas.

There health educator Sister Chrissie Mkhasibe, trains lay health workers, while Miss Fitzgerald motivates self-help community groups concerned with anything from poverty to dress-making.

From 1981 to 1983 the centre conducted research to see if low weight in children was associated with poor performance.

"But preliminary results do not show a clear difference between the school achievement of underweight children when compared wit[h] schoolmates.

"There are, of course, many other fa[ctors affecting] the school performance of black child[ren," says Pro]fessor Wagstaff.

In the study underweight was define[d as an] internationally accepted growth stan[dard] level below which only three percent [of chil]dren fall.

The researchers found 29 percent o[f pri]mary school children were underwei[ght in 1981 and] 23 percent in 1983.

Severe malnutrition which occur[red ...] now in Soweto may have more profoun[d ...]

"We no longer see gross malnutriti[on ...]

BABY POWER: Professor Wagstaff

...itzgerald, Sister Christine Mkhasibe and ...re's philosophy of helping people to help

Wits group hard at work on self-help for mothers

STAR 96 7/10/85

BABY POWER: Professor Wagstaff and her team have formed a support group for young mothers.
●Pictures by RUPHIN COUDYZER.

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...amme has been planned not just to col- ...tion.

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"But preliminary results do not show a clear difference between the school achievement of underweight children when compared with their larger schoolmates.

"There are, of course, many other factors affecting the school performance of black children," says Professor Wagstaff.

In the study underweight was defined according to internationally accepted growth standards — as a level below which only three percent of normal children fall.

The researchers found 29 percent of over 900 primary school children were underweight in 1981 and 23 percent in 1983.

Severe malnutrition which occurs uncommonly now in Soweto may have more profound effects.

"We no longer see gross malnutrition or kwashiorkor in Johannesburg townships. But the 'less-than-good' health we now find is in fact harder to treat.

"This is because mothers don't bring their children for treatment unless they show obvious symptoms,' Professor Wagstaff said.

Another project has been a joint study with the Johannesburg City Health Department to find out the ideal age to immunise Soweto children against measles.

And recently the centre has been promoting and evaluating the use of growth charts for infants. These charts are used by mothers, nurses and doctors to judge whether children are gaining enough weight at a normal rate.

Cape Times 7/10/86 (302) (03) (98)

Leading women support Dr Orr

Staff Reporter

MORE than 300 women throughout South Africa have signed anti-apartheid declarations calling for an end to statutory race discrimination and the release of all detainees.

The declaration was inspired by and drawn up in support of Dr Wendy Orr, who recently won a Supreme Court order restraining police from assaulting detainees in Port Elizabeth.

The list of names represents a broad spectrum of political opinion including known government supporters.

Signatories number over 70 doctors, including Dr Frances Ames and Dr M A Ramphele, the editors of most women's magazines, including Mrs Jane Raphaely, social workers and trade unionists such as Mrs Lucy Mvubelo, businesswomen and prominent social figures such as Mrs Bridgette Oppenheimer.

Mrs Raphaely, who was one of a group of eight who spearheaded the campaign, said yesterday the declaration represented "the beginning of a great deal of activity by women" to do something about what was happening in South Africa.

"It is quite obvious that women are prepared to work together. They tend to be less political, more practical and therefore more effective," Mrs Raphaely said.

She called on all concerned women to support the declaration.

The full text of the declaration reads:

"As concerned women we wish to support Dr Wendy Orr for her courage and initiative in obtaining the evidence which led to a Supreme Court order restraining police from assaulting detainees in Port Elizabeth.

Release detainees

The same concern leads us to call for:

- The release of all detainees.
- An end to detention without trail.
- An end to statutory race discrimination, particularly race classification, the Group Areas Act and separate and unequal educational facilities.
- The establishment of a just social order in which all the people of South Africa will enjoy the Rule of Law."

It was supported by:

Anita Allen, Mrs Melanie Awerbuch, Adrian Andrew, Mrs L Awerbuch, Mrs Clarice Anderson, Wendy Ackerman, Nell Abdurahman, Sandra Arendse, Ida Arendse, Marion Abrahams, Nini Azer, Leslie Anderson, Anne Jacobsen Abel, Penelope Anderson, Diana Burns, Jenn Boraine, Leetitia Brummer, Ina Brand, Rea Borcherds, Julie Broadhurst, Eve Bertelson, Maud Benn Bort, Ray Bernstein, Mrs [illegible] Bowman, Anne Babings, Nina Benjamin, Mona de Beer, Gisela Bioom, Sumner E[illegible]

Sheila Catze, [illegible] Carr, [illegible], Mrs [illegible] Curtiz, Mrs M Cohen, [illegible], Maude Craig, Dr Cecile Cilliers, [illegible], Fanny Rivers-Carnal, [illegible], Brenda Dave, Ruth Dudley, [illegible], Peggy Delport, Rene Durbach, Val [illegible], Beth Degenaar, Pat Duncan, Helde de Wet, Mattie du Toit, Randu du Toit, Mrs M de Villiers, Evelyn Pickering Dunn, Rose du Plessis, M[illegible] du Toit, Mona de Beer.

Helene Elliott, Connie Feast, [illegible] [illegible]

Karen Honikman, May Hillhouse, Wendy Hofmeyr, Dusty Holloway, Esme Harris, Lorna Hanser, Lyn Bedford Hall, Callen Hirschon, Lyndall Hare, Annemarie Hendrikz, Oanita Hassien.

Pauline Isaacson, Val Isaacson, Tessie Isaacs, Claire Irving, S E Jewell, Patricia Jasson, Helmien Jonker, Maude Jonathan, Bi[illegible] Jessiem, Ada Kan[illegible], Ms C Knott, Mrs Andrinetta Kritzinger, Hereza Kotze, Kamlesh Ker, Mrs L Kapler, Sheila Katze, Sally Kernick, Rene Kleinman, Eleanor Kuhn, [illegible] Langenhoven, Mmabatho Lekalakala, Dr Ingrid le Roux, Betty Luyt, Mrs H Lindy, Ellen Lambert, Pearl Luthuli, Jackie Lange, Gillian Lindner, Ivy Landau, Jenny le Roux, Rennie Ler[illegible], Karen Levin, Cathryn Lochner.

Berenice Miller, Zoe Malindi, Mary-Jane Morris, Jane Mulliner, Vivienne Mallett, Diana MacKenzie, Margaret Milne, Patsy Marcow, Val Martin, S Mo[illegible], Sharita Moolla, Zerina Myburgh, N Mohamed, Angela Moodley, E Mundell, Lucy Mvubelo, Julia Mevimbela, Meryl Myers, Valerie Mason, Sonia Morris, Linda Magodie, Valerie Mason, Cordelia Mapukerta, I K Mars, Tish Muller, Jean McGregor, Mrs Petra Muller, Mrs Margaret Malherbe, G N Nolzengane, Jill Newton, Kay Narvsa, Mollie Robinson, N Rhode, Thelma Richards, Jinny Rickards, Jean Raubenheimer, Sarah-Anne Raynham, Irma Roth.

Mrs Ingrid Scholtz, Prof Pamela Sharratt, Adele Searll, Cecilia Sonnenburg, Eileen Sacher, Sylvia Schrire, Angela Silbert, Barbara Sandler, Grace Smith, Vivienne Stein, Rolene Sepa, Jasmin Samsodien, Jennifer Septoe, C I Smith, Eileen Stader, Lynette Nelson, Jessica Norval, Bridget Oppenheimer, J Oarden, Jose Olivier.

Sue Pake, Di Penn, Di Paice, Elinda Patterson, J Paruk, M Petersen, N Pool, W Pool, Pauline Pearce, Marina Peters, Charmaine Poole, Corri Pfeiffer, Jane Raphaely, Elize Rossouw, Maggie Roberts, Jenny Rabinowitz, Ranie Ramparsadh, Etz Scher, Margo Sturgeon, Anita Saunders, Maria Siebbert, Laura Sorger, Mrs M Sarambock, Ruth Suter, Phil Scott, Freda Sacks, Mrs B Sandler, Marlene Silbert, Mrs G Stevens, Joan Sonn.

Buziwe Tobo[illegible], Kay Thompson, Mavis Taylor, Jeanette Traverso, Asenta Tebbutt, Mattie Vorster, Caroline van Zyl, Anne van der Riet, Cecilia van Asweger, Linda van Diemar, Rushda van Graan, Coreen van der Merwe, Pat van der Ross, Denise Valente, June Vigor, Nanette van der Merwe, Mrs Elrena van der Spuy, Madeleine van Billon, Jennifer Viotti, Yvonne Verbiun, Mrs Ida Vogelman, Mrs S van der Merwe, Mrs E van der Horst.

Ann Williams, Y Witton, Roz Wrottesley, Juditha Wiener, Bertha Wedar, Jennifer Winne, Sue Williamson, B Withers, Irma Zenopolou, Pat Ga[illegible], Lorna Nisbet, Marilyn Hattingh, Jennifer Hermer, Peggy Jennings, Linda Keller, Gail Rosenwerth.

Amended declaration

The following people, mostly medical doctors, signed a slightly amended version of the declaration which read:

"As concerned women we wish to commend Dr Wendy Orr for her courage and initiative in presenting the evidence which led to a Supreme Court order restraining police from assaulting detainees in Port Elizabeth.

"We therefore ask that the restraining orders that apply to the Port Elizabeth area be extended to the whole country and that detainees be either charged or released."

It was supported by:

Dr D F [illegible] Abrahams, Dr S Abrahams, Dr Frances Ames, Dr M Ar[illegible], Dr L J Arens, Dr S Bingham, Dr M Brown, Mrs K Broderick, Mrs M Clark, Dr E V J Clarke, Dr A Coetmaas, Mrs F Kum[illegible], Dr E De Wit, Dr S Desai, Dr D Douglas Henry, Dr M Elsworth, Dr Marie Favard, Dr F M Fisher, Mrs Sue Folz, Dr S Froehlender, Dr C H C Geddes, Dr M Gelman, Dr [illegible], Miss [illegible] Gray, Dr Judy Green, Mrs B M [illegible], Dr Ann Hacking, Moira Henderson, Dr [illegible]

Mrs [illegible], Dr [illegible]-Berman, Dr M A Kenny, Dr Helen King, Mrs E Kirson, Dr Sharon King, Dr [illegible] Lapsdorf, Dr Ingrid Le Roux, Dr Fa[illegible] Linde, Dr [illegible] Linley, Mrs M Livingstone, Dr F Mason, Dr E Mexham, Dr Mary Milford, Dr G Mitton, Dr S Morris, Miss E W Mountford, Dr Fay Moskowitz, N Mhobe, Dr Wendy Maclean, Dr Bertie[illegible] Mc[illegible]

Dr Eleanor Nash, Dr K [illegible], P O'Leary, Dr [illegible] [illegible]

'Wiser' for Dr Orr not to see detainees

Cape Times 8/10/85

PORT ELIZABETH — Dr Wendy Orr said yesterday she was no longer visiting detainees because relations with the Prisons Department were "somewhat strained".

The regional director of the the Department of Health and Welfare, Dr J D Krynauw, gave her this explanation earlier yesterday, she said.

Dr Orr's evidence recently led to the Supreme Court granting an interim order restraining the police in Port Elizabeth from assaulting detainees.

She said Dr Krynauw stressed to her that she was not "banned" from seeing detainess.

Dr Krynauw said yesterday that he told Dr Orr that his superiors thought it would "be wiser in view of the inter-relationship between herself and the Prisons Department" that she stopped seeing detainees.

He said by this he meant that if she continued seeing detainees she would be working with people against whom she had asked for an interdict.

About the anti-apartheid declaration by more than 300 prominent South African women "to support Dr Orr for her courage and initiative", Dr Orr said while she was "grateful for the support" she was "not keen to be allied to any political move".

"What I did had nothing to do with apartheid and politics," she said.

● Professor Frances Ames of the University of Cape Town Medical School said in an interview that there was an urgent need for established medical bodies such as the SA Medical and Dental Council to take a strong public stand on detention without trial and on the medical care given to detainees.

She said that doctors such as Dr Orr who stood up for the rights of detainees should not have to face the threat of losing their jobs or being bypassed for promotion.

It was "appalling" that neither the SAMDC nor the Medical Association of South Africa, representing a profession which claimed to be motivated by a desire to relieve human suffering, had come out either against detention without trial or in support of Dr Orr. — Sapa

Disaster plan must be made by hospitals — Broekman

(98)

Joe Openshaw, Medical Reporter

STAR 15/10/85

Hospitals must have a disaster plan and develop an emergency response team capable of getting to a disaster scene rapidly to render on-the-spot medical assistance, Dr Reginald Broekmann, chief superintendent of the Johannesburg Hospital, said in Cape Town today.

He was addressing the biennial congress of the Institute of Public Health on the role of hospitals in civil defence.

Dr Broekmann said one of the requirements of the disaster plan should be to reinforce the casualty department with doctors and nurses.

Hospitals should also pack one or more "disaster boxes", each containing all the necessary equipment for the treatment of 10 seriously injured patients, which could be quickly loaded for transport to disaster sites.

Dr Broekmann listed the following vital functions required of hospitals in the face of a major disaster:

- Ensuring the continued supply of electricity, water, food, oxygen and strategic medicines and equipment. (Dr Bkoemann said that recently a large hospital in Johannesburg had a complete Escom power failure and the hospital generator, tested and found in order that morning, failed to start. A crisis was averted by the fire department supplying small petrol generators).
- Continuity of communications. Because the telephone system during a major disaster is usually blocked with calls, radio communication is recommended.

BOTTLENECKS

- Co-ordinating the services of both public and private hospitals in the disaster area. In a major disaster there could be bottlenecks in such areas as the operating theatres and it is essential the capacity of all hospitals be determined and arrangements made with surrounding ambulance services for "priority one" patients (those requiring immediate surgery) to be distributed between hospitals according to capacity.
- Sharing by hospitals of personnel resources and equipment.
- Control of traffic in and around hospitals.
- Arrangements for the reception and accommodation of pressmen so that they do not interfere with patient care but have adequate access to the "action".
- Arrangements for food, toilet and telephone facilities for relatives of the disaster victims waiting at the hospital.
- Ensuring there is a trained disaster team — made up of medical personnel — from each hospital so that a large amount of medical expertise can be sent rapidly to the disaster scene.

PHASED PLANNING

Dr Broekmann said the disaster plan for each hospital should be phased to meet the extent and seriousness of the disaster:

- Phase one should be to introduce reinforcements in the casualty department.
- Phase two would involve further staffing of the casualty department as well as operating theatres, intensive care units and for the wards.
- Phase three is where the whole hospital becomes fully operational.

Dr Broekmann said should the disaster involve more than one local authoritity, a regional co-ordinating response would be required.

The following services should be included in co-ordinated local or regional response:

- Provincial hospitals.
- Local authority ambulance services.
- Civil defence organisations.
- City health departments including health inspectors, district nursing services and medical officers of health.
- Private hospitals and private ambulance services.
- Defence Force medical services and the police.

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Cape Times 15/10/85 (88) 98

State seeking health-care economy

Argus Correspondent

PRETORIA. — Fees at Government hospitals could be revised as the State juggles its health-spending in line with its tighter budget.

The Minister of National Health and Population Development, Dr Willie van Niekerk, told a meeting of the South African Medical and Dental Council yesterday that in a time of recession a more cost-effective health service was needed.

Health-care fees in general would have to be examined and the Government would be studying the possible privatisation of health-care.

"We will have a close look at the expansion or reduction of the Government's involvement in providing curative services, financing other providers of such services or performing regulatory functions," he said.

"Transferring ownership or effective control of facilities to or from the public sector is the most obvious option here, but not the only one.

"A deliberate policy to allow and encourage private services to grow in parallel with public care can alter roles through the power of the market-place, sometimes with less resistance than ownership transfers would cause."

Another option, Dr van Niekerk said, was to bring about in the public service itself certain reforms which had similar incentive effects to privatisation but did not involve overt realignment of functions.

Dr van Niekerk said another important aspect which the Government would have to consider was the structure of public subsidies.

It was of the utmost importance, he added, that South Africa should have a health-financing policy adopted by the National Health Policy Council.

This policy should encompass all the health services and should make it easier for the Department of Finance to pay for health-care.

AKE 76756

Hospital fees could be revised

By Sue Leeman
Pretoria Bureau

Fees at Government hospitals could be revised as the State juggles its health spending in line with its tighter budget.

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STAR 15/10/85

HEALTH

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This policy should encompass all the health services and should make it easier for the Department of Finance to pay for health care, he said.

ARGUS 15/10/85 (98)

Split control 'causing unhealthy health service'

Staff Reporter

THE splintering of control and functions of independent white, coloured, Asian and black local and regional metropolitan authorities under the new dispensation had led to inefficiency and frustration in health services and a division in the ranks of all health personnel.

This was said at the Ned Geref Synod last night by Mr A L Nyschens in his presidential address at the opening of the the Institute of Public Health's biennial congress.

He urged that all health related matters should be the responsibility of the Department of Health and Welfare.

IMPLICATIONS

"Far-reaching political, constitutional and social changes have been introduced during the last year-and-a-half, the implications of which, even at this stage, have not fully crystallised or materialised.

"It says much for the various public health services and their personnel that they have, in the face of extremely difficult situations, been more than able to maintain such high standards of service control and health generally and even to have neutralised, or considerably reduced, outbreaks of cholera and malaria that have occurred," he told the congress.

Mr Nyschens said it was a matter of urgency that clarity and details of future public health trends, planning and policy be made known to eliminate the uncertainty in public health activities and the recruitment, training and retention of staff.

FUNCTIONAL

"No final, clearcut lines of demarcation have yet been made public in regard to the final functional co-ordinated responsibilities of independent white, Asian, coloured and black local authorities, the co-ordinated duties of regional metropolitan authorities, and the possible division of health services into independent personal and non-personal sections — perhaps each under the control of of a different State department.

"It has always been accepted by health officials that planning and control of all health-related matters should be the responsibility of one central organisation — the Department of Health and Welfare.

OVERLAPPING

"The continued splintering off of control and functions has not been beneficial to health services and has led to functional overlapping by various health officials and authorities," said Mr Nyschens.

He said the inefficiency, frustrations and costs involved in splintering control and functions could not be afforded by the country and had further led to divisions in the ranks of all health personnel.

"There are inherent suspicions, jealousies, mistrust and even frustrations in regard to public health, and harmony between various members of the public health team is in doubt."

Mr Nyschens said one of the results of "this unhealthy state of affairs" is that at local government level recommendations had been made health departments inferior in status and quality.

He said this was in direct conflict with Government policy.

The congress closes on Thursday.

DISASTER PLAN

● Hospitals must have a disaster plan and develop an emergency response team capable of getting to a disaster scene rapidly to render on-the-spot medical assistance, Dr Reginald Broekmann, chief superintendent of the Johannesburg Hospital, said today.

He told the congress that one of the requirements of the disaster plan should be to reinforce the casualty department with doctors and nurses.

Hospitals should also have one or more "disaster boxes", each containing all the necessary equipment for the treatment of 10 seriously injured patients, which could be quickly loaded for transport to disaster sites.

98

★ Cape Times, Wednesday, October 16, 1985 9

Health services disrupted

Municipal Reporter

HEALTH services in Cape Town's townships have been "seriously affected" as a result of the continuing unrest, according to the Medical Officer of Health, Dr Reg Coogan.

Dr Coogan said yesterday that clinic work in Cape Town as a whole had been reduced by 20 percent during August as a result of interruptions in the townships.

Clinic attendances had dropped and medical staff were often unable to make house calls because of rioting.

"This has affected our immunization programme and it has become difficult to treat tuberculosis patients, but we are battling on," he said.

"Doctors, nurses and health inspectors are constantly exposed to danger, and expensive vehicles like our X-ray vans are also in danger of being attacked.

"When things get really bad, we have to shut down completely, sometimes three times a day," he said.

The City Council's township clinics were "largely shut down" on Monday afternoon as a result of the unrest.

During the past couple of months, windows at two clinics had been smashed by stones and one clinic had been petrol-bombed.

Environmental health work, such as food and water control and shop inspections had also been affected.

Deputy MOH for the Divisional Council, Dr Stewart Fisher, said his department's health service was "continuing, but erratic".

"The doors, windows and furniture at our Nyanga clinic have been smashed and there has been minor damage to the clinics at Kasselsvlei and Atlantis," he said.

"If there are problems, we confine our staff to the clinic or withdraw them from the area."

Dr Fisher said fieldwork had been worst hit, with home visits to newborn babies, children, the aged and those suffering from infectious diseases the most seriously affected.

Both Dr Coogan and Dr Fisher said that although they were "concerned" about the impact of the unrest on health services, they did not believe this constituted a health hazard to the communities concerned.

The City Engineer, Mr Jan Brand, said cleansing staff were entering the townships affected by unrest "even earlier than usual" to remove refuse and clean the streets.

"We try to get it done before anyone gets up," he said.

"But its the most we can do to keep the centre of the streets clear for traffic each day. There's no such thing as sweeping the gutters or pavements."

Five authorities may run hospitals

Pietermaritzburg Bureau (98)

MERCURY 23/10/85

NATAL could have five directors in charge of hospital services after the Provincial Council is abolished on May 1 next year.

This is according to the MEC in charge of hospitals, Dr Fred Clarke, who has warned of the fragmentation of hospital services under the new dispensation for Natal.

Dr Clarke said at the recent New Republic Party congress in Durban that the existing Department of Hospital Services was one that he had been proud to control.

However, with the demise of the provincial council system of government, Natal's co-ordinated control of hospitals would be 'shared out like loot into new and wholly unnecessary bureaucracies'.

Instead of one director there would be five, he said.

Dr Clarke said that at present hospital staff were deployed around the province to the 24 general hospitals and numerous clinics as the priorities occurred or pressures from township unrest or diseases such as cholera suddenly required help.

'How will smooth interplay between hospitals ever be effective when there are five or more authorities with whom to deal?' Dr Clarke asked at the recent NRP congress in Durban.

Grey's Hospital and the Westville Hospital, he said, would undoubtedly come under the Department of Own (White) Affairs in Pretoria.

'Addington Hospital could well go to White Affairs, notwithstanding the fact that 40 percent of the in-patients are coloured.'

Thugs menace brain damage kids

By NAT DISEKO

THE principal of the Phillip Kushlick School for Cerebral Palsied Children near Baragwanath Hospital, said yesterday that some elements in Soweto had threatened to burn the school's buses unless these children stopped going to school. 23/10/85

Nine buses with the name of the school written on them are used to fetch the children from their homes in Soweto every morning and take them back home in the afternoon.

There are 190 cerebral palsied children at the school.

Pupils at this school are handicapped children who must have special treatment every day.

At a meeting of the Soweto Parents Crisis Committee at the weekend, those present reacted angrily to reports that pupils of the school had been molested.

It was resolved that incidents like these be reported to the SPCC.

The school's principal, Mr Sarel Naude, said that yesterday two of the Phillip Kushlick pupils told him that they had been sent to warn him to stop classes because there was a classes boycott on. Sowetan

Mr Naude said that if ever anybody wanted to stop schools from operating, the Phillip Kushlick School should be the last to be asked to close because it helped to give a meaningful life to the children who had suffered brain damage.

"Whoever wants these children to stop coming to the school is either a very cruel per-

KIDS

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"Whoever wants these children to stop coming to the school is either a very cruel person or is very ignorant about our work.

"It is very important that the children do not miss a day because they undergo remedial classes. They have to be attended to by experts like physiotherapists and speech therapists every day," Mr Naude said.

Shortage of doctors may close country hospitals

Medical Reporter

Some of Transvaal's country hospitals are threatened with closure because local doctors are reluctant to work in them part-time. Legislation to compel general practitioners to provide this service is being considered.

"One possible measure would be to ban local practitioners from treating their patients in provincial hospitals unless they work part-time sessions there," Mr Daan Kirstein, the MEC for Hospital Services, said last night.

"We cannot afford full-time doctors at country hospitals and something must be done soon or some of these hospitals will have to close down," Mr Kirstein said.

The question of payment for doctors for part-time sessions at provincial hospitals came to a head recently at the A G Visser Hospital in Heidelberg when eight practitioners resigned from service.

Mr Kirstein said about 70 non-paying black patients at the hospital are likely to suffer because there are no doctors to treat them.

"At least three doctors working part-time are necessary to keep the doors of most country hospitals open.

"The fee paid for four-hour sessions is R18 an hour and a doctor doing one session a week earns R3 600 a year.

"Our country hospitals have always been run on this basis.

"The Province cannot afford to pay more for the sessions or hire full-time doctors."

Non-paying patients would be the first affected by the shortage of part-time doctors, he said.

An amendment to the Hospital Services Ordinance to prevent private doctors from operating on and treating their patients at provincial hospitals unless they undertake to do part-time sessions was under consideration.

98 STAR 24/10/85

Worrall's claims nonsense — Veriava

BY WILMAR UTTING

DR YUSAF VERIAVA, a specialist physician at Coronation Hospital, Johannesburg, this week attacked Dr Denis Worrall, South Africa's ambassador in Britain, for publicly claiming that apartheid had been abolished in South Africa's health services.

"This is a lie," Veriava said after Worrall's appearance last week on the TV programme "Network".

Worrall listed in an interview areas where apartheid had been abolished — including health services — and said apartheid now applied only to residential areas and schools.

Veriava said that in the area of health services apartheid had not only not been dismantled, it was not only alive and kicking — it was actually being more deeply entrenched.

"Take the hospital that used to be Johannesburg's NEH, the Non-European Hospital. Now the province says this will become the NIH, the New Indian Hospital.

"The Wits Medical School has rejected it and the Indian people have rejected it. Yet the Department of Hospital Services is so determined this will be the hospital for Indians that they threaten that if the Indians refuse to go there, they will be banned from Coronation Hospital," Veriava said.

Already, Coronation Hospital was not allowed to treat African patients unless in an emergency. An African's hospital card carried a large red sticker, indicating he may only be given emergency treatment at the hospital.

The Johannesburg Hospital was a classic example of a racist hospital, he said. They admitted only patients of a particular race group. A black patient there would be an extreme exception.

Even in state hospitals which were allowed to treat different race groups — Groote Schuur in Cape Town, for example — there were different wards for blacks and whites.

Veriava gave further examples racist health services:

- Addington Hospital in Natal had refused black doctors from the black/white Wentworth Hospital the use of its Intensive Care Unit facilities.
- Major discrepancies in facilities. Wards and beds in black hospitals were far less attractive and at Coronation Hospital, for example, there were poor toilet facilities and even a shortage of screens. Doctors could not examine a female patient in the privacy she was entitled to.
- Staff: There was talk of a nursing crisis at the Johannesburg Hospital, but at Coronation there had been a shortage all along. Yet the Johannesburg Hospital took in the black nurses to relieve its shortage. It had priority when it came to requirements.

"So, claims that apartheid has been abolished in our health services are lies," Veriava said.

Weekly Mail asked the Transvaal's Department of Hospital Sevices for the daily cost to the government for a bed in a black hospital and the cost of a bed in a white hospital.

Dr JS Barnard, the departmental head of statistics to whom the query was referred, said:

"You cannot compare the figures. You will go off the track. You cannot compare the hospitals. Remember, a lot of blacks in their hospitals are not sick. They are just lodgers, lying around waiting for lifts and things like that."

He referred the query to the accounts department where a spokesman refused to disclose the costs.

But Irene Menell, PFP, who deals with provincial health matters, said her latest figures showed the government paid R50 a day for a patient in Baragwanath — and R169 a day for a patient in the Johannesburg Hospital.

Birdshot victims shun police-guarded Bara

31/10/85

By SEFAKO NYAKA

SOWETO victims of birdshot and rubber bullet wounds are avoiding the wards and casualty department of Baragwanath Hospital, as well as the little police station in the hospital premises.

Many are now seeking treatment from private practitioners in the township rather than go to hospital "and into the hands of the police", because there are policemen on duty in the wards.

This week there were six policemen in ward one and four in ward seven at Baragwanath.

Some doctors have accused policemen of "interfering" during routine examination of patients.

"There is no longer any privacy between a patient and his doctor. Even when the screen is drawn around the bed, some of the security men refuse to leave the bedside," one of the doctors said.

Another doctor claimed that on several occasions he had to tell the policeman to "get out or I will not treat the patient in your presence".

But this has created extra problems for the doctors, because their ethics bar them from withholding treatment from a patient.

"We have had some instances where a policeman would stubbornly refuse to leave the enclosure despite being asked to do so. After all, if treatment is withheld it is not the policeman who suffers but the patient."

A doctor, who cannot be named, said at one stage he had to instruct a policeman to remove handcuffs from a patient.

"The policeman, who is not supposed to sleep on duty anyway, wanted to take a nap. He stirred the sleeping patient before handcuffing one of his hands to the bedpost."

Policemen are not entitled to sleep on duty, said an official of the Directorate for Public Relations of the SA Police this week.

"If there is evidence of such cases, the necessary steps will be taken."

The official added that "many people have made their escape from hospital in the past and the police will take such steps as are deemed necessary to prevent such escapes.

"If doctors have reason to complain, they are well aware of how to go about lodging such complaints with the proper authorities. We have no such complaints on record."

Some of the patients under police guard said they were surprised by the appearance of policemen at their bedside a few hours after being wheeled in from the casualty department.

One patient said he has had visits from Security Policemen who wanted to know where he was shot and why.

He said the police seem to know the exact date of a patient's discharge, because they come in at a given time and whisk their man away.

"A person is only placed under guard in a hospital if there is good reason to believe that such a person had committed an offence and will be taken to court or into custody, on his release from hospital," said the SAP official.

"The SA Police has a responsibility to bring offenders to book and we will continue to do so, but always in as humanely a manner as circumstances permit."

A spokesman at the hospital's Public Relations Office has denied any of the unrest victims were manacled to their beds.

She said the only patients who are manacled are those from the Prisons Department.

"Only dangerous prisoners are manacled. If a person guarding that prisoner considers him to be dangerous then he should be with him for 24 hours."

She would not comment on the reluctance of police to leave when a patient is examined.

The Dean of the Faculty of Medicine at the University of the Witwatersrand, Prof M C McGregor, this week said it was unfortunate that such a situation has arisen.

He, like the Baragwanath spokesman, could only comment on the manacling of patients from the Prisons Department.

"We considered the options and we did not wish by refusing to have such prisoners in our hospitals to force the Department of Prisons to keep them in prison hospitals."

He said he felt the prisoners have a right to be in Wits' teaching hospitals and felt they would be better off there.

"If we have them in our hospitals, we felt that a leg manacle would be less obstrusive than an armed guard."

The Health Workers Association has accused the police of having "taken over the wards in our hospitals".

Due to increase in claims . . .

Contributions to medical aid to go up by 24%

4/11/85 B. Day

STEPHEN CRANSTON

CONTRIBUTIONS to medical aid schemes are expected to increase by 24% next year as medical costs soar. Contributions this year have already increased by an average of 22%.

Employees usually pay half the medical aid contribution, with the employer picking up the other half. Self-employed people will bear the full brunt of the increases.

Medical schemes report that the average value of each claim has increased steeply — between 198[illegible] and 1984 there was a 1[illegible]% increase in ordinary claims and a 25% hike in specialist claims.

People are also making greater use of their medical schemes.

Use of the schemes increased by 3% this year.

To cater for the increased costs patients face, medical schemes will increase doctors' tariffs — the amount paid on a claim regardless of the doctor's charge — by an average of 12.5%.

The tariff for a consultation will rise by 43% from R9.50 to 13.60.

Many doctors already charge more than this for a visit.

Blacks will be hit harder by the higher contribution charges. Their consultations with general practitioners account for 25% of their claims on medical schemes. Visits to GPs make up only 8% of whites' claims.

Medical scheme administrators claim that it is not only the medical profession that is pushing up costs.

White are the most pampered people in the world when it comes to medical attention, says John Ernstzen, chairman of the Representative Association of Medical Aid Schemes (Rams).

"They seem to think that every discomfort must have a pill to cure it. So there are a huge number of unnecessary sedatives, tranquillisers and analgesics that these schemes have to pay for.

"The message I would like to drive home is that doctors and patients must be realistic if the schemes are going to be cost-efficient."

Imported medicines are also contributing to rising costs.

SA produces few medicines and imports a great deal of technical equipment.

Medicines accounted for 2[illegible]% of schemes' payouts last year but this figure is creeping up. Schemes which previously allowed R2[illegible] on the average medicine bill recently increased this to R30.

Many sleep on floor despite empty beds

PATIENTS' NIGHTMARE

98

SOWETAN 6/11/85

SCORES of patients at Hillbrow Hospital in Johannesburg sleep in trolleys and on the floor.

But several beds are reportedly empty at the nearby Indian section of the hospital.

Officials at the Indian section could not be reached for comment yesterday.

Overcrowding at Hillbrow Hospital started at the beginning of this year.

A ward which admits 26 patients has more than 40 at weekends. But overcrowding is not confined to weekends. It happens throughout the week. Patients sleep on sponges on the floor.

This occurs in four wards, two surgical and two emergency. Together they admit more than 50 extra patients a day. No solution has yet been found.

The superintendent of Hillbrow Hospital, Dr Jonas Nach, said he was aware that patients slept on trolleys and on the floor.

He said he had submitted recommendations to Government officials in Pretoria.

"Since the outbreak of unrest in Johannesburg our services have been strained due to the high demand.

"We have treated more patients to date than during any year in the past.

"The overcrowding affects the nursing staff adversely because they work under severe pressure in awkward conditions," said Dr Nach.

He said more than half the patients were from Soweto.

98

A mother speaks of the kids who are no longer kids

JO-ANN BEKKER reports from the conference on Children Under Repression

"I ENVY people whose children jump around and play. Our children are no longer children; they have become the adults. And we adults who still want pleasure, who would like to go to Sun City for the weekend, have become the children."

These are the words of Zodwa Mabaso, a Soweto mother of four and former detainee, who addressed last weekend's "Children Under Repression" conference organised by the Concerned Social Workers.

"My 10-year-old says there's no time for play. The games she acts out are what to do when the police come.

"She says: 'Is this cupboard big enough for me to hide in? No. I'll rather hide in the laundry basket. I must remember to take some clothes out of the basket before I go to sleep so there is space for me.' "

When Mabaso and her husband were detained in the dead of night last October, they insisted on taking their four-year-old daughter with them.

"Our little girl had never experienced a situation where her parents were in the same building, yet separated, and she kept asking for her Daddy," Mabaso said. "I told the police she wanted her father and they took her to him. Then she wanted to come back to me. She spent the whole night moving between us."

The following day Mabaso had to leave her sleeping baby with neighbours before being taken to Johannesburg Prison, where she was held for five months before being released without charge.

She said her anxiety at being detained was compounded by her concern for her children. "But it was they who gave me courage. In my fourth month of detention, I was allowed to see them. They were so strong. Even the four-year-old had adapted and understood that we are living in a rotten system.

"And when I went home I was able to share my frustration with my children and hear from them words of comfort."

Mabaso is particularly worried about the effect South Africa's ongoing civil conflict is having on her youngest child.

"She has pointed out the policeman who detained us that night and she knows all the cars the police drive. I don't know what will happen to our children. How can we ever tell her it won't be safe or wise for her to get involved when she's experienced what she has at her age?

"Her brothers and sister are angry young people. Their experiences have made them bitter and people rub their feelings against one another. It happens in any household."

Mabaso said although she was involved in working for change, she feared for young activists and had been frantic with worry when her 16-year-old son was detained on the weekend the State of Emergency was declared in the Vaal and Eastern Cape.

While adults felt better after discussing their problems, this was not enough for young people, who were driven by frustration and anger and wanted to take action, she said.

"I can still feel sorry for a policeman, but this is not the case with the young people."

Actress Gcina Mhlope depicts a scene from the Market Theatre play 'Born in the RSA' at the conference on children

Hospital chiefs warned not to turn 'informers'

By JO-ANN BEKKER

THE National Medical and Dental Association (NAMDA) is circulating minimum codes of conduct to hospital superintendents, warning them it is unacceptable to inform the police about victims of police action.

"We are trying to make hospitals safe," a Namda member told a conference on "Children Under Repression" organised last weekend by Concerned Social Workers in Johannesburg.

She said hospitals and clinics were seen by township residents as "an extension of the State's apparatus".

Another Namda member said 77 people under the age of 18 had been killed in civil unrest this year — 19 were younger than 10.

She added that 44 of the total were shot dead by Security Forces, 17 burnt to death, three were run over by police vehicles, four drowned while fleeing from police, two were beaten to death, one was stabbed and six died of unknown causes.

Johannesburg lawyer Nicholas Haysom, of the Centre for Applied Legal Studies at Wits University, told the several hundred medical and social work professionals attending the conference that authorities had declared a war on youth.

He said this had occurred against the backdrop of a year-long school boycott and the belief by police that children were the momentum behind the current unrest.

Haysom told of the systematic refusal of bail to children, some as young as 11, on the grounds that their parents could not control them, or that children were more dangerous than adults.

As there were no facilities except jails where black children could be incarcerated, there were repeated reports of young detainees being raped by other prisoners, he said.

Haysom said there were widespread accounts of children being tortured in detention, and he had a statement from a 15-year-old who had suffered electric shock treatment.

Dr Ntatho Motlana, chairman of the Soweto Civic Association, said children had been brutalised by the authorities' violence against them.

He also held parents responsible. "We have failed ... to make the streets safe for them, so our children are doing everything they can."

Dominican priest Albert Nolan said it was not easy for children to learn how to cope with life, when all they experienced was oppression and violence.

"It's remarkable how many black children do still manage to develop liberating relationships. The problem for white children is far worse, because they have been socialised into a militarised society with irrational fears of the future."

No cash killing hospital race bar

(98) 10/11/85 E. Post.

CAPE TOWN — A severe shortage of money and staff meant there was no option but to consolidate hospital services — which had been duplicated for separate racial services — if high-quality medical care was to be maintained, the Cape's Director of Hospital Services, Dr Niklaas Louw, said yesterday.

In an interview, Dr Louw said although separate facilities for different race groups was still policy, duplication on racial or any other grounds simply could no longer be afforded.

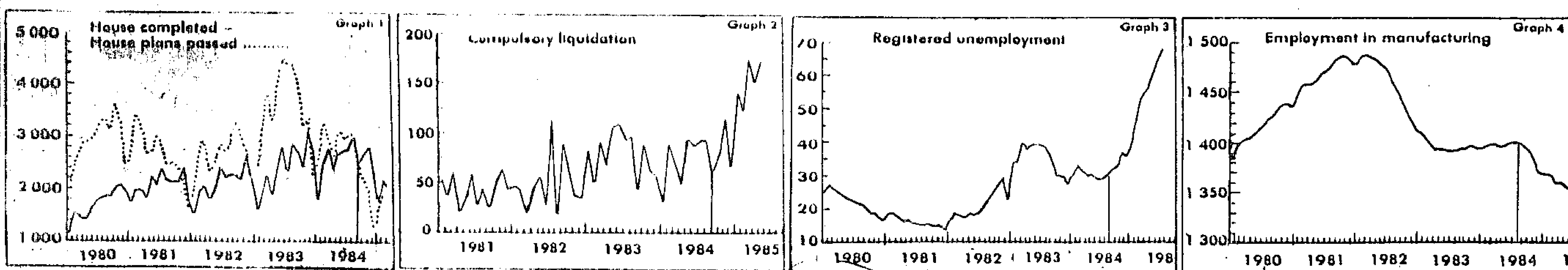
He said current consolidation of medical services in the Cape would therefore continue.

Emergency and intensive care units were now fully racially integrated at the major hospitals since these were too expensive to run on a separate basis.

There was still general separation of races in the wards but it was his "sincere intention that a patient in need of treatment should never be turned away from a provincial hospital".

The financial situation of his department was so serious that two recently-completed 40-bed hospitals in Piketberg and Porteville could not be opened because there was insufficient cash to run them.

In a consolidation programme which began last year, wards had been closed in some hospitals, hospital administrations combined and staff relocated from day clinics to hospitals, he said. — Sapa



98 Star 13/11/85

We are faced with an economic crisis of unusual magnitude

It is beginning to be generally recognised that South Africa is experiencing an economic crisis of unusual magnitude and severity. President Botha's Durban speech accelerated the downturn, but it was by no means the only cause of our problems.

Our fortunes took a turn for the worse when the Reserve Bank in August 1984 announced measures aimed at controlling aggregate spending. These soon proved to have been too drastic

On that day the Bank and the Government made hire-purchase conditions more stringent (they had to be relaxed at the beginning of 1985). The interest rate on bank overdrafts rose to 25 percent or higher.The interest on HP credit soared to 32 percent. These kinds of rates are a sure sign that something drastic is wrong in a country. It represents the actions of a monetary authority that has lost its grip on the economy.

Let us look at the question as a whole, under a series of headings, starting with —

Interest Rate Policy

The Reserve Bank raised interest rates to those levels in the hope that aggregate borrowing and increases in the money supply would be reduced. Anyone with a knowledge of monetary

The crash of the rand is the single most catastrophic event in the economic history of South Africa.

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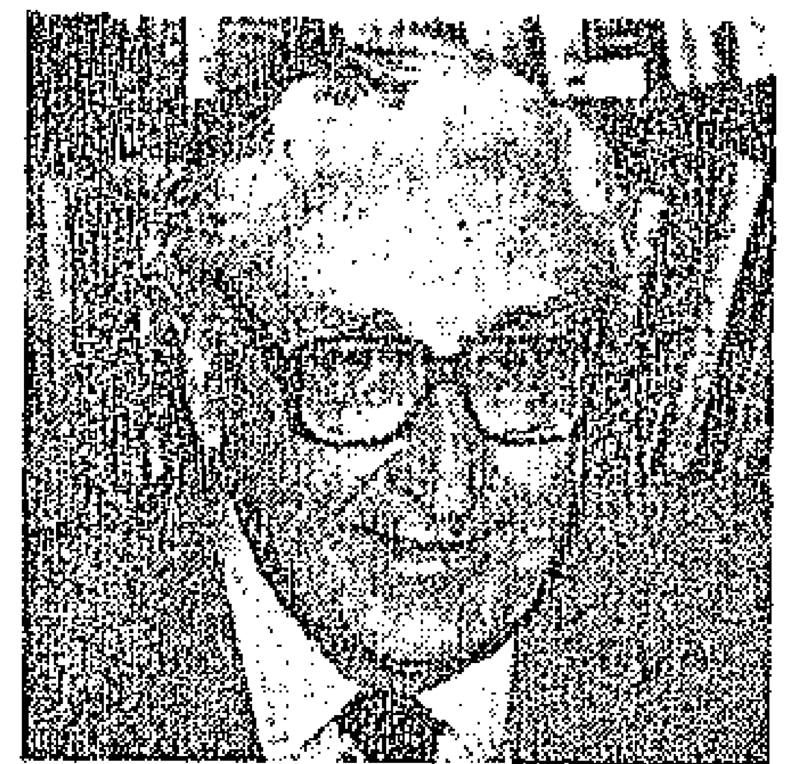

PROFESSOR D J J BOTHA, head of Wits University's Department of Economics, who was among the first academics to spot the policy errors made by former Finance Minister Owen Horwood, now questions the route taken by the South African Reserve Bank in tackling current economic problems.

to middle bondholder and farmers.

Levels and Margins

All *borrowers* are interested in the level of interest rates. Again, to some borrowers a rise in interest is a more serious matter than it is to others. However, not all *lenders* are primari-

themselves in this situation. They are not primarily interested in levels, for they have to pay interest on their deposits, and what they pay for these funds is also determined by what they can earn from investing them. They are mainly interested in margins.

The same is not true for large institutions on the capital market such as insurance companies and pension funds. These institutions have substantial sums of money available for investment daily on behalf of policy holders and contributors to pension funds. To them the level of interest is of crucial importance.

There are, therefore, three possible kinds of answers to the question whether the high rates of interest decreed in August 1984 were good or bad for the country.

1. The overwhelming majority of borrowers would condemn it outright.

2. Banks and the money market would react unpredictably: some may regard it as bad for various reasons, while others may welcome it, if only to show publicly that they support the views of the Reserve Bank.

3. Most of the institutions on the cap-

their commitments, with many being forced to sell their homes. The Press has regularly reported pathetic cases of deprivation, which the Reserve Bank has no doubt interpreted as a sure sign that its interest rate policy was bearing fruit. It worked.

The effect on the housing sector can be clearly seen from the graph which shows the unprecedented drop in the number of house plans passed after August 1984.

This makes the Reserve Bank the one institution most responsible for the economic miseries we have to endure.

The second category is the small entrepreneur. He was forced against the wall. Compulsory liquidations shot up disastrously (**Graph 2**). This left its mark on employment. The number of registered unemployment increased correspondingly (**Graph 3**). What the effect on total unemployment was is a matter of guesswork. More accurate figures are available for employment in manufacturing industries. The fourth graph shows a distinct kink at August 1984. The high rates had an almost immediate impact in the climate prevailing at the time.

The third category is the farming community. The severely strained conditions in agriculture as a result of the

nasty blow to private enterprise and the economic well-being of the small man.

Its respect for free markets is more fundamental than it is for private enterprise. It believes that markets will always arrive at a realistic price, whatever that may mean. Even disastrous prices caused by panic buying or selling should be regarded as realistic and indicative of true values. The need sometimes for protecting a market against itself does not suit its pattern of thinking. Markets cannot err.

That is why the Reserve Bank allowed the rand to crash. For to have pegged it at a higher rate would have meant instituting controls, as in the past. That would not only have made life difficult for firms wanting to take funds out of the country, it would also have been against the spirit of the Carlton and Good Hope conferences.

In the meantime the country is winding down to lower levels of activity in a process that had been started by the Reserve Bank during 1984. This makes the Bank the one institution most responsible for the economic miseries that we have to endure.

The time for economic policy based upon ideology is past. We are faced by a unique concatenation of circum-

gust 1984 announced measures aimed at controlling aggregate spending. These soon proved to have been too drastic.

On that day the Bank and the Government made hire-purchase conditions more stringent (they had to be relaxed at the beginning of 1985). The interest rate on bank overdrafts rose to 25 percent or higher. The interest on HP credit soared to 32 percent. These kinds of rates are a sure sign that something drastic is wrong in a country. It represents the actions of a monetary authority that has lost its grip on the economy.

Let us look at the question as a whole, under a series of headings, starting with —

Interest Rate Policy

The Reserve Bank raised interest rates to those levels in the hope that aggregate borrowing and increases in the money supply would be reduced. Anyone with a knowledge of monetary economics knows that that could be a forlorn hope. An increase in interest rates has many effects. Whether it will reduce borrowing depends on the importance of interest as a factor of cost to the borrower.

Interest is not generally an important factor of cost to the large firm with cash resources of its own, which may be in a position to pass cost increases on to the consumer. The opposite is true for the small firm, the low to middle bondholder and farmers.

PROFESSOR D J J BOTHA, head of Wits University's Department of Economics, who was among the first academics to spot the policy errors made by former Finance Minister Owen Horwood, now questions the route taken by the South African Reserve Bank in tackling current economic problems.

Levels and Margins

All *borrowers* are interested in the level of interest rates. Again, to some borrowers a rise in interest is a more serious matter than it is to others. However, not all *lenders* are primarily interested in the level of interest rates. Some are concerned with margins only, not levels — the margins between their borrowing and lending rates. If a financial institution can survive on, say, a five percent margin between its borrowing and lending rates, it is largely immaterial whether this is at 10 percent borrowing and 15 percent lending rates, or 15 and 20 percent, and so on.

The crash of the rand is the single most catastrophic event in the economic history of South Africa.

Banks and the money market find funds is also determined by what they can earn from investing them. They are mainly interested in margins.

The same is not true for large institutions on the capital market such as insurance companies and pension funds. These institutions have substantial sums of money available for investment daily on behalf of policy holders and contributors to pension funds. To them the level of interest is of crucial importance.

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There are, therefore, three possible kinds of answers to the question whether the high rates of interest decreed in August 1984 were good or bad for the country.

1. The overwhelming majority of borrowers would condemn it outright.

2. Banks and the money market would react unpredictably: some may regard it as bad for various reasons, while others may welcome it, if only to show publicly that they support the views of the Reserve Bank.

3. Most of the institutions on the capital market could be expected to be generally in favour of high interest rates, and the views of their spokesmen — usually well-known financiers — would normally dominate the financial Press.

High rates: the effects

The high levels of interest have had disastrous consequences to three categories of people. Thousands of bondholders have been struggling to meet

Bank has no doubt interpreted as a sure sign that its interest rate policy was bearing fruit. It worked.

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The third category is the farming community. The severely strained conditions in agriculture as a result of the prolonged countrywide drought were unnecessarily aggravated by high Land Bank rates. The result has been catastrophic.

The severely strained conditions in agriculture as a result of the drought were unnecessarily aggravated by high Land Bank rates.

One could add a fourth category. The high levels of interest at home prompted some of the banks to borrow heavily in overseas centres at lower rates. In the process they burnt their fingers — but, of course, no one could have foreseen the liquidity crisis at the time.

The crashed rand

The Reserve Bank is firmly committed to private enterprise and free markets. It abhors controls of any kind, even in times of crisis. Its highest ideal in the market is to be led by "realistic market-related" rates of interest — an ideal which it put aside when it artificially increased rates above market levels in 1984. In the process it dealt a fundamental than it is for private enterprise. It believes that markets will always arrive at a realistic price, whatever that may mean. Even disastrous prices caused by panic buying or selling should be regarded as realistic and indicative of true values. The need sometimes for protecting a market against itself does not suit its pattern of thinking. Markets cannot err.

That is why the Reserve Bank allowed the rand to crash. For to have pegged it at a higher rate would have meant instituting controls, as in the past. That would not only have made life difficult for firms wanting to take funds out of the country, it would also have been against the spirit of the Carlton and Good Hope conferences.

In the meantime the country is winding down to lower levels of activity in a process that had been started by the Reserve Bank during 1984. This makes the Bank the one institution most responsible for the economic miseries that we have to endure.

The time for economic policy based upon ideology is past. We are faced by a unique concatenation of circumstances which calls for united action and a realisation that objective criticism may point the way to improvement and reform. South Africa had been a free enterprise country long before ideologies forced the Government to say so publicly. When markets become distorted as a result of extraneous forces, ideology should make way for realism even if that should call for temporary intervention. Under present circumstances inaction of the kind preferred by the Reserve Bank is little short of being a recipe for national decline.

The crash of the rand is the single most catastrophic event in the economic history of South Africa. It will take some time before this realisation has filtered through to the ordinary consumer and to some of our policymakers.

Bara staff go on strike

HUNDREDS of auxilliary staff at Baragwanath Hospital yesterday downed tools to demand a salary increase and a change in conditions of service.

The salary dispute started last Friday when the workers — believed to be more than 1 000 — had a several hours' work stoppage demanding that the authorities attend to their grievances.

The workers — who include cleaners, nursing aides and kitchen staff — returned to work after they were told they would be given a reply yesterday. At yesterday's meeting tempers ran high after workers were told that salary increases would only be made next year March.

A brief statement issued by Dr C van den Heever, the hospital's chief superintendent, yesterday confirmed that workers paid on daily rates had asked for an increase in salary and discussions of conditions of service.

He said the Transvaal Provincial Administration has informed the workers that their financial and other problems would receive attention.

A worker at the hospital said the workers were dissatisfied that since 1983 their salaries had not been adjusted. She said this was unfair because they were also feeling the brunt of inflation.

She said she knew of people who had been employed at the hospital for seven years but were still earning about R170 a month.

Dr Abu-Baker Asvat, the Azanian Peoples Organisation head of the health secretariat, said the workers were justified to demand a living wage.

(98) SOWETAN 14/11/85

ARGUS 14/11/85 (98)

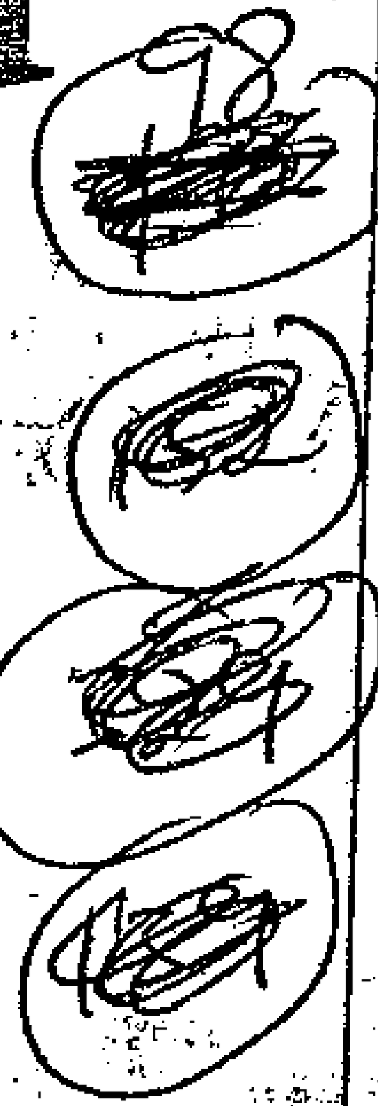
500 arrested at Baragwanath Hospital

JOHANNESBURG. — More than 500 cooks, cleaners and other workers offered themselves for arrest today after a strike for better pay and conditions at Baragwanath Hospital, said Brigadier Jan Coetzee, police divisional commissioner for Soweto.

He said the workers were arrested on a main charge of attending an illegal gathering and alternatively, for staging an illegal strike. He said there was no violence. — Sapa.

Chaos after rampage by nurses

700 held in strike at Bara



Star

14/11/85

Staff Reporters

More than 700 daily-paid workers were arrested at Baragwanath Hospital in Soweto today after striking for better wages.

A police spokesman said people gathered on the hospital premises about 9 am. A total of 144 men and 574 women were arrested and taken to the Orlando Police Station, where charges against them are being processed.

A doctor who called *The Star* said the situation at the hospital was "chaotic" and all surgery except emergencies had been cancelled.

By refusing to work, domestic workers and student nurses had brought large parts of the hospital to a standstill, he said. Doctors were even doing the work of porters.

Sapa reports the Police Divisional Commissioner for Soweto, Brigadier Jan Coetzee as saying that cooks, cleaners and other labourers offered themselves for arrest this morning after a strike for better pay and conditions of service.

They were arrested on a main charge of attending an illegal gathering, alternatively staging an illegal strike. They will probably appear in court on Monday pending a decision by the Senior State Prosecutor.

Today's arrests follow incidents last night when student nurses who demonstrated against an 8 pm curfew were baton-charged by hospital security guards as they marched on the administration block.

Some nurses were injured.

Guards at the gate to the nurses' home fled as nurses destroyed one of their posts and stormed through.

A spokesman for the Hospital Workers' Association (HWA) said the guards had been issued with firearms.

Today some of the student nurses — 1 000 live in the nurses' home — who had refused to take up duties or report for lectures, sang freedom songs and chanted slogans.

Outside the hospital, two army trucks stopped under a pedestrian bridge and dispersed a crowd which had gathered on the bridge.

A team of newsmen from *The Star* was barred from entering the hospital by an officer commanding the police unit there.

The officer said: "This is an unrest situation. You are not allowed to be here."

Student nurses last week presented the hospital authorities with grievances about the 8 pm curfew, the quality of their food, and alleged victimisation of those who speak out.

This morning they added a rider that they refused to "act as scabs" and do the work of the striking cleaners and kitchen staff.

The HWA spokeman said the student nurses were told last night that the authorities would not accede to their requests.

He said the hospital cleaners, messengers, porters, kitchen staff and nurse-aides have been agitating since last year for pay increases.

"Although some of these workers have as much as 10 to 20 years' service, they are still viewed as temporary staff.

He added that some earned as little as R110 a month.

At the mass meeting yesterday they were told their demand for pay increases could not be considered before March.

a Muslim.

CAPE TIMES 14/11/85

98 157

Hospital staff strike

Own Correspondent

JOHANNESBURG. — Hundreds of auxiliary staff at Baragwanath Hospital here stopped work for a few hours yesterday to demand pay increases and changes in conditions of service.

A hospital source said "a few hundred" workers were involved in the strike, all of which are paid on a daily basis including cleaners, nurses' aides and kitchen staff.

The chief superintendent of the hospital, Dr C van den Heever, said yesterday that staff who were paid on a daily basis had "asked for an increase in salary and a discussion of the conditions of service".

He said the Transvaal Provincial Administration had informed workers that their financial and other problems would receive attention.

"Those of a provincial nature received immediate attention and the other problems will be referred to the relevent authorities," he said.

700 HELD AT BARA

By MOJALEFA MOSEKI

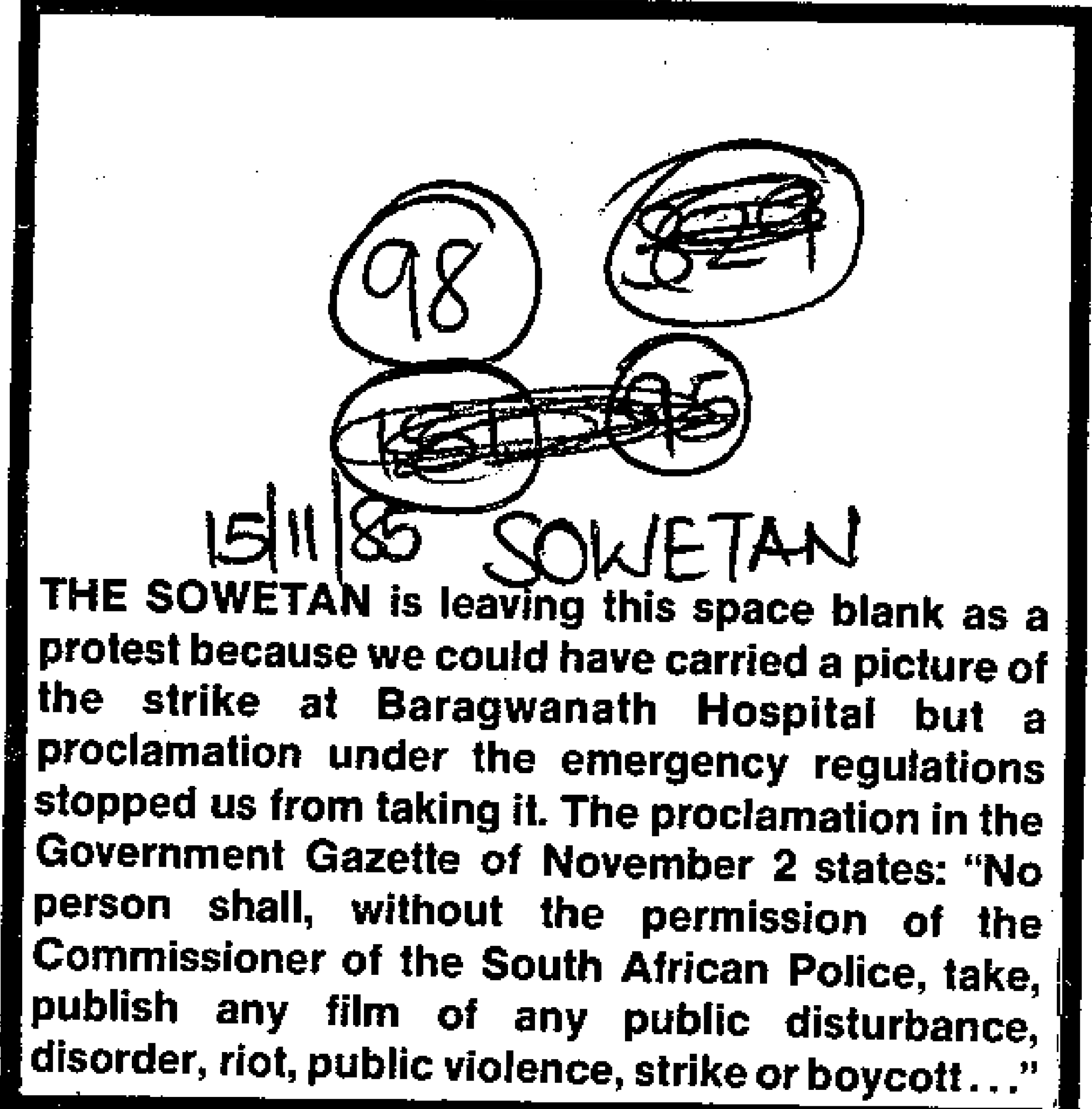
SEVEN hundred workers were arrested yesterday at Baragwanath Hospital as the strike there entered its second day. Medical services were on the verge of collapsing as all the student nurses joined the strike.

The 718 workers, 574 women and 144 men, were arrested for staging a strike demanding a wage increase and improved working conditions.

Sapa reports that they have been charged with holding an illegal gathering, alternatively staging an illegal strike. They will probably appear in court on Monday pending the decision of the senior State prosecutor, according to Brig Jan Coetzee, police divisional commissioner for Soweto.

Police

When the workers arrived at the hospital yesterday morning they grouped at the Harriet Shezi Hall where they started singing and ululating. Police arrested a group of about 30 but others then offered themselves for arrest. They waited for the police vehicles outside the hall and more than three loads were taken before midday.



THE SOWETAN is leaving this space blank as a protest because we could have carried a picture of the strike at Baragwanath Hospital but a proclamation under the emergency regulations stopped us from taking it. The proclamation in the Government Gazette of November 2 states: "No person shall, without the permission of the Commissioner of the South African Police, take, publish any film of any public disturbance, disorder, riot, public violence, strike or boycott . . ."

Among them were several elderly women.

Police wearing khaki overalls and helmets patrolled the hospital for most of the day. Hippos and truckloads of police armed with rifles stood guard at the bus-taxi rank outside the hospital.

Lengthy queues were common as only nursing sisters and assistant nurses struggled to offer a smooth service. They were seen pushing trolleys and performing other jobs normally done by the striking workers. White staff at the hospital helped with cooking.

The striking student nurses met at the nurses' home where they resolved to continue with boycott of lectures until their demands were met. A statement by the Health Workers' Association pledged its support for the workers' demands and slammed the "high-handedness and intransigence of the authorities to the workers' demands".

A spokesman declined to comment late yesterday saying that a workers' and nurses' delegation were meeting hospital authorities.

A statement would be released at the end of the meeting, she said.

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718 arrested in hospital strike

CAPE TIMES 15/11/85

98

Own Correspondent

JOHANNESBURG. — Police arrested more than 700 student nurses and hospital cooks, porters, cleaners and other support workers at Soweto's Baragwanath Hospital yesterday morning and charged them with striking illegally.

A police spokesman in Pretoria said 718 people were arrested on the hospital premises — 574 women and 144 men — after they refused to disperse when ordered to do so by police.

The workers have been released and warned to appear in court on November 29.

Trouble at the hospital started on Wednesday when daily-paid workers went on strike for increased wages and better working conditions.

Angry workers stormed the kitchen

A mass meeting held by the workers became heated, and angry workers stormed the hospital kitchen and dining-room. They smashed hospital crockery and utensils and scattered food on the floors.

Later in the evening, student nurses met and presented a list of demands — the second drawn up by the nurses within a month — to hospital authorities. This meeting also became heated and angry nurses broke down a gate as they marched to the matron's office.

Hospital security police charged the nurses with batons, injuring several who had to be treated at the hospital casualty department. Yesterday morning hundreds of nurses did not report for work, bringing some sections of the hospital to a complete halt.

The chief superintendent of the hospital, Dr Chris van den Heever, confirmed the incidents.

Yesterday most of the doctors were doing the work of porters. A hospital spokesman said all available manpower at the hospital was involved in maintaining services.

● The monthly pay of daily-paid workers varies with length of service, with an upper limit of R175, a hospital spokesman said. He said there were some who earned as little as R110 a month.

"There are cases of people with 10 years service earning only R150 a month," he said.

Icelandic beauty wins crown

The Star Friday November 15 1985

Tvl health services 'crumbling' because of underpaid staff

By Marika Sboros

Health services in the Transvaal were crumbling because the Government was directly responsible for grossly underpaying medical staff, Professor Selma Browde said yesterday.

Professor Browde, head of the radiation therapy department at the Johannesburg and Hillbrow hospitals, was commenting on the strike by Baragwanath Hospital staff members.

"I believe the Government discriminates against the Transvaal in its health services budget," Professor Browde said.

"I believe it is impossible for the Transvaal Provincial Administration's hospital services to provide adequately for the needs of the Transvaal's population because they are short-changed by the Government," she said.

The Government apportioned medical budgets to the four provinces. Population numbers and the inclusion of Pretoria and the PWV area meant the Transvaal province had greater medical responsibilities and needed more money relative to the other provinces than it was in fact getting, Professor Browde said.

The Transvaal public should not tolerate the situation.

"They should be aware that health services are crumbling," she said.

The situation in black hospitals was "totally unacceptable".

At the Hillbrow Hospital there were almost as many patients on the floor in some wards as in beds, with nursing staff inadequate even for normal ward occupancy, Professor Browde said.

Nurses often suffered from "burn out".

At Baragwanath Hospital wards catering for 24 patients had more than 60. Wards holding 36 beds had 90 and even 100 patients at times, she said.

The Government spoke about the economic crisis, yet there was money to execute ideological policies and to prop up a system of government the majority found intolerable.

"Why then can they not find the money to enable the TPA to provide for the basic needs of the public?" she asked.

Professor Browde said the radiation therapy department she headed also suffered seriously from this short-changing.

"The number of patients we handle is the largest in South Africa in one centre, and one of the largest in the world. We have the best available equipment. The quality of treatment we can offer is high. Yet we have the worst premises."

Her department's infrastructural staff was so poorly paid she was unable to get the quality of staff desperately needed.

The effect on cancer patients, who needed very special handling was devastating, Professor Browde said.

"They come to my department nervous, not realising they may be cured or have long-term remission. We cannot afford the specialised staff needed to give them the attention they need. We do not even have a social worker."

Radiation therapy departments in other provinces were undergoing major alterations to departments which were already better housed than in Johannesburg, yet the Transvaal province had no money for the major improvements needed here, she added.

Grievances behind the Bara strife

By Joe Openshaw, Medical Reporter

Two separate issues are involved in the strike at Baragwanath Hospital which today entered its second day — a demand by the daily-paid or unclassified workers for more pay and the redress of grievances presented to the authorities by 1 000 live-in student nurses.

The daily-paid workers and student nurses have been brooding over their differences with the administration for some time and yesterday matters came to a head when the authorities were unable to meet their demands.

The last increase daily-paid workers received was in 1983.

The Hospital Workers' Association (HWA) claims the issues have been shelved for too long.

Student nurses presented these grievances to the hospital authorities last week:

- The curfew imposed on them — gates to the nurses' home are locked at 8 pm and they are not allowed to leave or enter the home after that.
- The poor quality of the food.
- Victimisation of student nurses who are outspoken.

Hospital cleaners, messengers, porters, kitchen staff and nursing aids have been agitating since last year for an increase in salaries and wages.

At a mass meeting on Wednesday, they were told their demands for increases could not be considered before March next year, a spokesman said.

Soon after the meeting some of the daily-paid workers went on the rampage in kitchens and dining rooms, throwing prepared food on the floor and smashing crockery.

The monthly wages of daily-paid workers is as little as R110 in some cases.

All operations cancelled

Bara strikers threatened with dismissal

15/11/85 Star (98)

By Joe Openshaw, Medical Reporter

Striking student nurses and workers at Baragwanath Hospital have been threatened with dismissal if they do not return to work — and nurse-aids have joined the strike.

The laundry at Baragwanath has closed down and laundry workers at the Zola Clinic, where the dirty washing was sent, have refused to handle it.

All theatre cases for today have been cancelled and new patients are being turned away.

Between 50 and 70 striking workers were arrested at Baragwanath Hospital today.

Asked to go back

Mr Samson Ndou, president of the General and Allied Workers' Union, said the striking workers reported to Baragwanath Hospital this morning. They were addressed by Mr F van Niekerk, secretary of the hospital, and were asked to go back to work.

"The workers were not prepared to do so and they were asked to go and collect their salaries and told they would be dismissed. They refused and some were then arrested," said Mr Ndou.

The workers were taken to the Protea police station. It was not known what charges, if any, were to be put to them.

Negotiations between hospital management and student nurses took place today but the outcome is still not known.

A mass meeting of all health workers was to be held at Baragwanath Hospital at 4.30 pm today to discuss the deterioration of services because of the continuing strike.

Yesterday only two of 60 patients scheduled for surgery were operated on and there is concern about health care which is falling off due to lack of staff and the arrest of 840 workers yesterday.

The arrested workers appeared in the Protea and Orlando magistrates' courts yesterday charged under the emergency regulations. Their cases were postponed to November 29.

The strike began after a meeting of daily-paid workers on Wednesday "deteriorated and groups of workers rampaged through the kitchens and dining rooms, destroying crockery and throwing food on the floors", hospital superintendent Dr Chris van der Heever said.

See Page 17.

Hospital strike staff dismissed

JOHANNESBURG. — Domestic staff at Soweto's Baragwanath Hospital are still on strike over pay and those who have not returned to duty have been dismissed, Dr H van Wyk, Director of Transvaal Hospital Services, said yesterday.

All services were being maintained, although student nurses had also refused to go on duty since Thursday.

Dr Van Wyk said "every effort" had been made to deal with legitimate grievances.

"At this stage medical services will continue although surgery will be curtailed and only more urgent operations are being done," he said.

● **Sophie Tema** reports that tension ran high at the hospital yesterday after more daily-paid workers were arrested.

On Thursday 718 people were arrested and later released after being charged under the emergency regulations and for attending an illegal gathering.

Police could not confirm yesterday's arrests but a number of doctors and hospital workers alleged that a truck-load of people were arrested.

Nurses have expressed dissatisfaction over an 8pm curfew, poor food, unfair dismissals and victimization, working extra hours without pay, and not being allowed to attend meetings.

The Health Workers' Association yesterday called for an immediate response to worker grievances and a halt to the use of force — such as calling in the army and the Baragwanath security police. They also demanded that legitimate organizations chosen by the workers be allowed to function without harassment.

Admissions halted as strike by student nurses and workers causes chaos

(98) Star 16/11/85

Crisis at Baragwanath

Staff Reporters

Baragwanath Hospital faces a crisis this weekend after the decision by hospital authorities to stop all new admissions to the medical department because of the acute shortage of student nurses and auxiliary staff.

And more than 700 personnel who have been involved in the strike at the hospital face dismissal for failing to report for work. Salary cheques are being prepared to be handed out on Monday.

Doctors, who cannot be named for professional reasons, say that the situation at the hospital is chaotic, with patients sleeping in soiled linen, dirt accumulating and injections and medication not being administered regularly. Casualty staff have been ordered to admit only desparately ill patients.

The doctors say that an intake of 100 people a ward will "sink the hospital".

The call by doctors of the medical department to stop admissions follows a crippling three-day strike which affected some of the hospital's essential services.

Mr Dan Kirstein, Transvaal MEC for hospital services, warned that student nurses and auxiliary staff who did not report for work would be dismissed.

Mr Kirstein said that workers from all over the Transvaal were being brought in to alleviate the situation.

In another development, a meeting of the Health Workers' Association (HWA) which was scheduled for Glynn Thomas House, near the hospital, to discuss the crisis was banned.

Doors locked

There was chaos at the nurses home last night because the authorities had locked the doors leading to the residence at noon yesterday.

Hundreds of student nurses were trapped in the residence and scores of others were locked outside.

In a letter, the Health Workers Association set out the grievances and demands of the striking student nurses and workers and pointed out that the average daily-paid worker earned about R150 a month.

The letter claimed that daily-paid workers last had a pay increase in 1983 and that many daily-paid workers who had been employed by the hospital for up to 20 years were still regarded as temporary staff.

Repeated attempts to redress grievances through proper channels had failed, the letter said.

Police and members of the Defence Force were called to the hospital this week and more than 840 hospital workers were arrested.

The grievances of the student nurses include being locked in the nurses' home at 8 pm every night; poor quality food served in the canteens; victimisation and unfair dismissals; money deducted during official leave and the violent behaviour of Baragwanath security guards.

Mr Kirstein said: "Throughout the day we asked the nurses and workers to return to work. I am afraid that those who do not comply with the request are going to dismissed.

"The department will do all it can to ensure that the necessary services continue for the people of Soweto."

A senior doctor at the hospital, who wished to remain anonymous, said that about 20 specialists from the department of internal medicine, including senior and junior specialists and medical registrars, decided at a meeting held at lunchtime yesterday to send a letter to the hospital's superintendent stating that the department was in an "extreme crisis".

No basic care

The letter said that, in the light of the present crisis caused by the absence of student nurses and auxiliary staff, they could no longer provide basic medical care.

"In view of this, we suggest that you make representations to the administration that, with immediate effect, no new patients should be admitted to the medical wards until the crisis has been resolved," the letter said.

"In the interim we will do our best to treat patients presently in the wards. We feel that nothing will be gained by transferring patients to make room for new admissions."

One of the doctors stressed they were not going on strike.

"If there are any emergencies we will take action, but we are not equipped to handle more. It is best if new admissions are diverted," he said.

"Normally we have to cope with an occupation rate of 150 percent or more but, without the staff, we just cannot handle this.

"We are keeping the patients we have for humanitarian reasons. The doctors have all pitched in, but it is all minor and will not help in the long term."

The cat scan was also out of operation because of the strike, he said.

Doctors, nurses meet Bara administrators

Last-ditch bid to end hospital crisis

Doctors and nurses at Baragwanath Hospital in Soweto might take action in protest against the dismissal of 1 800 striking student nurses and auxiliary workers if the deadlock is not resolved today.

The hospital authorities were locked in a crucial meeting with a delegation of doctors and nurses today in a last-ditch effort to resolve the crisis.

At the time of going to press an urgent application to the Supreme Court seeking the reinstatement of the fired workers had still to be heard.

Early this morning a meeting at the hospital of 500 employees — doctors, nurses and other classified workers — decided to draw up a petition calling on the authorities to resolve the crisis immediately. The petition signed by 700 health workers was presented to Dr Chris van der Heever, the superintendent.

The health workers decided to hold a report-back meeting this afternoon to consider on the latest developments and possible action.

The deadline for student nurses to vacate the nurses' home was extended from 11 am today till noon. Some nurses left the hospital grounds. The rest of the 940 congregated in the nurses' home — while the army moved in to evict them.

Confrontation fears

"The situation is tense. We are hoping there will not be an ugly confrontation," a spokesman for the Health Workers Association told *The Star*.

There had been confusion earlier when soldiers began evicting student nurses. Those who had packed their belongings last night crowded to taxi ranks and bus stops to begin their journeys home.

A meeting of dismissed workers called for noon today was postponed till 10 am tomorrow. It will be held at the offices of the General and Allied Workers' Union (GAWU).

The application for the reinstatement of sacked student nurses and auxiliary workers will be submitted to the Rand Supreme Court by GAWU.

About 100 black hospital workers from the Johannesburg and Hillbrow hospitals met last night and resolved to send a telex to the Minister of Health today seeking an urgent meeting to find a solution to widespread grievances among health workers.

They indicated that unless all the 940 student nurses and 800 auxiliary workers fired for striking were reinstated and their pay grievances addressed, further industrial action could hit other hospitals — including ones for whites.

Some of the workers earn as little as R150 a month and none have had pay rises since 1983.

Doctor tells of round-up

By Sheryl Raine

A Baragwanath doctor has described what he called "an extremely disturbing scene" at the hospital yesterday when about 300 dismissed workers were rounded up by armed soldiers and some escorted to collect their final pay packets.

Workers today said they were forced at gunpoint to collect their pay, and have handed their wages to officials of the General and Allied Workers' Union to be returned to the hospital. The union has affidavits from workers saying they were forced at gunpoint to collect the money.

The doctor, who cannot be named, said the group of workers was surrounded yesterday morning by armed soldiers.

The workers said they had been forbidden to go to the toilet and had not been allowed water.

The doctor intervened on the workers' behalf and asked the commanding officer why they were being held at gunpoint.

He was told they would cause havoc if they were allowed to move around freely. The commanding officer denied they were not allowed water or to go to the toilet.

Later, workers were told to collect their pay. Those who refused were ordered to leave the hospital within 15 minutes or face charges of trespassing.

SADF to help at Baragwanath

JOHANNESBURG. — The South African Defence Force has been called in to assist with maintaining services at Baragwanath Hospital.

This follows a request by the director of Hospital Services in the Transvaal, Dr Hennie van Wyk.

In a statement today Dr van Wyk said the South African Medical Service had mobilised manpower to assist in patient care augmented by volunteers from civil defence in Johannesburg.

He said units from the army have already provided catering and hygiene service backup.

"The public is assured that normal services at Baragwanath are continuing as usual in spite of the termination of the jobs of several hundred daily-paid workers and approximately 800 student nurses." — Sapa

Cash crisis threat to Tygerberg Hospital services

ARGUS 14/11/85

98

Tygerberg Bureau

TYGERBERG Hospital is in such financial straits that if help is not received from the private sector some medical services will be limited or stopped.

This was said today by Dr J P van der Westhuyzen, chief medical superintendent, who appealed to mayors in the Tygerberg area and to former patients and financial donors to help provide funds to keep the hospital running at its usual standard.

He said the hospital's expenditure in the past financial year was R128-million, of which patients paid only R6-million. State subsidies had been reduced because of the economic climate, while costs had risen because of inflation and the rand exchange rate.

STANDARD OF SERVICES

Dr van der Westhuyzen said the financial situation was critical because it had already begun to affect the standard of medical services.

"Thousands of people receive a new life here, but how many of them think of making a donation in gratitude?" he asked.

The hospital was one of the best in the country but it did not have the funds to do its work properly.

NEW EQUIPMENT

Provincial funds were exhausted and the hospital relied on the Hospital Board for repairs to equipment and purchase of new equipment. Without good equipment, the standard of medical services had to drop.

Although the Cape Provincial Administration had contributed several million rands from restricted funds, at least R8-million was still needed to replace equipment such as X-ray and ECG machines.

"There is no money to repair broken equipment, even less to buy new equipment to ensure that the standard of medical care keeps pace with developments in medical technology," said Dr van der Westhuyzen.

He said many patients would be turned away because of long waiting-lists and broken equipment.

SOWETAN

MONDAY, NOVEMBER 18, 1985 27c + 3c GST (PWV) Elsewhere 35c

17 000 threaten to join strike

CRISIS AT BARA

18/11/85 SOWETAN

98

MORE than 300 nursing assistants who have been holding the medical service together at Baragwanath Hospital are set to join the workers and student nurses on strike this week.

By MOJALEFA MOSEKI

A spokesman for the South African Black Municipal and Allied Workers' Union yesterday said the union resolved in Johannesburg to join the strike in solidarity if a solution had not been found by the end of this week.

He said the 17 000 members of his union would walk out in solidarity with Baragwanath workers.

The union has informed its mother bodies, the Post Telecommunications and Telegraph International and the Public Service International to take up the matter with Governments at the respective head offices.

It is understood that senior medical officers were to "formally object to the presence of the army personnel in the wards because their presence psychologically affected the recovery of patients".

This comes after the nursing assistants decided to join the strikers on Friday.

"A group of nurses, who said they had no leadership, but delegates, yesterday said they were "not on strike but were awaiting the results of talks between their delegates and the authorities at Baragwanath Hospital.

Scores of people visiting patients admitted to the Baragwanath Hospital during the week were told they had been transferred to Hillbrow Hospital yesterday.

Uniformed soldiers were present and riot police guarded the entrance.

Some soldiers pushed trolleys and others attended to patients in the surgical wards.

Patients' clothing and sheets had not been changed since Thursday and a team of outsiders cooked in the maternity kitchen only.

The head of the health secretariat of the Azanian People's Organisation, Dr Abu-Baker Asvat, yesterday slammed the authorities for "failing to act in a crisis situation".

He said the blame for the deterioration in medical services at the hospital would be laid on "officials".

See page 3.

"Dameli
Mr. J.P. Brumm

The Damelin Study Directorate sees to it that every student rece other members of the Director Advisers, and Mr. M.G. Andrew
"To get a good job and earn mo the past 30 years prove that the My many years in the educatio the very best in you. You see, D regulations to stand in the way

Baragwanath nurses' strike 'could spread'

Argus Correspondent

JOHANNESBURG — The Baragwanath Hospital strike may spread to other Transvaal hospitals and 17 000 members of the South African Black Municipal and Allied Workers' Union (SABMAWU) have threatened to join the strike in solidarity if the grievances of nurses and daily-paid workers are not resolved soon.

A spokesman for the union said at the weekend that the union would join the strike if a solution had not been found by the end of this week.

PAY DEMANDS

The union has also told its parent bodies, the Post Telecommications International, Telegraph International and the Public Service International, to take up the matter with governments at the head offices.

"The Black Health and Allied Workers' Union (BHAWU) — pharmaceutical workers — have also indicated that they will give us support if the situation is not resolved," a spokesman for the Health Workers' Union (HWA) said today.

He said the nurses and theatre sisters would meet their matrons today because they are "upset" with the having to wash floors and clean wards in the absence of the 800 student nurses and 1 000 auxiliary workers who went on strike late last week over pay demands and better working conditions.

On Friday nurses' aids came out on strike in solidarity with the daily-paid workers and student nurses.

"NOT LEGAL"

The strikers were told on Saturday they had been dismissed and should collect their salaries and wages today.

The dismissed student nurses were to meet the hospital superintendent, Dr Chris van der Heever today to discuss their grievances.

"They will refuse to collect their pay because we have been told by our legal advisers that it is illegal to fire workers before they have had an opportunity of putting their case to management," the spokesman for the HWA said.

According to him the crisis still exists at the hospital and "things are very bad".

SURGERY BACKLOG

"Usually there are 60 operations a day in the hospital's 11 wards. There are only two cases on the list for surgery today and a backlog of "cold surgery" cases is piling up.

"The strike could well spread to other Transvaal hospitals," he warned.

The Director of Hospital Services in the Transvaal, Dr Hennie van Wyk, announced at the weekend that he had asked the Defence Force for help.

Health services may go private

(98) B. Day 18/11/85

GERALD REILLY

SIGNIFICANT changes in the provision of health services were on the way, National Health and Population Development Minister Willie van Niekerk said at the weekend.

Opening a pharmaceutical training centre at the University of Potchefstroom he said government was investigating what facets of health services could be privatised.

A few large companies had already started with the takeover of certain existing private hospitals while other companies were building modern private hospitals.

Certain private interests were also interested in the large number of empty beds in provincial hospitals.

Others had already had discussions with Department of National Health officials on the establishment of community health centres in co-operation with government.

The privatising of health services was therefore already receiving the attention of a number of interested parties and organisations.

Government was referring sick fund patients who previously got their medicines at provincial hospitals to the private sector.

A committee with four sub-committees had been conducting an in-depth investigation for six months to determine how certain services could be privatised, and the cost implications.

Recommendations of the Brown Commission and the report of the Competition Board, which would be available soon, would make an important contribution to the future of the pharmaceutical profession, Van Niekerk said.

Troops help as hospital fires 1 800 strikers

CAPE TIMES 18/11/85

98

JOHANNESBURG. — Troops were called in at the weekend to help with the running of the strike-crippled Baragwanath Hospital, where services faced collapse following the decision by the Transvaal Hospital Services to fire an estimated 1 800 employees — two-thirds of the workforce.

The Defence Force units moved into the hospital on Saturday in an effort to continue essential services which were jeopardized after a wage dispute escalated on Thursday.

The hospital is under threat after the walkout of about 1 000 workers and 800 student nurses.

Support

"The decision has been taken to dismiss all those on strike," said a hospital spokesman. "But we cannot yet say exactly how many people are involved."

The workers' representative body, the Health Workers' Association (HWA), says 1 800 nurses and auxiliary workers are on strike.

The Director of Hospital Services in the Transvaal, Dr Hennie van Wyk, announced on Saturday that he had asked the SADF for help and yesterday he said patient services were functioning normally.

The crisis started with 30 staff who were arrested on the second day of their strike on Thursday.

Yesterday a Hospital Workers' Association spokesman said the nurses were ready to go back to work on condition their demands were met, and on condition the authorities were prepared to talk to them. The nurses have expressed grievances over: The 8pm curfew; poor-quality food; unfair dismissals and victimization; working an additional 2½ hours a week without renumeration, and their right to attend meetings and organizations of their own.

The spokesman said all Hospital Workers' Association meetings had been banned at the weekend, but the superintendent, Dr Chris van den Heefer, had arranged to meet the nurses today at 10am. — Sapa and Own Correspondent

Bara strike could spread

Star 18/11/85

The Baragwanath Hospital strike may spread to other Transvaal hospitals.

And 17 000 members of the Black Municipal and Allied Workers' Union (BMAWU) have threatened to join the strike if the grievances of nurses and daily-paid workers are not resolved soon.

"The Black Health and Allied Workers' Union (BHAWU) have also indicated they will give us support if the situation is not resolved," a spokesman for the Health Workers' Union (HWU) said today.

The strikers were informed on Saturday they had been dismissed and told to collect their salaries and wages today.

The dismissed student nurses will be meeting with the hospital superintendant, Dr Chris van der Heever, at 10 am today to discuss their grievances.

SADF

The Director of Hospital Services in the Transvaal, Dr Hennie van Wyk, announced at the week end he had asked the South African Defence Force for assistance.

SADF units are now mainly engaged in cleaning, cooking and washing linen and volunteers from civil defence services in Johannesburg also moved into the hospital at the weekend in an effort to continue essential services.

Senior doctors and heads of departments at the hospital had decided not to allow SADF members to interfere in the running of their wards, a doctor said yesterday.

They had also decided to reject the superintendant's order that non-urgent cases not be admitted to the hospital during the strike, he said.

● See Page 13.

Army takes over Bara but it's not the same

18/11/85 Star

By Phil Mtimkulu

Baragwanath Hospital was quiet over the weekend, but not because only a few victims of Soweto's high crime rate came to the hospital. On this score it was business as usual.

It was quiet because the people who make it lively were conspicuous by their absence.

The porters, nurse aids and student nurses were missing.

The usual laughter and chattering from the nurse aids and porters as they meet on their rounds in the corridors were lacking.

SILENT CORRIDORS

The corridors were safe — free of fast-moving stretchers.

In the wards and the silent corridors there was a funereal atmosphere.

In place of the young and pretty student nurses in the wards one saw khaki-uniformed members of the South African Defence Force with maroon berets.

It was a contrast to see members of the army, usually on top of Casspirs and Buffels with rifles on their laps, gently pushing stretchers while others prepared food in the kitchen.

The soldiers were all over this giant hospital doing all kinds of chores.

Of course men of different professions are called up into the army.

The man in the khaki uniform I saw putting stitches in an ugly knife wound of a Soweto youth was probably a doctor. Medical orderlies must have been among the men who were helping patients out of private vehicles and ambulances.

But it was still a strange experience to hospital visitors to see tough men pushing wheelchairs and mopping up blood in the casualty department.

Although their presence alleviated the situation, to a regular at "Bara" it was clear that a certain professionalism was lacking.

Pushing a stretcher appears to be an unskilled job which can be done by anyone. The porters who scream down the corridors at breakneck speed have made it look easy, but I noticed a few stretchers going off course and the passengers seemed unsure if they would reach their destinations.

Neither could the soldiers collect all the laundry and heave it into the big Transvaal Provincial Administration trucks. Piles of uncollected laundry could be seen next to the wards.

The student nurses who do a valiant job changing patients, feeding the children and applying medication were missed by all — nursing sisters, doctors and patients alike.

A group of Civil Defence members, doctors and nurses drafted from private practices and other hospitals arrived and were soon assigned to various wards.

A Casspir was positioned outside the hospital this morning.

NURSING SISTER

A nursing sister who could not get a post at Baragwanath after completing her studies there last year was sent a letter of appointment on Saturday and told to report for duty the next day.

A doctor, who for professional reasons cannot be identified, said the doctors were told not to hand in their coats for cleaning as there was no guarantee that they would get them back.

The doctor also complained of the manner in which the food was prepared by the soldiers. "It did not resemble food at all. They just poured it in our plates and you had to scream at them to stop."

Dismissed student nurses ordered to quit hospital premises

SOWETAN 19/11/85

BARA: COURT MOVE

AN URGENT application for a court interdict for the reinstatement of the dismissed Baragwanath Hospital student nurses and auxilliary workers will be submitted to the Rand Supreme Court today.

Instead of negotiating with the dismissed workers and nurses' delegates, the hospital authorities yesterday fired the 1 000 student nurses and instructed them to collect their cheques at 2pm today.

They have been given until 11am today to leave the Nurses Home. The nurses rejected the instruction to collect their cheques and resolved to defy the quit order during a meeting yesterday morning.

A spokesman of the Health Workers Association (HWA), which is handling the dismissed workers' demands, said: "We call upon the authorities to withdraw the army from the hospital because its presence prolongs the recovery of patients psychologically and physically as blacks respond negatively to soldiers. The services of the dismissed workers and the nurses can never be replaced".

SOWETAN Reporters

Meanwhile, a meeting called by non-classified workers who are members of the General and Allied Workers Union (GAWU), was yesterday banned by the Divisional Commissioner of Soweto, Brigadier Jan Coetzee.

The meeting, which was scheduled for the Glynn Thomas Hall, was banned in terms of the Public Safety Act of 1953. The ban was announced 50 minutes before the meeting was to start. Another meeting will be held at Khotso House in Johannesburg at 12 noon.

At another meeting held at Khotso House yesterday afternoon, about 100 workers at the Hillbrow and General hospitals pledged solidarity with the Baragwanath workers.

Speakers at the meeting included Mr Phillip Dhlamini, general secretary of the South African Black Municipal and Allied Workers Union (Sabmawu), and Mr Y Variava of the Health Workers Association (HWA).

Messages of solidarity from various unions were also read. The meeting also called on the Public Service International to put pressure on the South African Government to resolve the situation.

The dismissed workers and nurses received support from unions and medical associations and professional groups yesterday.

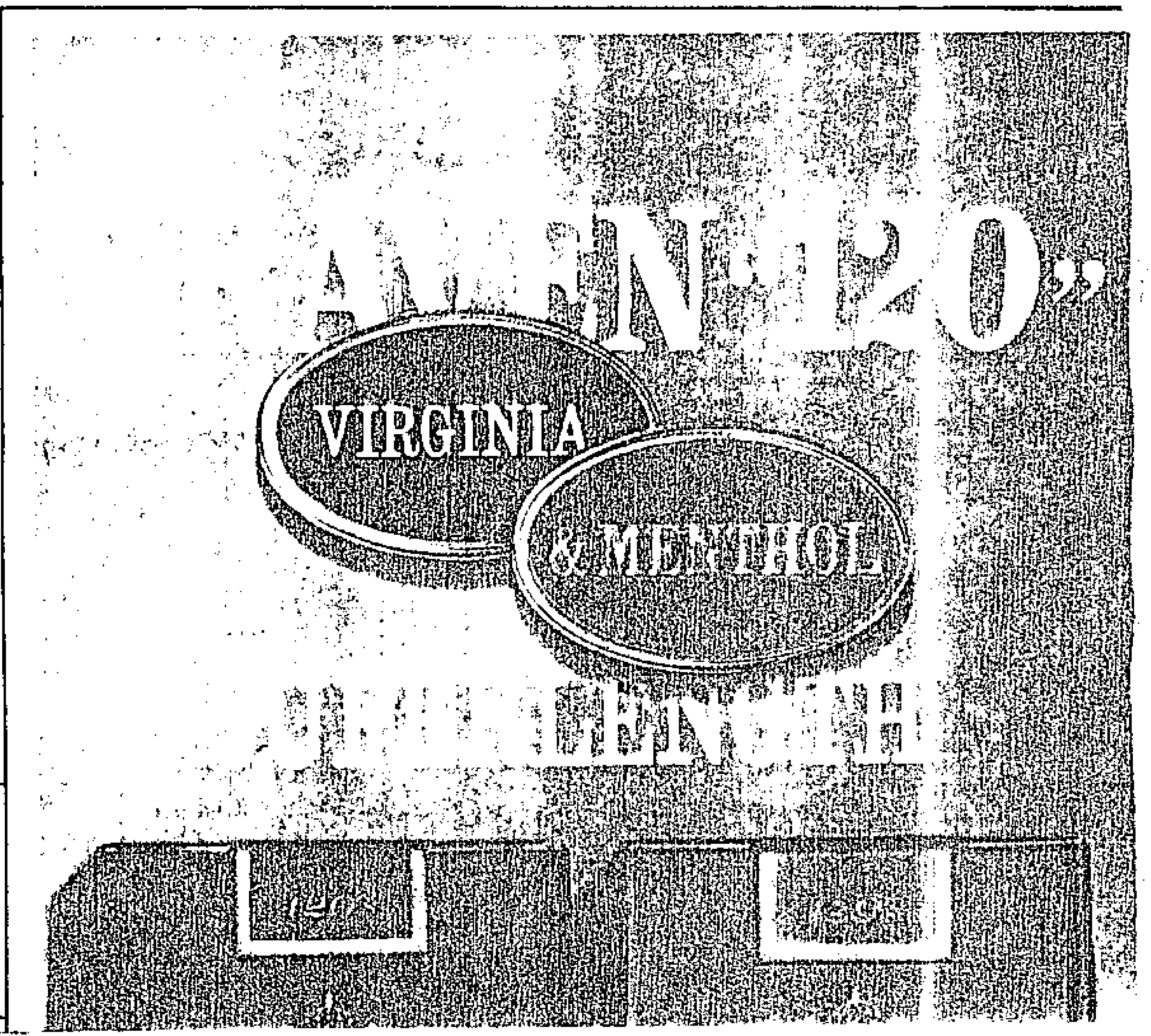
A group of nursing sisters and doctors reportedly sent a letter to the health officials in Pretoria expressing "great concern over the handling of the matter and pledging their support for the workers and student nurses' valid demands".

They have been rendering services to patients since the workers and nurses stayed away on Thursday.

A spokesman for the South African Black Municipal and Allied Workers Union (Sabmawu), said he was disappointed with the "arrogant manner of the Baragwanath officials who refused to talk to the union's delegation".

"We will do all in our power, with other concerned unions, to bring the health officials to the negotiating table and will not rest before everyone of the dismissed workers is reinstated," said the spokesman.

Vaal unrest — 6 more in court — Page 3



Blame the authorities for health crisis, say workers

SOWETAN 19/11/85

(98)

FOCUS

By THEMBA MOLEFE

THE fact that there are workers who still earn about R175 a month — after 15 years' service — at Baragwanath Hospital, brought about an explosion that took years of simmering frustration in one of the most essential community services.

When about 1 700 health workers at the largest hospital in the southern hemisphere went on strike last week little was known as to how much they were earning. The strike also revealed the startling fact that they had not received wage increases since 1983.

Also, apart from wage grievances, the workers complained of poor working conditions which they said they had endured for years.

What also surfaced was the reluctance of the authorities to negotiate with the workers or their representatives over these grievances.

The General and Allied Workers' Union (Gawu) has revealed the salary structures at Baragwanath, as health services continued to crumble at the hospital this week.

A nursing sister, who declined to disclose her name, said yesterday that she feared the situation would deteriorate after about 700 student nurses were "paid off" following the wage strike.

She said the wards were being occupied by soldiers who were performing the duties of the nurses.

"Their presence will have an adverse psychological effect on the patients," the nurse said.

She also felt that the dismissal of the student nurses would force qualified sisters who faced an overload of work, to protest and this could worsen matters.

The sister suggested that white nurses be brought in to relieve the situation.

There are workers who still earn as little as R1 962 a year at the hospital, according to Gawu, which has the bulk of its membership working at Baragwanath.

Mr Samson Ndou, Gawu's president, said workers were being paid according to the Paterson Salary System, which categorised workers according to classes.

- Workers who fall under the A1 category — cleaners, assistant cooks and laundry workers — earn up to R2 886 a year (about R220 a month) if they have worked at the hospital for six years or more.
- The second category, A2, comprises workers employed as ward helpers, porters, messengers, cooks and dispensary attendants. A worker in this category, who has six years or longer of service earns about R3 135 annually — about R230 a month.
- The highest-earning worker in the A3 category, a security guard — gets about R324 (about R3 882 a year) only after having been employed for eight years or more.

System

Mr Ndou says that the workers in these categories are non-classified employees according to the Paterson system.

All of them, especially those who were employed before 1983, have not received any salary increases since 1983 and this caused the anger; the explosion which resulted in many being arrested last Thursday.

The workers' strike, which also culminated in some going on the rampage, is seen as an indictment on the Transvaal Hospital Services.

At a mass meeting last Wednesday, hospital cleaners, messengers, porters, kitchen staff and nursing aids were told their demands for increases could not be considered before March next year.

This was not accepted by the workers. A mother, who has been working for 15 years, said she was earning R175 a month as a cleaner.

"I cannot take it any longer," she said.

The qualified nurses on the other hand, who, in spite of the terrible staff shortage at Baragwanath, were asked two years ago to alleviate the acute shortage of qualified staff at white hospitals, feel they are going to be hard-hit if the strike is sustained.

And at a mass meeting attended by about 400 workers at Khotso House, Johannesburg, on Saturday, among other issues, it was revealed:

- That the health workers, being aware of the importance of their task to the vital community services, feel authorities have refused to negotiate with them or their representatives over wages and working conditions;
- that management had chosen to use "military and police to intervene in our dispute" and that the present condition of the hospital was rapidly deteriorating as a result.

The workers also said they "put the blame squarely on the doorstep of the authorities" and not on the workers themselves.

They also called for "the assistance and solidarity" of all organisations, locally and abroad, in their plight.

The Hospital Workers' Association also claimed the issues at Baragwanath had been shelved for too long, especially those of student nurses.

Student nurses told to go

CAPE TIMES 19/11/85

Own Correspondent

JOHANNESBURG. — About 900 striking student nurses at Baragwanath Hospital were yesterday given 24 hours notice to leave the hospital.

The striking nurses said the chief superintendent, Dr Chris van den Heever, announced at a meeting yesterday morning that they should collect their pay cheques and leave the hospital premises by 11am today.

Scores of daily-paid workers were also made to sign receipt of their cheques yesterday and were told their services had been terminated.

Workers who were not made to sign their cheques said they intended going on with the strike in solidarity with those who had been sacked.

The nurses said they had resolved to ignore the decision and expressed their willingness to negotiate.

At the weekend a spokesman for the South African Black Municipal and Allied Workers' Union said its members were set to join the nurses and workers on strike.

● Sapa reports that according to an official of the Hospital Services Directorate in Pretoria yesterday, the sacked student nurses and workers had been told they could reapply for their jobs and each reapplication would be judged on merit.

The workers and student nurses charged with public violence and attending an illegal gathering are due to appear in court on November 27.

State sector workers are on the move

Baragwanath strike crisis: 'Battle has only just begun'

Star 19/11/85

98

The strike by about 1 800 auxiliary workers and student nurses at Baragwanath Hospital plunged the hospital into chaos as cleaners, cooks, kitchen staff, laundry employees and porters downed tools.

Although all the strikers have been officially dismissed, and personnel from the defence force, Transvaal Hospital Services and civil defence units are filling vacancies, the crisis is far from over.

The Baragwanath Hospital strike has signalled a new era of organised labour in State organisations. Report by SHERYL RAINE.

The hospital superintendent has said things are back to normal, but reports from the Health Workers' Association (HWA) tell a different story of suspended operating schedules, a casualty department in chaos, an overloaded laundry, dirty wards and disrupted food preparation and ward services.

As far as the strikers are concerned, the battle has only just begun.

More than 000 workers will appear in court on November 29 to face charges of attending an illegal gathering or staging an illegal strike.

About 17 000 members of the SA Black Municipal and Allied Workers' Union have threatened to strike in solidarity if the grievances of nurses and daily-paid workers are not resolved by the end of the week. About 300 nurse-aids are also threatening to strike.

The strikers are represented by the HWA and unions which have been organising in hospitals, including the General and Allied Workers' Union (GAWU) and the Black Health and Allied Workers' Union of South Africa.

State institutions are generally hostile territories for unions.

The Baragwanath strike indicates, however, that workers are on the move in State sectors which, to date, have been largely untouched by the kind of labour organisation other industrial sectors have experienced in the past six years.

"We have 10 hospitals in which were have been organising since 1982. At Baragwanath we do not have a majority, but we are the main union," said Mr Samson Ndou, president of GAWU.

"We are not recognised and have not participated in wage negotiations yet, but we have represented individual workers and submitted collective complaints."

Asked whether his union received co-operation from the hospital administration, he said: "They are still in a learning process as regards working with trade unions. They are not experienced in this field."

He said there had been a lag in the organising of State institutions such as hospitals, but that this was understandable. "South African workers are still not organised in the true sense of the word. There are about 10 million workers who still have to be organised while only 1,5 million are in unions."

According to Mr Ndou, the Bara workers have legitimate pay grievances.

He said cleaners, cooks and laundry workers in the A1 category of pay earned between R1 962 a year and R2 886 a year depending on their length of service.

Workers in the A2 category, which included helpers, messengers, porters and dispensary staff, earned R2 106 a year in their first year of employment and R3 135 a year in their sixth year.

After repeated attempts to air their grievances and get them redressed, the workers were told last week that there would be no chance of an increase until March next year.

The last time the workers received a pay rise was in 1983, Mr Ndou said.

RECOGNITION

The HWA, a broad-based organisation of health workers, including doctors and nurses, started in 1979, has tried without success to gain recognition at hospitals.

A spokesman for the HWA said the refusal of the hospital authorities to recognise the association was one of its biggest problems.

He said the labour dispensation under which hospitals and other state organisations were operating was "archaic".

"The Bara strike, the first of its kind, heralds a new era in organising labour in the State sector. The laws concerning workers in the State sector are out of date. The atmosphere for unions organising in hospitals is extremely hostile. The high-handedness of authorities does not do much for good labour relations."

State employees are not covered by the Labour Relations Act and do not benefit directly from the labour reforms introduced after the Wiehahn Report.

Govt gets Bara ultimatum

(98) B. Day 20/11/85

SIPHO NGCOBO
and SOPHIE TEMA

TWO of the unions representing the more than 1 500 sacked Baragwanath student nurses and auxiliary workers have sent a telex to Health and Welfare Minister George Morrison warning him to resolve the issue or face a general strike.

Officials of the Black Health and Allied Workers Union of SA (Bhawusa) and the SA Black Municipal and Allied Workers Union (Sabmawu) said a similar message had been telexed to the Transvaal Regional Director of Health Services.

Doctors and health workers at Baragwanath yesterday also urged the hospital's chief superintendent, Dr Chris van Heever, to reinstate the strikers.

But the situation looked set to deteriorate further when government slapped a second ban on the Health Workers Association (HWA).

The HWA was banned from holding meetings until 8.30am next Monday.

A ban last Friday prohibited the association's executive from addressing striking staff at the hospital until Monday.

Meanwhile, lawyers acting on behalf of the 900 Baragwanath nurses gave notice in the Rand Supreme Court yesterday that they would bring an urgent

● To Page 2

General strike threatened

● From Page 1

application this morning for the reinstatement of the sacked staff.

Some of the student nurses were granted a stay of eviction and allowed to sleep at the nurses' home last night after they had re-applied for their jobs.

However, hundreds who did not reapply were evicted by defence force members.

The hospital administration had given the nurses until 11am yesterday to evacuate the hospital premises, but the deadline was later extended to 12pm.

The latest banning order was served on the HWA executive on Monday afternoon after the Baragwanath employees had been dismissed.

A hospital spokesman refused to comment or say whether those who had re-applied for their jobs would be reinstated.

Baragwanath threatened with fresh work stoppage

NATIONAL/INTERNATIONAL

Argus Correspondent

JOHANNESBURG. — Doctors, nurses and other health professionals at Baragwanath Hospital have threatened to stop work today if 1 800 student nurses and workers who were dismissed for striking are not immediately reinstated.

The decision was made at a meeting yesterday by 300 health workers in the full knowledge of the consequences they could face by striking — disciplinary action, prosecution with the possibility of a maximum fine of R1 000 or a year in prison and automatic removal from the medical register if convicted.

An ultimatum stating that health workers intended taking an active part in the week-long strike by student nurses and non-classified health workers was given to the superintendent of the hospital, Dr Chris van der Heever, yesterday.

A delegation of doctors, nurses, radiographers, physiotherapists and technical staff were to meet Dr van der Heever today for his reply.

12 000 patients

A co-ordinating committee of 15 medical workers has been set up to discuss ways of looking after the estimated 12 000 patients still being treated at Baragwanath.

A spokesman for the Health Workers' Association (HWA) said the medical professionals were aware of the serious disciplinary action they could face, but in spite of this had decided to take action in support of the dismissed strikers.

Intransigence

"These are desperate acts by medical staff brought about by the intransigence of the authorities. The medical staff believe they have no alternative but to take the action planned," the spokesman said.

Yesterday 942 student nurses were ordered to vacate the nurses' home and although they refused, they left the hospital grounds rather than face confrontation with the troops and police sent to evict them.

"Only 40 of the student nurses surrendered the keys to their rooms. The other 900 kept their keys," the HWA spokesman said.

An urgent application asking for the reinstatement of the dismissed workers by lawyers representing the General and Allied Workers' Union (Gawu) was to be brought before the Rand Supreme Court today.

A meeting of the dismissed workers was to be held today at Gawu's Johannesburg offices.

● A telex requesting an urgent meeting with the Minister of Health to resolve the situation at Baragwanath was sent to Pretoria yesterday by the Black Municipal and Allied Workers' Union and the Black Health and Allied Workers' Union. The unions asked for a reply by tonight.

As Baragwanath crisis deepens

MASS WALK OUT THREAT

Dr MATSEKE . . . officials slammed.

151 98 SOWETAN

20/11/85

THE crisis at Baragwanath Hospital deepened yesterday when doctors and nursing sisters announced they would down tools this morning if dismissed workers were not re-instated.

By MOJALEFA MOSEKI

This means that the giant hospital will be brought to a virtual standstill with its patients left stranded. There are around 12 000 patients at the hospital.

This ultimatum was given to the hospital superintendent, Dr Chris van der Heever, yesterday by a delegation representing doctors, nursing sisters, radiographers, technical and clerical staff.

Strike

According to our information all staff at Baragwanath not affected by the strike last week have now thrown in their lot with the dismissed workers.

A further 1 500 workers could be affected.

The hospital superintendent, could not be contacted for comment. But it was learnt yesterday that the SADF medical corps had been placed on standby to take over medical functions should the remaining staff at the hospital down tools.

A spokesman for the SADF yesterday said he was not aware of this and we should contact the director of hospitals.

He did, however, concede that the army could give such service if asked to do so.

A spokesman for the Health Workers' Association (HWA) said when the doctors and nursing sisters were told that Dr Chris van der Heever was "unavailable to respond to their petition submitted after the 10am meeting they resolved to down tools today at 10am if he has not responded".

Late yesterday it was reported that Dr van der Heever had agreed to meet a delegation of the medical personnel comprising of nursing sisters and doctors.

And yesterday morning all student nurses were evicted from the hospital by 11am nurses were ordered to collect their belongings from their rooms and leave.

The army and police were present. There were no incidents.

Meanwhile the court action to be brought against the hospital by dismissed workers will be heard today. Lawyers acting for the dismissed workers were yesterday busy with preparation of the papers and said they would only bring the matter before the court today.

As reported in The SOWETAN yesterday an urgent application is to be brought in the Supreme Court for the reinstatement of all dismissed workers.

- The Institute of Public Servants yesterday condemned the action of the Baragwanath Hospital authorities in dismissing striking staff and the eviction of student nurses from their hostel.

Its chairman, Dr S K Matseke, said yesterday that his organisation condemned the action of the authorities at Baragwanath "in the strongest terms".

"The authorities have responded to the situation in a most high-handed way. They did not even bother to consult with community or national leaders to help solve the crisis," Dr Matseke said.

2 Cape Times, Wednesday, November 20, 1985

Fired nurses: Lawyers act

Own Correspondent

JOHANNESBURG. — Lawyers acting on behalf of 900 striking Baragwanath Hospital nurses have given notice in the Rand Supreme Court that they will bring an urgent application this morning for the reinstatement of sacked student nurses and auxiliary workers.

Their services have been terminated and they have been prohibited from remaining on the premises and in the hostels.

It was agreed between all parties that the respondents would not have time to file affidavits before this morning.

The strike started a week ago after a demand by daily-paid or unclassified workers for more pay and the redress of grievances presented to the authorities by live-in student nurses.

Ban

Meanwhile, a new banning order has been imposed on the Health Workers' Association (HWA), representing all hospital workers and medical staff.

It has been banned from holding meetings from yesterday until 8.30am next Monday.

The banning order was served on the executive on Monday afternoon after 1 500 people at the hospital had been dismissed.

The first ban prohibited the HWA executive from addressing strikers at the hospital from last Friday afternoon until Monday morning.

Of the total dismissed, 900 student nurses were given 24 hours' notice to collect their pay cheques and be out of the hospital premises by 11am the next day.

The striking nurses defied the order to collect their pay, but all vacated the hospital premises after members of the Defence Force surrounded their hostels.

An official of the Hospital Service Directorate said in Pretoria yesterday that the nurses had been told they could reapply for their jobs. Each application would be judged on merit.

Hundreds of auxiliary workers, porters and cleaners were also fired from their jobs and claimed they were forced to sign receipts for their wages.

Soldiers

The workers claimed they were taken by armed soldiers and police from the Harriet Shezi Hall to the hospital's personnel office where they were paid off and told their jobs had been terminated.

Yesterday about 650 doctors, including health workers, signed a petition which was to be handed to the hospital's chief superintendent, urging him to meet and address the strikers and get them back at work.

'Gunpoint' collection of wages

Cit Times. 20/11/85

JOHANNESBURG. — A Baragwanath doctor has described what he called an "extremely disturbing scene" at the hospital yesterday when about 300 dismissed workers were rounded up by armed soldiers and some escorted one by one to collect their final pay packets.

Workers have signed affidavits saying they were forced at gunpoint to collect their pay, and have handed their wages back to officials of the General and Allied Workers' Union (Gawu) so that they can be returned to the hospital.

The doctor, who cannot be named, said the workers were surrounded by armed soldiers standing one metre apart. The workers told the doctor they had been forbidden to go to the toilet and had not been allowed water to drink.

The commanding officer told the doctor that the workers would "cause havoc" if they were allowed to move around freely.

The commanding officer denied that the workers were not allowed to have water or go to the toilet. He said he would provide water and that workers were allowed to go to the toilet under escort one at a time. — Sapa

Baragwanath staff 'didn't expect to be fired'

By Mike Siluma

Baragwanath Hospital workers did not expect to be fired when they went on strike for higher wages last week — after all, they said, the demand was a reasonable one.

About 300 workers were dismissed at the weekend.

The General and Allied Workers' Union (Gawu) said cleaners, cooks and porters who had worked at the hospital for up to six years earned R2 106 a year.

Messengers and dispensary employees got R3 135 after an equal length of service, while the hospital's security guards received R3 382 after eight years' service.

Workers interviewed by **The Star** yesterday preferred to remain anonymous for fear of reprisals.

An indignant Mrs A, a mother of three school-going children who had worked in the hospital's linen room for the past 12 years, said:

"We asked for an increase because the price of everything else had gone up and we could not make it with the money we earn. But it is not as if we were asking for R1 000.

"We are very bitter about the way we were treated by the hospital authorities, especially after so many years of loyalty. It was not necessary for the authorities to react the way they did because we were not fighting.

"Even the decision to strike was taken because we were left with no alternative."

After their dismissal, the workers were not even given a chance to take their belongings, she said.

Mrs A said in addition to her children, she looked after her mother and elderly grandmother. Although she earned R253 a month and her husband R85 a week, the high cost of living made it difficult to survive.

She said she worked a five-day week, from 7 am to 5 pm, with a 30-minute lunch break and a 15-minute break in the morning and afternoon.

Her account of the dismissal was matched by a colleague, Mrs B, who had worked in the hospital's kitchen for 10 years.

Having started at a monthly salary of R50, Mrs B now earns R240. She works a six-day week from 7 am to 4 pm.

She is the only breadwinner in a family of three children, one in matric.

She said she was finding it difficult to see her children through school and to pay the monthly rent of R24.

Mrs B was adamant that she and her colleagues would not accept re-employment, only reinstatement.

Strike action by doctors, nurses is grave offence

Medical Reporter

Strike action by doctors and nurses holds grave consequences — they are liable to be heavily fined or imprisoned and automatically removed from the register by their respective councils.

In the eyes of the law, striking public health professionals are viewed in the same serious light as kidnappers, hijackers and people who hold hostages — they are considered guilty of bargaining with peoples' lives.

If complaints are lodged against medical professionals for striking, and they are found guilty in terms of Section 53(a) of the Medical Act, they are liable to maximum fines of R1 000 (or a year's imprisonment).

"Doctors and nurses found guilty of striking are automatically struck off the register," the registrar of the South African Medical and Dental Council, Mr Meo Prinsloo, told *The Star*.

They are also open to departmental disciplinary action.

Bara doctors and nurses threaten to down tools

Star 20/11/85

Doctors, nurses and professional staff at Baragwanath Hospital have threatened to down tools today if 1 800 student nurses and workers dismissed for striking are not immediately reinstated.

The decision to take such action was made at a meeting yesterday by 300 health workers despite the fact that they could face disciplinary action, prosecution with the possibility of a maximum fine of R1 000 or a year in prison and automatic removal from the medical register if convicted.

A Health Workers' Association spokesman said the medical professionals were aware of the serious disciplinary action they could face, but in spite of that had decided to take action in support of the dismissed strikers.

Their ultimatum that they intended taking an active part in the week-long strike was given to hospital superintendent Dr Chris van der Heever yesterday.

A delegation will meet Dr van der Heever this morning for his reply.

This action by the professionals could bring the hospital to a standstill.

A co-ordinating committee has been set up to discuss ways of continuing looking after the estimated 12 000 patients still being treated at Baragwanath.

CONFRONTATION

Yesterday 942 student nurses were ordered to vacate the nurses' home and although they refused to do so, left the hospital grounds rather than face a confrontation with the army and police sent to evict them.

An urgent application by lawyers representing the General and Allied Workers' Union (Gawu) asking for the reinstatement of the fired workers will be brought before the Rand Supreme Court this morning.

A meeting of the dismissed workers will be held today at Gawu's Johannesburg offices.

A telex requesting an urgent meeting with the Minister of Health to resolve the situation at Baragwanath was sent to Pretoria yesterday by the SA Black Municipal and Allied Workers' Union and the Black Health and Allied Workers' Union. The unions asked the Minister to reply by tonight.

● Three dismissed student nurses are bringing an urgent application to the Rand Supreme Court today to stop their eviction from the nurses' home and to declare their dismissal unlawful.

The application was expected yesterday but was delayed by the preparation of lengthy court documents.

● See Page 17.

From Page 1

board to discuss the issue he told me to hold my horses".

Meanwhile about 150 student nurses who were dismissed at the Baragwanath Hospital last week yesterday signed forms of reinstatement agreeing that they were "guilty" of going on strike.

The forms state that they have no claim to any leave privileges pertaining to their previous appointment and that from the date of re-appointment their admission to the pension fund will be regarded as "a new appointment subject to normal admission requirements".

A meeting held late yesterday resolved that all those who had signed the forms and had recognised that they were at fault by so doing, should submit their names and a lawyer will see to it that their signatures be declared null and void.

Banned

Yesterday's meeting was also told that the hospital banned matrons from staff meetings as they had voiced desperation and deep concern on the plight the hospital was now in, because of the actions taken by the hospital.

The SOWETAN has established that:

- Patients were being prematurely discharged;
- Patients were rejecting the soldiers now providing some service at the hospital;
- Flies were plentiful in wards;
- There was no proper medication given as there were no junior nurses to change bandages and give medicines;
- Some doctors were barring SADF personnel from wards in solidarity with fired staff; and
- Only urgent operations were being done while others are suspended.

A spokesman for the hospital services department in the Transvaal, Dr J A Fourie, has denied the allegations. But medical staff at the hospital confirmed them.

STAFF HOLDS FIRE

THE proposed strike by Baragwanath Hospital's remaining staff was yesterday suspended pending the outcome of an urgent application for the reinstatement of dismissed workers. The case continues today.

Pending outcome of court case

Meanwhile it is reported that the hospital services are deteriorating.

The remaining staff cannot cope. Patients are being prematurely discharged while flies abound in wards.

The decision to suspend the strike was taken by more than 1 000 staff members, including doctors, nursing sisters, medical technologists, radiographers and clerks. They met at the hospital.

The planned meeting between Dr Chris van der Heever, chief superintendent of the hospital, and a delegation representing the staff, yesterday did not take place.

The meeting was told that Dr Van der Heever had asked to be excused as he was defending the action against the hospital.

However, it is alleged that he has in the past refused to meet staff representatives on this issue, except when he announced the dismissals. Calls to his office to confirm this have been referred to Pretoria.

Bombshell

And yesterday the chairman of the Baragwanath Hospital Board, Dr W M Matsie, dropped a bombshell when he disclosed that Dr van der Heever had previously stalled a meeting of the board to discuss the issue.

Said Dr Matsie yesterday: "When I as chairman told him I had called a meeting of the

To Page 4

THE THREE applicants who brought the action against the hospital with their legal representative, Mr A Soman (in glasses). They are (from left), Themba Mbobo, Macbeth Nxumalo and Mardulate Tshabalala. They are being interviewed by a TV crew.

SOWETAN 21/11/85

S 12019 GREY PERSPECTIVES 42019/X01131

'Sackings were unlawful'

AN urgent court application by three dismissed student nurses at Baragwanath Hospital to order the authorities to allow them to remain at the nurses' home and declare their dismissal unlawful was yesterday postponed to today by a Rand Supreme Court judge.

The application is being brought by student nurses Mardulate Tshabalala, Themba Mbobo and Macbeth Nxumalo, all former residents at the hospital nurses' home.

The respondents are the Minister of Health and Welfare, the Administrator of the Trsnsvaal, the Director of Hospital Services and Dr C van der Heever, the chief superintendent of Baragwanath Hospital.

Mr Justice Goldstone adjourned the case to today to allow the respondents' lawyers to file replying affidavits. Proceedings will start at 2pm.

In papers before the court, Ms Tshabalala, a second year nursing student, tells of several unsuccessful meetings between a student delegation and the authorities from November 13.

She then says on November 18, at a meeting attended by the delegation together with Dr van der Heever, two deputy superintendents, three matrons and a student counsellor, they were informed that the student nurses had been dismissed with effect from November 13.

They were also told that their list of grievances had been found to be vague by the director of hospital services.

In seeking relief, the three applicants say their dismissal was wrongful and unlawful and contrary to the provisions of both the Nursing Act and Ordinance 14 of 1958 of the Transvaal. SOWETAN 21/11/85

They further say no disciplinary enquiry into alleged misconduct was held, nor were they given any opportunity whatsoever to make representations regarding their dismissal.

1985

Cape Times 21/11/85

Unions threaten mass strike at Baragwanath

From SOPHIE TEMA

JOHANNESBURG. — Labour unions representing hospital medical staff and pharmaceutical company workers have threatened a mass strike if the crisis at Baragwanath Hospital is not resolved immediately.

At a meeting at the hospital on Tuesday, doctors and nursing sisters threatened a mass walk-out or to down tools if the dismissed workers and nurses were not reinstated by yesterday.

A delegation representing doctors, nursing sisters, radiographers and technical and clerical staff gave this ultimatum to the chief superintendent, Dr Chris van den Heever.

But the crisis deepened further when workers and nursing staff of a second hospital threatened to present a list of their grievances to the authorities in solidarity with Baragwanath Hospital's dismissed workers.

A telex requesting an urgent meeting with the Minister of Health to resolve the situation at Baragwanath Hospital was sent to Pretoria on Tuesday by the South African Black Municipal and Allied Workers' Union and the Black Health and Allied Workers' Union.

The medical staff yesterday said that if the doctors and nursing sisters carried out their threat, hospital services would come to a complete standstill. This could to some extent affect the 12 000 patients at Baragwanath.

Yesterday morning lawyers acting for the 900 dismissed nurses presented papers on an urgent application in the Rand Supreme Court for the reinstatement of the dismissed workers.

The Supreme Court action is being brought by the General and Allied Workers' Union in a bid to reinstate the nurses who went on strike over poor working conditions and pay.

Legal representatives met Justice G Goldstone in his chambers where he heard the application which was postponed to 11am today. Judgment is expected to be delivered at 2.30 this afternoon.

Meanwhile, Baragwanath is surrounded by military and police contigents and, it is alleged, patients have to be escorted around the building by armed soldiers.

One senior nurse at the meeting in Johannesburg said it was almost impossible for anyone not working at the hospital to gain entry, even to visit very sick relatives.

Mr Eddie Gobey, who is attempting to negotiate for the Black Health and Allied Workers' Union, said he had been unable to make contact with the hospital authorities. "They are always in meetings it seems."

● In the Cape, the Health Workers' Society yesterday condemned the action of Transvaal hospital authorities in dismissing the 900 nurses and 800 non-classified workers at Baragwanath and called for their unconditional reinstatement.

In a statement, a spokesman for the society said the authorities in the Transvaal had refused to accede to the legitimate demands of the workers, which included decent living wages, better working conditions and the right to democratic worker representation.

Hospital chaos as hundreds (98)

# of strikers arrested

W. Mail 21/11/85

By WILMAR UTTING

OPERATING theatres, medical departments and kitchens closed down at Baragwanath Hospital near Soweto yesterday when more than 900 student nurses refused to work and police arrested more than 700 auxiliary workers who had stormed through the hospital in protest against poor pay and working conditions.

Late yesterday, the 718 men and women appeared in Protea Magistrate's Court, charged with attending an illegal gathering.

"They have been released on their own recognisances and warned to appear again on November 29," a police spokesman said.

"The prosecutor may formulate other charges against them before then," he said.

At the hospital most services came to a stop, with only emergency cases receiving attention. Non-emergency patients were sent home and told "to come back later".

Doctors left the hospital in groups about noon.

"There is no point in staying, we cannot do anything. Most of the theatres are closed," one said.

Early yesterday policemen swooped on a gathering at the hospital and arrested 574 women and 144 men workers who were demanding an increase in their average earnings of R150 a month.

Many of the cleaners, messengers and porters in the protest have 10, 15 and up to 28 years' service with the hospital and are still employed on a temporary basis only.

They were told this week their demands might be considered in March next year.

Blue-uniformed South African Police wearing riot helmets and carrying quirts marshalled the singing crowd into bus-sized vans.

The hospital superintendent, Dr Chris van der Heever, issued a statement later, saying the workers had held a mass protest meeting on Wednesday night. "Unruly elements went on the rampage, destroying equipment and throwing cooked floor on to the floors."

Nurses had presented their demands to the hospital superintendent on Wednesday and when these had been refused, they had destroyed property and had yesterday morning refused to go to work.

At least one nurse is known to be among the group arrested.

A police officer at the hospital refused to allow journalists to enter, telling them "this is an unrest situation".

But before being asked to leave the grounds, Weekly Mail spoke to doctors who had witnessed the arrests and to a nurse who had been injured in a confrontation with the hospital's security guards.

Doctors said the hospital had reacted

● To PAGE 5

Bara chaos after strike

W. Mail 21/11/85 (98)

● From PAGE 1

"too roughly by calling in the police".

One doctor said: "It wasn't a violent gathering. Yet Bara's guards and the police lashed out right and left with sjamboks. People started running away.

"The whole thing was so badly handled. This was just a domestic strike and the hospital and the police turned it into something much more than it was," the doctor said.

The nurse Weekly Mail spoke to — who had herself been injured in the clash with the security guards — said more than 900 students had presented five demands to the hospital superintendent, and on Wednesday had been told they would not be met.

The demands included asking that their residence gate, which was closed at 8pm, be kept open later; better quality food and a halt to unfair dismissals and victimisation. They also objected to working an extra two-and-a-half hours a week with no extra pay, and refused to carry out the cleaning duties of the striking auxiliary workers.

They had not refused to attend to patients.

When the nurses were told the gates would continue to be closed at 8pm, they marched to the gates and tore them down, the nurse said.

They were then baton-charged by the hospital security guards. Several nurses received head injuries and were treated in the hospital's casualty section and then discharged.

"We were then herded into the hostel and locked up for the night," the nurse said.

"We waited the next morning for the superintendent to address us, but he did not turn up," she said.

The nurses had not taken part in the workers' strike, she said. The two actions were unrelated.

An official of the all-black Health Workers' Association (HWA) said late yesterday they were trying to sort out which of the workers belonged to their association before taking action.

The HWA fully supported the demands from the workers, he said, and called on the administration to listen to their grievances.

ARMY personnel at the Baragwanath Hospital casualty section yesterday.

Bara reports false - official

SOWETAN 22/11/85 (98)

THE senior Deputy Director of Transvaal Hospital Services, Dr J A Fourie, yesterday said reports that conditions at Baragwanath Hospital were deplorable were "totally untrue".

SAPA

In a statement to *Sapa* from his Pretoria office, he said: "Despite the bad reports in the newspapers by unknown and unidentified Baragwanath Hospital personnel who criticised and slated the presence of the SADF, a lot of positive reaction was received from the staff of most departments in the hospital."

He also said another issue which had repeatedly been misrepresented in the Press was that the chief superintendent at Baragwanath hospital, Dr Chris van den Heever, had called off negotiations with the now dismissed student workers and that he refused to talk to blacks.

"The true state of affairs is that the student nurses terminated negotiations and not the superintendent," he said.

He said: "The hospital was left in a filthy condition by the daily-paid workers before they left the grounds on Friday, November 15.

"They had overturned all the rubbish bins and rampaged through the kitchens throwing prepared food on the floors, against the wall and the ceilings.

"This mess was cleared and cleaned up on Saturday by various units of the SADF.

"Contrary to some Press reports, the food served to patients and staff is definitely tasty and well prepared.

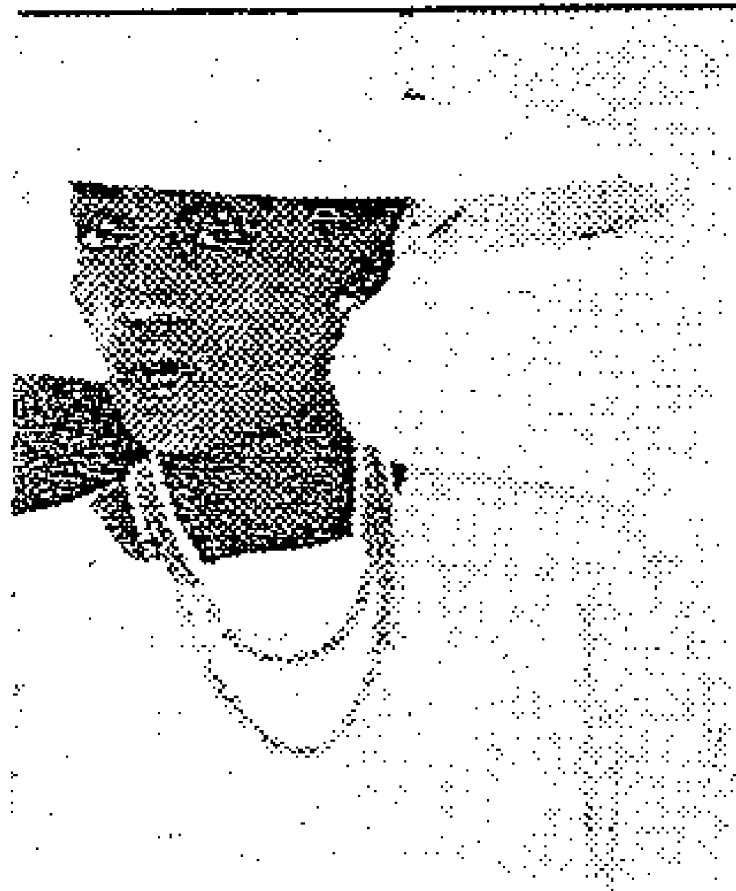
"It has also been reported incorrectly that Dr van den Heever, the chief superintendent, refused to talk to blacks. This statement is denied categorically by Dr van den Heever.

"Patient care is being maintained with the assistance of the Sams, especially in the wards and casualty department with regard to patient treatment, maintenance of services in wards, cleaning of wards and immediate environment and maintenance of hygiene.

"At present the hospital is functioning satisfactory. No major problems are being encountered.

"Both day and night shifts are being carried out in full.

"There is an excellent relationship between ward staff, patients and Sams personnel, which has contributed largely to the normal functioning of the hospital." — Sapa.



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Homeland heads in Pretoria talks

THE Heads of State summit meeting between South Africa and its four independent homelands began at the Union Buildings in Pretoria yesterday and was preceded by a 21-gun salute and a SA Air Force fly past.

Leaders of the delegations from South Africa, Transkei, Bophuthatswana, Venda and Ciskei arrived in the Union Buildings' amphitheatre, where they took the salute from the State President's Guard and the various national anthems were played.

The summit meeting, the first since multilateral co-operation between the SATBVC states was formalised at a meeting in 1982, will be chaired by the State President, Mr P W Botha.

Among the issues observers expect to be on the agenda are common South African citizenship for residents of the independent homelands, and Mr Botha's recently announced plans to bring blacks into the President's Council.

The Heads of State attending the summit are Transkei Prime Minister Chief George Matanzima, Bophuthatswana's acting president, Mr Kgosi Motsatsi, Venda President Patrick Mpephu, and Ciskeian President Lennox Sebe, each accompanied by several Cabinet Ministers and senior officials.

Baragwanath: Other workers to take action

Argus 22/11/85 (98)

Argus Correspondent

JOHANNESBURG. — In a new development in the Baragwanath Hospital strike workers outside the health services have indicated they are prepared to take action on behalf of hospital workers.

Workers from several hospitals in the Johannesburg area, including Hillbrow, Coronation and Natalspruit hospitals, met at Khotso House yesterday to discuss strategies for showing solidarity with dismissed Baragwanath workers.

The meeting was also attended by representatives of trade unions not involved in health services.

Enthusiasm

A man who identified himself only as a "food worker" said they were prepared to put pressure on their managements so that they, in turn, could persuade the hospital managements to listen to the grievances of health workers.

His suggestion that the struggle of the health workers should be nationalised met with great enthusiasm. Hospital workers immediately took up his call, saying a general stayaway would be the only way to get their grievances redressed.

A broad co-ordinating committee would, however, have to be established to organise a stayaway involving the whole community.

Heavy workload

The meeting decided that representatives should go back to their hospitals, where they would form committees representing the workers. These committees would then form a central committee.

The central committee is to meet on Monday afternoon.

Workers from Hillbrow Hospital were particularly vociferous at yesterday's meeting, calling for immediate action. They said they were directly affected by the situation at Baragwanath Hospital because patients were being transferred from there to Hillbrow, increasing their already heavy workload.

Two women said workers at Hillbrow had been told that they would be made "examples" if they attended meetings such as the one held yesterday.

Defence Force members preparing stretchers outside the casualty department at Baragwanath Hospital.

Cape Times

day, November 22, 1985

Hospital a 'shambles' — doctor

JOHANNESBURG. — Baragwanath Hospital was reported yesterday to be "a shambles" as remaining staff considered their next step after threatening a strike in support of the fired student nurses and auxiliary workers.

A doctor at the hospital, who asked not to be named, said: "The place is a shambles. Wards are half-empty because we are discharging patients who are still sick.

'Concerned'

"In the children's ward there is a rank smell as the children's nappies are not changed as frequently as they should be. Flies are swarming all over the place.

"We are deeply concerned about our patients and fear that some will get worse as the clinics in Soweto are just not sufficient to cope with the burden."

However, in Pretoria, the Senior Deputy Director of Transvaal Hospital Services, Dr J A Fourie, said yesterday that reports that conditions at Baragwanath Hospital were deplorable were "totally untrue".

In a statement, he said: "Despite the bad reports in the newspapers by unknown and unidentified Baragwanath Hospital personnel who criticized and slated the presence of the SADF, a lot of positive reaction was received from the staff of most departments in the hospital."

Terminated

He also said another issue which had repeatedly been misrepresented in the press was that the Chief Superintendent at Baragwanath, Dr Chris van den Heever, had called off negotiations with the now dismissed student workers and that he refused to talk to blacks.

"The true state of affairs is that the student nurses terminated negotiations and not the superintendent," he said.

Conditions in the wards were "highly satisfactory" and all essential services were "functioning well".

Meanwhile, the chairman of the Baragwanath Hospital Board, Dr Woody M Matsie, said the board and the hospital had reached a stalemate.

"We were scheduled to have held our meeting with Dr Chris van den Heever, the superintendent, on Monday. These meetings are held every two months and I had duly called one.

Postponed

"But the superintendent called it off and said the postponement was indefinite. I cannot say at this stage what our next step will be."

● Meanwhile, the urgent application brought before the Rand Supreme Court by the 940 dismissed student nurses was yesterday postponed until today.

The respondents in the case — the Transvaal Administrator, the Director of Hospital Services and the Chief Superintendent of Baragwanath Hospital — had not filed their affidavits by the time the court sat at 2pm. — Sapa

We were beaten after trying to discuss grievances — nurse

98 Star 22/11/85

By Jo-Anne Richards

A student nurse from Baragwanath Hospital yesterday described in papers before the Rand Supreme Court how she was "attacked with batons and stones" after trying to discuss grievances with a matron.

Miss Mardulate Tshabalala and two other dismissed student nurses yesterday brought an urgent application which will affect the position of all 940 sacked student nurses.

And while most await its outcome before deciding whether to reapply — with a resultant loss of benefits — the on-again, off-again case was postponed to today.

It has been put off each day since Tuesday due to the filing of lengthy court documents.

Miss Tshabalala, Mr Themba Mbobo and Mr Macbeth Nxumalo are trying to gain a temporary court order halting their eviction from their hostel rooms. They are also asking for an order declaring their dismissal unlawful and stating their right to occupy their hostel rooms.

In her affidavit, Miss Tshabalala said nurses were beaten by hospital security guards on November 13 after they were refused permission to discuss grievances at a routine meeting with the chief matron.

"The students then decided to march from the residence to the pay point, which is within the hospital grounds," she said.

"It was then the hospital security guards attacked the student body with batons and stones, causing bodily injury to certain students and damage to the nurses' hostel."

Miss Tshabalala said that "at no stage did I or any member of the student body go on strike or withhold his or her labour".

Their "desire to report back for duty as soon as their grievances were dealt with was at all times made clear to the senior members of staff, including the chief superintendent (Dr C van den Heever)".

Finally, a student delegation was told on November 16 by Dr van den Heever that they were dismissed as from November 13. On November 18, they were given 24 hours to vacate their hostel rooms.

Committee will consider general stayaway

Unions rally to aid Bara workers

22/11/85 Star (98)

By Estelle Trengove

In a new development in the Baragwanath Hospital strike, workers outside the health services have indicated their willingness to take action on behalf of hospital staff.

Workers from several hospitals in the Johannesburg area, including the Hillbrow, Coronation and Natalspruit hospitals, met at Khotso House yesterday to discuss strategy for showing their solidarity with the dismissed Baragwanath workers.

The meeting was also attended by representatives of trade unions not involved in health services.

A man who identified himself only as a "food worker", said they were prepared to pressure their managements so that they, in turn, could pressure hospital managements to listen to the grievances of the health workers.

His suggestion that the struggle of the health workers should become a national issue was enthusiastically received. Hospital workers immediately took up his call and said a general stayaway was the only way of getting their grievances redressed. To organise this, a co-ordinating committee would be needed.

The meeting decided that representatives should go back to their respective hospitals and form committees representing the workers. These committees would then combine in a central committee.

The central committee will meet on Monday afternoon.

Workers from Hillbrow Hospital were particularly vociferous at yesterday's meeting, calling for immediate action. They said they were directly affected by the situation at Baragwanath because patients were being transferred from there to Hillbrow, increasing their already heavy workload.

Two women said workers at Hillbrow Hospital had been threatened with disciplinary action if they attended meetings such as the one held yesterday.

It was also alleged that pamphlets were distributed at Hillbrow Hospital in the name of the Black Health and Allied Workers Union of South Africa (Bhawusa), criticising the Health Workers' Association and the strike at Baragwanath.

A Bhawusa spokesman said the union dissociated itself from the pamphlets which seemed to be aimed at causing division between the two organisations.

Sister Peter Jean abandoned her teach... wanath Hospital when she heard that ... had been dismissed after

Tvl hospital official denies 'deplorable conditions' claim

The senior deputy director of Transvaal Hospital Services, Dr J A Fourie, said yesterday reports that conditions at Baragwanath Hospital were deplorable were "totally untrue".

In a statement to Sapa from his Pretoria office, he said: "Despite the bad reports in the newspapers by unknown and unidentified Baragwanath Hospital personnel who criticised and slated the presence of the SADF, a lot of positive reaction was received from the staff of most departments in the hospital."

He said another issue which had repeatedly been misrepresented in the Press was that the chief superintendent at Baragwanath Hospital, Dr Chris van den Heever, had called off negotiations with the now-dismissed student workers and that he refused to talk to blacks.

"The true state of affairs is that the student nurses terminated negotiations and not the superintendent," he said.

The statement said: "The staff praised the willingness and work of the SA Medical Services in the hospital — the medical wing of the army.

"The hospital was left in a filthy condition by the daily paid workers before they left the grounds on Friday November 15.

"This mess was cleared and cleaned up on Saturday November 16 by various units of the SADF.

"Another issue that was repeatedly wrongly reported is that the superintendant terminated negotiations with the nurses. The true state of affairs is that the student nurses terminated negotiations and not the superintendent." — Sapa.

Nursing body condemns unions

Pretoria Bureau

The South African Nursing Association has expressed concern that unions intimidated many of the student nurses at Baragwanath Hospital and encouraged them to make themselves guilty of unprofessional conduct.

"These students have ruined their position in the nursing profession and damaged public trust in the profession," the association said in a statement released yesterday.

The association said it was disappointed that it was not approached by the students as it understood their problems and frustrations.

It was aware that the nurses' channel for grievances was through their employer, but was always willing to assist should the channel not meet students' requirements.

Hospital hea... to dispel 'ru...

By Rich Mkh...

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He said to make the nursing profes... pensionable allowance was granted wit...

"This allowance is restricted to qua... receive a salary, accomodation and oth...

"Other hospital employees, includin... not receive this allowance. The daily-... on November 4 at which they appoi... discuss their problems with me.

"I saw them the following day and as... the cost of living in Soweto," he said.

SUBMIT MEMOR...

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"A faction of the staff was not satisf... and they damaged the kitchens," Dr va...

"Despite a further discussion, the da... return to work and were arrested for a...

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The association said it was disappointed that it was not approached by the students as it understood their problems and frustrations.

It was aware that the nurses' channel for grievances was through their employer, but was always willing to assist should the channel not meet students' requirements.

Sister Peter Jean abandoned her teaching career to help at Baragwanath Hospital when she heard that nurses and auxiliary workers had been dismissed after going on strike.

● Picture by John Hogg.

Hospital head in bid to dispel 'rumours'

By Rich Mkhondo

Baragwanath Hospital superintendent Dr C J van den Heever spoke to *The Star* yesterday "to clear the air about all kinds of rumours which were doing the rounds".

He said to make the nursing profession more attractive, a non-pensionable allowance was granted with effect from October 1.

"This allowance is restricted to qualified nurses. Student nurses receive a salary, accomodation and other benefits.

"Other hospital employees, including daily-paid workers, also do not receive this allowance. The daily-paid workers held a meeting on November 4 at which they appointed two representatives to discuss their problems with me.

"I saw them the following day and asked for more information on the cost of living in Soweto," he said.

SUBMIT MEMORANDUM

Dr van den Heever said he had sent the final memorandum to the Director of Hospital Services for his consideration. His reply, which was conveyed to the staff on November 13, was that no funds were available and he could not make any promises for next year, but he would submit the memorandum to the Commission for Administration.

"A faction of the staff was not satisfied with the director's reply and they damaged the kitchens," Dr van den Heever said.

"Despite a further discussion, the daily-paid staff decided not to return to work and were arrested for an illegal strike.

"At a meeting with student nurses, the most urgent point concerned the opening of the gate until midnight. It was conceded that for a trial period of 30 days, it would be kept open," Dr van den Heever said.

"However, student nurses still did not report for work and so terminated their services.

"Those who took part in the strike must collect their cheques and leave. Those who were convinced against their better knowledge to strike may re-apply for work," he added.

Nun quits teaching job to aid sick

By Rich Mkhondo

A nun from a Krugersdorp Catholic school said yesterday that she was "touched" by news that auxiliary workers and student nurses went on strike at Baragwanath Hospital and decided to abandon her teaching career to help at the hospital.

Said Sister Peter Jean: "I saw on television and read in newspapers that student nurses were on strike at Baragwanath Hospital. I realised that hundreds of patients would need help.

"I phoned the superintendent and offered my services. Because I am not a qualified nurse, I was prepared to help in any department.

"I love children, that is why I chose to offer my services at children's wards. I told myself that my teaching career could be set aside in times of crisis like this.

"When I help patients, I realise that God is present in each of them. When I help them, I am actually helping God."

Sister Peter Jean said she would stay at the hospital until the situation had been resolved.

Doctors slam Govt's refusal to negotiate

By Sheryl Raine

Doctors who last night attended a meeting of health workers concerned about the growing crisis at Baragwanath Hospital said the strike was an act of desperation and was not politically motivated.

The doctors said the Government's refusal to negotiate with workers on such a critical issue was inexplicable.

Several professional medical staff from hospitals in the greater Johannesburg area attended the meeting at Khotso House, arranged by the Black Health and Allied Workers' Union and the SA Black Municipal and Allied Workers' Union.

"Many doctors are behind the Baragwanath staff because the health workers' working conditions are untenable," said one white Johannesburg doctor.

"The cleaners are employed as temporary workers and after six years they reach their wage-ceiling. Some have been working as temps for 17 years and are still being paid at that level. As temporary workers they can be fired with 24 hours notice. They receive no pension benefits when they retire," he said.

proposed system row

Top medical men condemn proposed

w/E ARGUS 23/11/85

Hospital race r

98

FRANS ESTERHUYSE,
Political Staff

THREE of South Africa's leading medical educationists have condemned the proposed racial division of hospitals and health services under the new constitution.

They warned that such a fragmented health administration would be illogical, uneconomic, in conflict with accepted medical ethics and could lead to a decline in health standards.

The warning has come from Professor George Dall, dean of the medical faculty at the University of Cape Town; Professor J P de V van Niekerk, deputy dean; and Dr Stuart Saunders, principal and vice-chancellor of UCT.

They have called on all doctors who share their views to use their influence "to ensure that South Africa has a single, unified health service not dominated by consideration of race".

Fundamentally wrong

"If politicians ignore the opportunity to bring this about it will be to the detriment of the entire nation," they said.

In the latest issue of the Medical Journal, the three doctors wrote: "It is fundamentally wrong to allocate patients to beds or clinics on the basis of colour.

"Furthermore, all hospitals are staffed by a varying mix of races and many hospitals treat all races. Where is the logic in a proposed division which takes no account of this, let alone the impossibility of identifying a rational dividing line between the races?

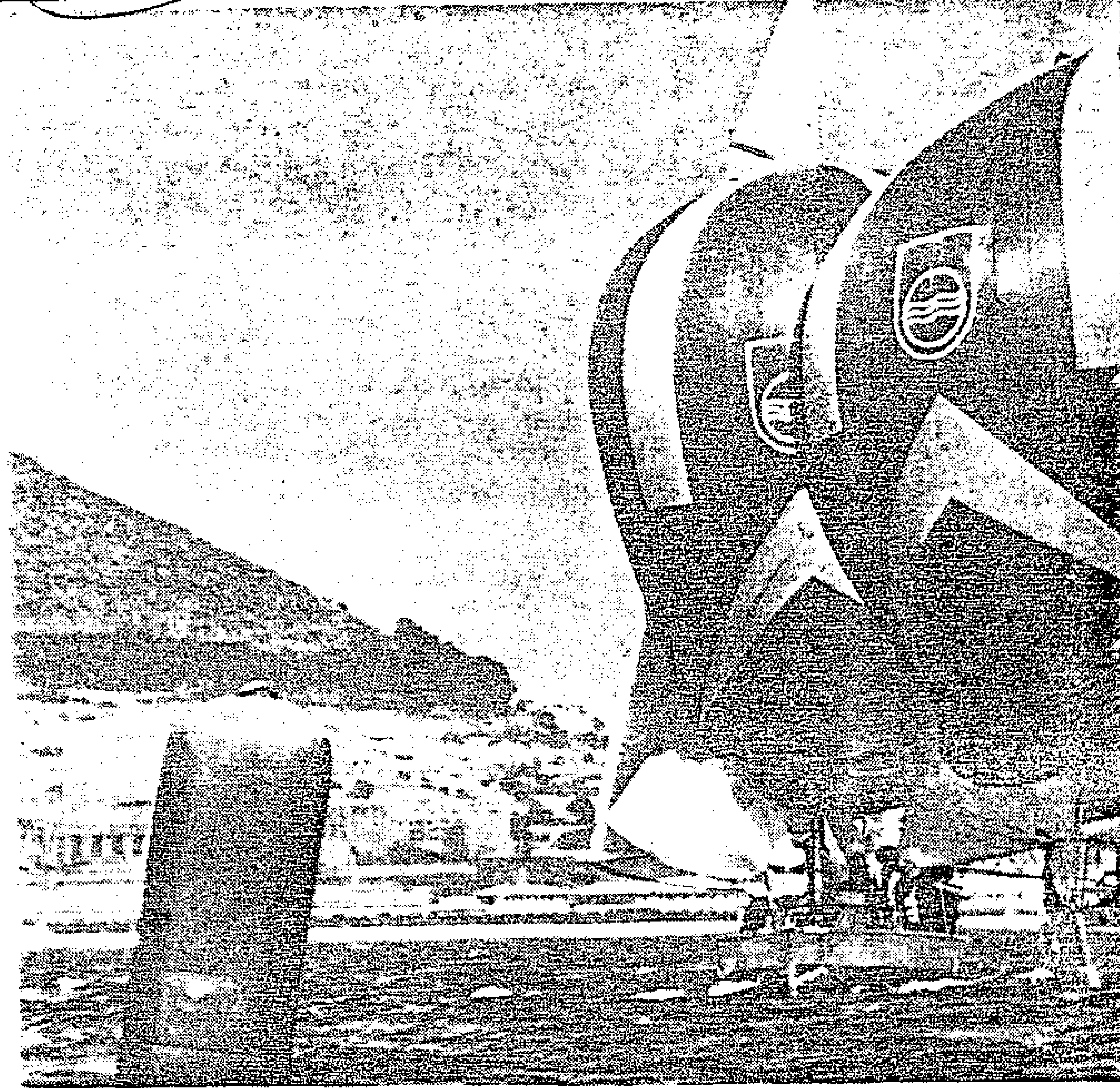
"Even those who misguidedly believe in 'separate development' will acknowledge that if health services are divided between State 'general' and various 'own affairs' administrations, the implications will be serious.

"Increasingly frustrated"

"The health services will be more fragmented, more costly, more inefficient, and health care personnel will be increasingly frustrated by burgeoning red tape and bureaucracy."

The medical educationists said they understood that hospitals now the responsibility of the second tier of government (provincial) were to be allocated to different Houses of Parliament for administration purposes.

"This decision has been taken in spite of repeated representations for a unitary health system, and we wish to express our grave disquiet."



It's Cape Town versus the world in Table Bay today. In a race arou skippers — including Geoff Meek, who won the world quarter-ton six Whitbread skippers will face each other on a knock-out basis ir series is to be sailed today and tomorrow.

'King of Tongaland' ai

Weekend Argus Correspondent

DURBAN. — Ingwavuma's Chief Mzimba Charles Tembe, self-proclaimed king of Tongaland, is leading his people in a bizarre campaign to found a republic.

He believes the time is right for Tonga emancipation and he is now trying to sweep away Kwazulu's control over his subjects.

And if his dream is realised Tongaland, a rustic area which forms the greater part of Ingwavuma in Northern Natal — including the St Lucia missile testing range — will be his. w/E ARGUS 23/11/85

In a recent petition to the Government for independence he said the Tonga people had remained backward and economically behind all other black ethnic groups because of governmental "error and oversight".

The land, about 215 900 hectares, was ceded to the Tonga nation by Queen Victoria in an 1884 Treaty of Amity, he claims.

Should he achieve independence, self-reliance would be possible, because of "your sympathetic Government's kind assistance".

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Fake pamphlets 'call off' strike

(98) Star 23/11/85

Confusion reigned at three hospitals following the distribution of fake pamphlets "calling off" solidarity strikes due to take place next week.

The Black Health and Allied Workers' Union of South Africa and the South African Black Municipal Workers' Union yesterday said they condemned pamphlets distributed at the Baragwanath, Coronationville, Natalspruit hospitals calling on the staff not to hold a solidarity strike at a date still to be decided.

The unions said the body purported to represent workers and nurses from the three hospitals

Said a spokesman for the unions: "Earlier this week, representatives from the three hospitals met and resolved to meet again next Monday to form a co-ordinating committee which would plan the solidarity actions.

"On Wednesday, pamphlets were distributed at the three hospitals asking the staff not to take solidarity action. The unions deny they ever issued such pamphlets.

"Monday's meeting still stands and the solidarity action would continue", he said.

● Baragwanath student nurses were placing patients' lives in danger to blackmail hospital management into settling their grievances favourably, counsel for the hospital authorities submitted in the Rand Supreme Court yesterday.

Legal argument took the entire morning before a packed courtroom in the urgent application brought by three student nurses. Judgment is expected on Monday.

Miss Mardulate Tshabalala, Mr Themba Mbobo and Mr Macbeth Nxumalo brought the action to have their dismissal declared unlawful. They also hope for a temporary order halting their eviction from their hostel or, alternatively allowing them to return.

Mr J Coetzee SC, acting for the director of Hospital Services, chief superintendent of the hospital, Dr C van den Heever, and the Administrator of the Transvaal, argued the position of student nurses was different from other occupations in that work stoppage could lead to a danger to life.

"They had been prepared to hold the hospital over a barrel by striking in their own interests, without thought of their patients," he said.

Striking was an offence for nurses, he said. The summary dismissal of Mr Mbobo and Mr Nxumalo was therefore justified.

Miss Tshabalala's position is no longer disputed. The hospital authorities declared in papers that she was not dismissed as she had been on leave at the time of the strike.

While the case only dealt with two student nurses, it was nevertheless a test case which affected the rights of all 867 sacked students, Mr J Browde SC, counsel for the students, claimed.

He submitted the student nurses were wrongfully sacked for "strike action" as the dismissal, on November 18, was given retrospectively from November 13 "when there was no threat of a strike".

The students had attended work on November 13 and had only stopped later when, they claimed, they were merely waiting for the authorities to address their grievances.

CAPE TIMES 23/11/85

Nurse alleges attack

JOHANNESBURG. — A student nurse from Baragwanath Hospital described in papers before the Rand Supreme Court yesterday how she was "attacked with batons and stones" after trying to discuss grievances with a matron.

Mrs Mardulate Tshabalala and two others brought an urgent application calling for their reinstatement at the Nurses' Home at the hospital.

In her affidavit, Mrs Tshabalala said nurses were beaten by hospital security guards on November 13 after they were refused permission to discuss grievances at a routine meeting with the chief matron.

March in hospital grounds

"The students then decided to march from the residence to the pay point, which is within the hospital grounds," she said.

"It was then the hospital security guards attacked the student body with batons and stones, causing bodily injury to certain students and damage to the nurses' hostel."

She said that "at no stage did I or any member of the student body go on strike" and that that their "desire to report back for duty as soon as their grievances were dealt with was at all times made clear to the senior members of staff, including the chief superintendent (Dr Chris van den Heever)".

Finally, a student delegation was told on November 16 by Dr Van den Heever that they were being dismissed as of November 13. On November 18, they were given 24 hours to vacate their hostel rooms.

Mr J Browde, SC, for the nurses, said the court should grant an interim order allowing them to be fully re-instated until the entire matter could be brought to full trial.

'Refused to work'

In argument before Mr Justice R Goldstone, Mr J Coetzee, for the respondents, argued that 867 nurses were dismissed because they refused to work while there were 1 112 patients in the hospital.

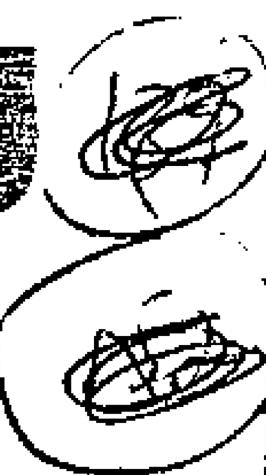
In his replying affidavit, Dr Van den Heever said he could not approve the reinstatement of the second and third applicants — Mr Themba Mbobo, a final year male student nurse, and Mr Macbeth Nxumalo, a male pupil nurse — because they had acted irresponsibly by striking.

Mr Coetzee said Mrs Tshabalala had been unreasonable in "rushing" to court when the authorities did not even consider her dismissed as she was on leave when the alleged strike occured.

The judge said he could not see how Mrs Tshabalala, who had acted as a representative for the nurses in negotiations, should have considered that she was excluded from the dismissal order.

Over 1 000 patients will be tended by army personnel at least until Monday when the court will pass judgement. — Sapa and Own Correspondent

Bara's future hanging in the balance



By MUDINI MAIVHA

THE FUTURE of Baragwanath Hospital hangs in the balance – and much depends on the outcome of a Supreme Court ruling on the student nurses' eviction.

The ruling was expected late yesterday. On the basis of the ruling, senior hospital staff – including doctors, nurses, radiographers, physiotherapists and technical staff – will decide today for or against a strike.

On Wednesday a proposed strike by the hospital's remaining staff was suspended pending the ruling. Meanwhile services at Bara were said to be deteriorating.

Staff accused the hospital of concealing true conditions by barring the Press. They said hospital authorities arranged for the SABC to "dupe" the public by screening a "stage-managed ward with happy patients" on Wednesday.

A Health Workers' Association spokesman said the SABC also misinformed student nurses by reporting their colleagues were re-applying for their jobs – and they could do so too.

He said those who had re-applied were cancelling their applications yesterday. A condition for re-admission was that nurses would forfeit pension, leave and accumulated leave and their years' training. They would start as first-year students, he said.

Another form students completed stated they were appointed as "locum" – casual workers – with effect from November 17.

The HWA said about 100 workers at Coronation Hospital pledged their solidarity with the student nurses and 900 non-classified workers. They have formed an interim committee to research the salary scales at Bara.

Dismissal of nurses invalid — judge

Argus Correspondent

JOHANNESBURG. — The 940 student nurses dismissed from Baragwanath Hospital were found by the Rand Supreme Court today to have been given an invalid and ineffective dismissal notice.

Mr Justice R J Goldstone found that the hospital's chief superintendent, Dr C van der Heever, had not properly exercised his discretion in firing all the students in a body.

The action followed the recent strike of an number of student nurses who believed that certain grievances had not been dealt with properly by the authorities.

URGENT ACTION

Three student nurses, Miss Mardulate Tshabalala, Mr Themba Nbobo and Mr Matbeth Nxumalo, brought the urgent action last week in the hope of having their dismissal declared unlawful and of being returned to their jobs and hostel.

Mr Justice Goldstone said that each student had been entitled to a hearing.

His order did not automatically mean, he added, that the three applicants were entitled to reinstatement.

Miss Tshabalala could return to her job and hostel room as she had been on leave at the time of the strike action.

TEMPORARILY

Mr Mbobo denied having been on strike and this dispute would have to be resolved in the main action. In the meantime he was temporarily reinstated to his job and hostel.

Mr Nxumalo had not denied striking. The court could not order the reinstatement of someone who took part in an illegal strike, the judge said. It would "subvert the principles of the profession."

A spokesman for the Health Workers' Association said today he was "reasonably pleased" with the court ruling.

"We hope the authorities will immediately see their way clear to meeting student nurses to discuss reinstatement to get the hospital back to normal for the benefit of the community and in the interests of patient care," he said.

BUSINESS DAY Monday November 25 1985

LABOUR REVIEW

Baragwanath: problem of a fight for existence

THE crisis at Baragwanath hospital, triggered by the strike of student nurses and [illegible]-paid auxiliary workers, has had more impact on the black community than any other public sector strike over the past five years, writes CLAIRE PICKARD-CAMBRIDGE

THREE unions are co-operating to build unity among health workers following what was essentially a wildcat strike at Baragwanath.

The strike, which began more than a week ago has resulted in the sacking of 1 800 student nurses and auxiliary workers.

The difficulties confronting the nurses and auxiliary workers were outlined at several mass meetings.

One problem faced was a moral one: how to use the workers' most effective weapon — strike action — when it jeopardised people's lives?

While the chance of a co-ordinated strike has not been scotched, they decided against a less radical move — a lengthy go-slow — "because people are dying".

Yet they argued, their fight was also for their own existence (some workers earn as little as R150 a month).

A Black Health and Allied Workers Union of SA (Bhawusa) spokesman stressed that State employers refused to recognise the health unions, although they have been negotiating wages and conditions of employment in most private hospitals for some time.

However, despite this, it has been decided that committees would be formed at a number of Johannesburg and Ree[f] hospitals to improve organisation.

ANOTHER major event last week was the handing down of the Industrial Court's reasons for its ruling that Gencor's Marievale mine should temporarily re-instate several hundred workers dismissed in a September wage strike.

The ruling is significant because it is likely to encourage workers to use legal dispute procedures and highlights the need for management to base decisions on principles of fairness and not only on common law rights.

But Gencor wants the decision reviewed by the Supreme Court. The outcome will be important because it could cast more clarity on the question of the overlapping jurisdiction of the two courts.

The National Union of Mineworkers (NUM) has, however, pointed out that they are having great problems in getting the Marievale workers re-instated.

They say the majority of the fired workers have not been re-instated and the union has had to send organisers to villages in Lesotho and the Transkei to find affected workers.

The NUM also say there have been difficulties in getting contracts renewed with The Employment Bureau of Africa (TEBA) reluctant to assist.

□ □ □

A FURTHER development last week was the decision by about 600 workers at three Asea plants in Pretoria to suspend a "go slow" after talks between management and the Metal and Allied Workers Union (Mawu).

The Mawu is still in dispute with more than 40 employers in the metal industry over the issue of plant-level bargaining. But although neither Mawu nor Asea have yet revealed what progress has been made, the union claims there has been a substantial move towards conciliation.

□ □ □

A MILESTONE was the formation of a Southern African Miners' Federation in Harare last week with NUM president James Motlatsi, elected as president of the new body.

The federation, which represents workers from SA, Zambia, Botswana, Lesotho and Zimbabwe, resolved that total sanctions be imposed against SA. It has called on the International Labour Movement to organise the economic boycott and has warned it will take strong action if the SA government repatriates foreign mineworkers.

Nurse, mum burnt to death

A Baragwanath student nurse and her mother were burnt to death at the weekend, apparently by mobsters who accused the nurse of being a "sellout."

Miss Nomthandazo Sishi (23) and Mrs Gertrude Sishi (5[illegible]) died when their Dube house was attacked and set alight.

Miss Sishi had been accused of being a "sellout" because she had re-applied for employment after she and more than 800 other nurses were dismissed after a strike at Baragwanath Hospital last week.

Hospital authorities declined to comment on the killings today.

A hospital spokesman said: "It is a criminal offence. I suggest you speak to the police. We are in no position to comment."

Four other people who were in the house when it was set alight are still in a critical condition in hospital.

Bara dismissal notice 'invalid and ineffective'

The 910 student nurses dismissed from Baragwanath Hospital were found by the Rand Supreme Court today to have been given an "invalid and ineffective" dismissal notice.

Mr Justice R J Goldstone found that the hospital's chief superintendent, Dr C van den Heever, had "not properly exercised his discretion" in dismissing all the students in a body.

The action followed the recent strike of student nurses who felt certain grievances had not properly been dealt with by the authorities.

The students were subsequently given a general order of dismissal and eviction from the nurses hostel on November 16.

Three student nurses — Miss Ma[illegible] late Tshabalala, Mr Themba Mbobo and Mr Macbeth Nxumalo — brought the urgent action last week in the hope of having their dismissal declared unlawful and of being returned to their jobs and hostels.

Mr Justice Goldstone said each student had been entitled to a hearing.

Dr van den Heever should have made sure which students were guilty and given each the chance to be heard.

The backdating of the dismissal order to November 13 "made it worse" as no students had withheld their labour at that stage.

The judge said his order did not automatically mean the three applicants were entitled to reinstatement.

Miss Tshabalala could return to her job and hostel room as she had been on leave at the time of the strike action.

Mr Mbobo denied having been on strike and this dispute would have to be resolved in the main action.

In the meantime, he was temporarily reinstated to his job and hostel.

Mr Nxumalo had not denied striking.

"The court could not order the reinstatement of someone who took part in an illegal strike," the judge said. It would "subvert the principles of the profession".

● A spokesman for the Health Workers' Association said he was reasonably pleased with the court ruling.

"We hope the authorities will immediately see their way clear to meeting student nurses to discuss reinstatement to get the hospital back to normal for the benefit of the community and in the interests of patient care," the spokesman said.

A spokesman for the General and Allied Workers' Union (GAWU) said the union had sent a telex to the MEC in charge of hospital services in the Transvaal requesting a meeting to discuss the position of 400 non-classified workers also dismissed for striking.

"If we do not get a reply today we will take legal action. We are considering an urgent application to the Supreme Court for the reinstatement of the non-classified workers because we feel they were unfairly dismissed," said Mr Samson Ndou, president of GAWU.

SOWETAN 05/11/88

Bara strike - judge gives ruling today

THE much-awaited judgment in the urgent court application brought by three student nurses at Baragwanath Hospital is to be delivered this morning in the Rand Supreme Court.

Mr Justice R Goldstone on Friday, before a packed courtroom, reserved judgment after hearing argument from counsel for the hospital authorities and the three applicants.

SOWETAN Reporter

The three applicants, Miss Mardulate Tshabalala, Mr Themba Mbobo and Mr Macbeth Nxumalo, are seeking an order to declare their dismissal unlawful.

They have also asked for a temporary order halting their eviction from the nurses' home or, alternatively, allowing them to return.

Mr J Coetzee, SC, acting for the hospital authorities, argued that the position of student nurses was different from other occupations because work stoppage could endanger life.

The students, he said, had been prepared to hold the hospital over a barrel by striking in their own interests. Striking was an offence for nurses and the summary dismissals of Mr Mbobo and Mr Nxumalo was therefore justified.

As for Miss Tshabalala, she was not dismissed as she had been on leave at the time of the strike. He said she should have ascertained her status and her coming to court was not justified.

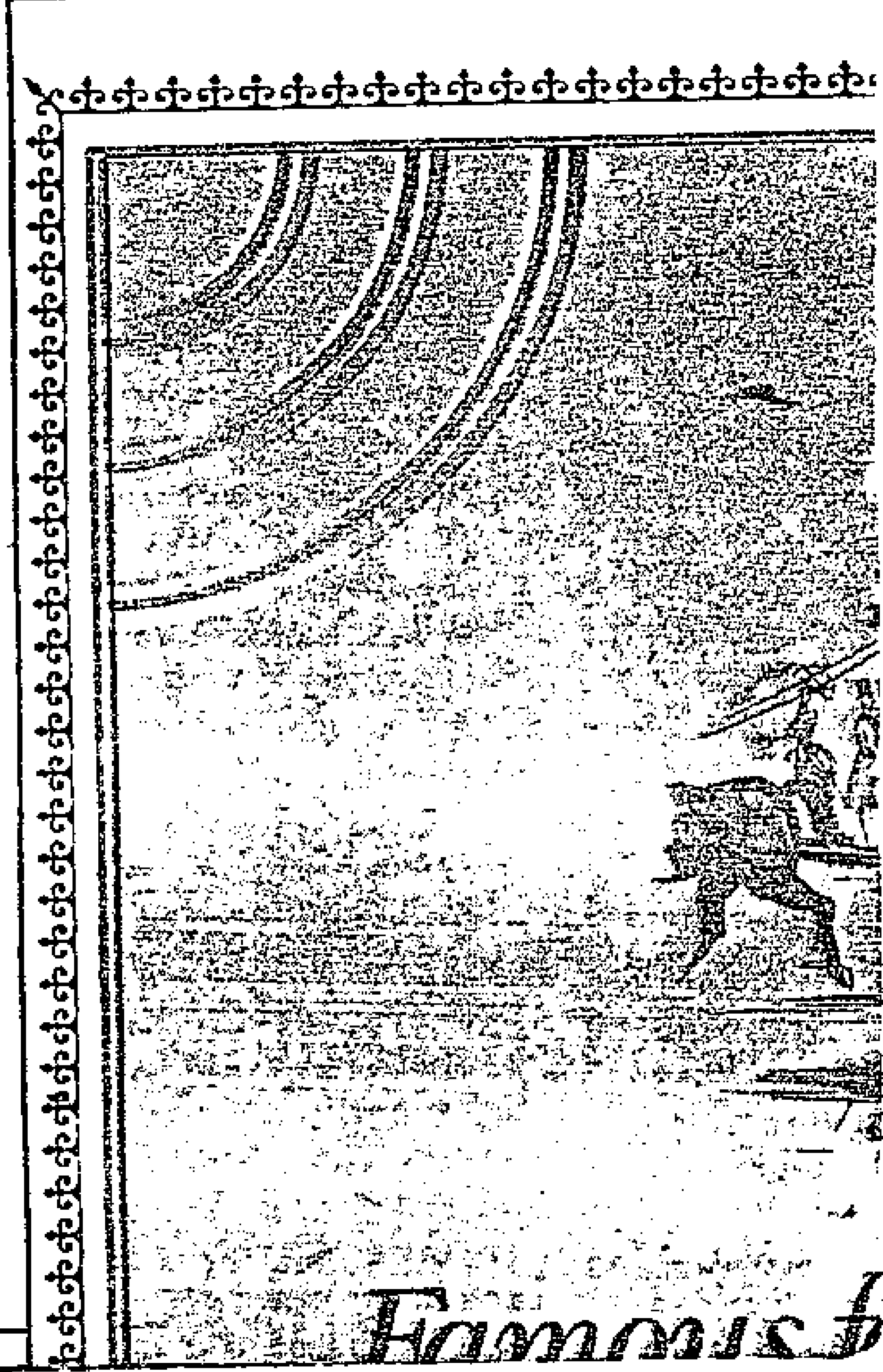
Mr Jules Browde, SC, counsel for the applicants, said although the application had been brought by the three, it was nevertheless a test case affecting the fights of more than 900 others, also dismissed.

He submitted the students were wrongfully sacked for "strike action" as the dismissal, on November 18 was given retrospectively from November 13" when there was no threat of a strike".

He said the students would suffer irreparable harm if they were not granted interim relief.

Student nurses challenge hospital over dismissals

GLADMAN W... captain of Mon... Football and N... lo...



another next to the Signal School. flames on logs at the Naval Signal School with t

CAPE TIMES 26/11/85

Baragwanath nurse, mother burnt to death

98

From SOPHIE TEMA

JOHANNESBURG. — A student nurse at Baragwanath Hospital and her mother were burnt to death when their house was attacked and set alight by unknown men last week.

The home of Miss Nomthandazo Sishi, 23, who had re-applied to the Baragwanath Hospital after about 950 nurses went on strike, was attacked and burnt by four men who accused her of "selling-out".

Her mother Mrs Gertrude Sishi, died after she was trapped in the flames while four other people were seriously burnt and were admitted to the Baragwanath Hospital's intensive care unit.

One of the four people who sustained severe burns and who is reported to be in a critical condition is well-known organist Mr Bongane Mdunge, who backs the famous vocal singer Yvonne Chaka Chaka.

The three other people who also suffered serious burns are Miss Lindi Sishi, Mrs Margaret Kunupi, and her husband Mr Anthony Kunupi.

According to the Sishi family four men came to their Dube house about 20 minutes after Nomthandazo had arrived at home.

They entered the house and said there is a "sell-out in here". As they spoke they sprinkled a powder-like substance on the floor before setting it alight.

The whole house was soon engulfed in flames and Mrs Sishi, 53, burnt to death.

Nomthandazo and the other burn victims were taken to hospital. She died on Friday night.

Relatives of the Sishi family said the last words the dying student nurse spoke were: "I am sorry to have caused you all this. I should not have re-applied."

Miss Sishi's father, Mr Aaron Sishi, a road safety lecturer in Maritzburg, said his daughter had spoken to him at the hospital and told him that their home was attacked because she had reapplied to the hospital after she and 949 other student nurses had gone on strike.

Mr Sishi, said he stopped her from saying anything further because he realized that she was in pain.

"She was burned beyond recognition and I could not bear to see her in that state."

● **Hospital staff get jobs back, page 2**

Bara agrees to reinstate all 1 700 fired workers

Baragwanath Hospital authorities have agreed to reinstate all 1 700 student nurses and non-classified workers fired last week.

After yesterday's Supreme Court victory for 940 dismissed student nurses, hospital authorities agreed to reinstate all sacked hospital workers on full benefits.

Mr Justice R Goldstone ruled that the dismissal of all the student nurses was unlawful after an urgent application by three of them.

The attorney for the three applicants, Mr Ismael Ayob, said the terms of the reinstatement would apply to all workers, including those who had reapplied — with resultant loss of benefits — before the court judgment.

The General and Allied Workers' Union president, Mr Samson Ndou, welcomed the decision but said the workers were not "back to square one". The union had continually tried without success to negotiate with the authorities over student grievances.

One of the applicants, Miss Marcelia [illegible], said the student nurses were [illegible] hoping to negotiate. "But if they had listened to us in the first place we wouldn't have had to go to the Supreme Court," she said.

In his judgment Mr Justice Goldstone did not condone strike action by nursing staff, which was prohibited by law. "The question here is not whether strike action by nurses amounts to unsatisfactory conduct — that is obvious," he said.

"Nursing is a venerable and noble profession. As it is an essential service, the lives or health of many people could be endangered by strike action. It undermines the ethics of their calling."

But the responsibility of nurses [illegible] reciprocal duty on the part of the [illegible]. Their terms of employment should be satisfactory and an efficient mechanism should exist for nurses to air their grievances.

He ruled that the dismissal order was invalid as each student had been entitled to a [illegible]ing.

SOWETAN
Daily Mirror
TUESDAY, NOVEMBER 26, 1985 27c + 3c GST (PWV) Elsewhere 35c

Judge gives different ruling on other applicants

BARA NUR[SE] WINS CAS[E]

nurse

26/11/85 SOWETAN 98 Case

A RAND Supreme Court judge yesterday found that a Baragwanath Hospital student nurse, who brought an urgent application against the Transvaal Provincial Administration, was unlawfully dismissed and will therefore be reinstated at the hospital and is entitled to her accommodation.

Mr Justice R Goldstone, in giving judgment yesterday, said Miss Mardulate Tshabalala, the first applicant, was on leave at the time of the strike and was led to believe that she was dismissed.

He added that the chief superintendent of Baragwanath Hospital, Dr Chris van der Heever, did not apply his mind to each individual circumstance and

SAPA

that the notice of termination issued by him on November 18 was invalid in the case of all students, therefore giving each student the right to be heard.

Miss Tshabalala was awarded costs.

In the case of the second applicant, Mr Themba Mbobe, Mr Justice Goldstone said it was to be decided whether he was employed on a permanent or temporary basis and that oral evidence must be heard to prove whether he was on strike between November 14 and November 18.

He added that Mr Mbobe was entitled to remain in the employ of the hospital and could occupy his room while the court decision was still pending.

Meeting

He found that the third applicant, Mr Macbeth Nxumalo, "did not come to court with clean hands" as he did not deny taking part in the strike action and therefore could not be granted any relief. Therefore no order was made on his application and on costs.

Defence counsel for the 940 student nurses who were dismissed following a strike action at the Baragwanath Hospital earlier this month, yesterday said they intended suggesting negotiations with the hospital authorities.

Advocate Chris Loxton said they were presently preparing a settling telegram which they intend sending to the hospital authorities telling them about yesterday morning's Rand Supreme Court judgment.

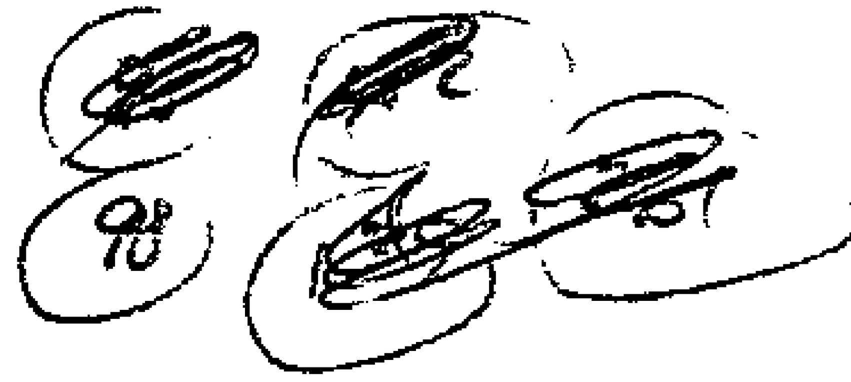
Dr van der Heever and other hospital authorities were not available for comment as they were in a meeting, apparently discussing the matter.

P.T.C.

To Page 3

CHR[ISTMAS] SPE[CIALS]
THIS YEAR OUR SPECIALS

CAPE TIMES
26/11/85



Hospital staff get jobs back

Own Correspondent

JOHANNESBURG. — All the student nurses and non-classified workers dismissed from their jobs at Baragwanath Hospital have been reinstated.

Their legal representatives were told yesterday afternoon that the hospital authorities had resolved to reinstate all the workers — approximately 900 student nurses and 800 non-classified workers — with immediate effect, under the same conditions as before they were dismissed and with their full benefits.

The 800 non-classified workers were dismissed on November 18 following a wage increase strike and the student nurses on November 19 after complaining about the hospital's curfew regulations.

Three nurses who said that they had not gone on strike brought an action in the Rand Supreme Court against the Minister of Health and Welfare, Dr C V van der Merwe, the Director of Hospital Services, Dr Hennie van Wyk, and Dr C van der Heever, Chief Superintendent of Baragwanath Hospital, claiming the right to remain in the hospital's nurse's home and to continue working.

Mr Justice R Goldstone ordered that Miss Mardurata Tshabalala, one of the three nurses demanding to be reinstated, should be fully reinstated and allowed to live in her room in the nurses' home.

He ordered that the case of the second applicant, Mr Themba Mbobe, should go to full trial to decide whether he was employed on a permanent or temporary basis, and if he had been on strike between November 14 and November 18.

He found that the third applicant, Mr MacBeth Nxumalo, did not deny taking part in the strike action and therefore could not be granted any relief.

98

Bara nurses want to go in mufti

JOHANNESBURG. — Nurses at Baragwanath Hospital fear they may be assaulted if they leave or arrive at the premises in uniform, the press was told this week.

Nurses interviewed during a tour of the hospital told reporters that they wanted to be allowed to change out of their uniforms before leaving the hospital. They said they were frightened of being attacked.

A student nurse, Miss Nonthandazo Sishi, 23, died along with her mother when her Dube home was attacked and set alight this week.

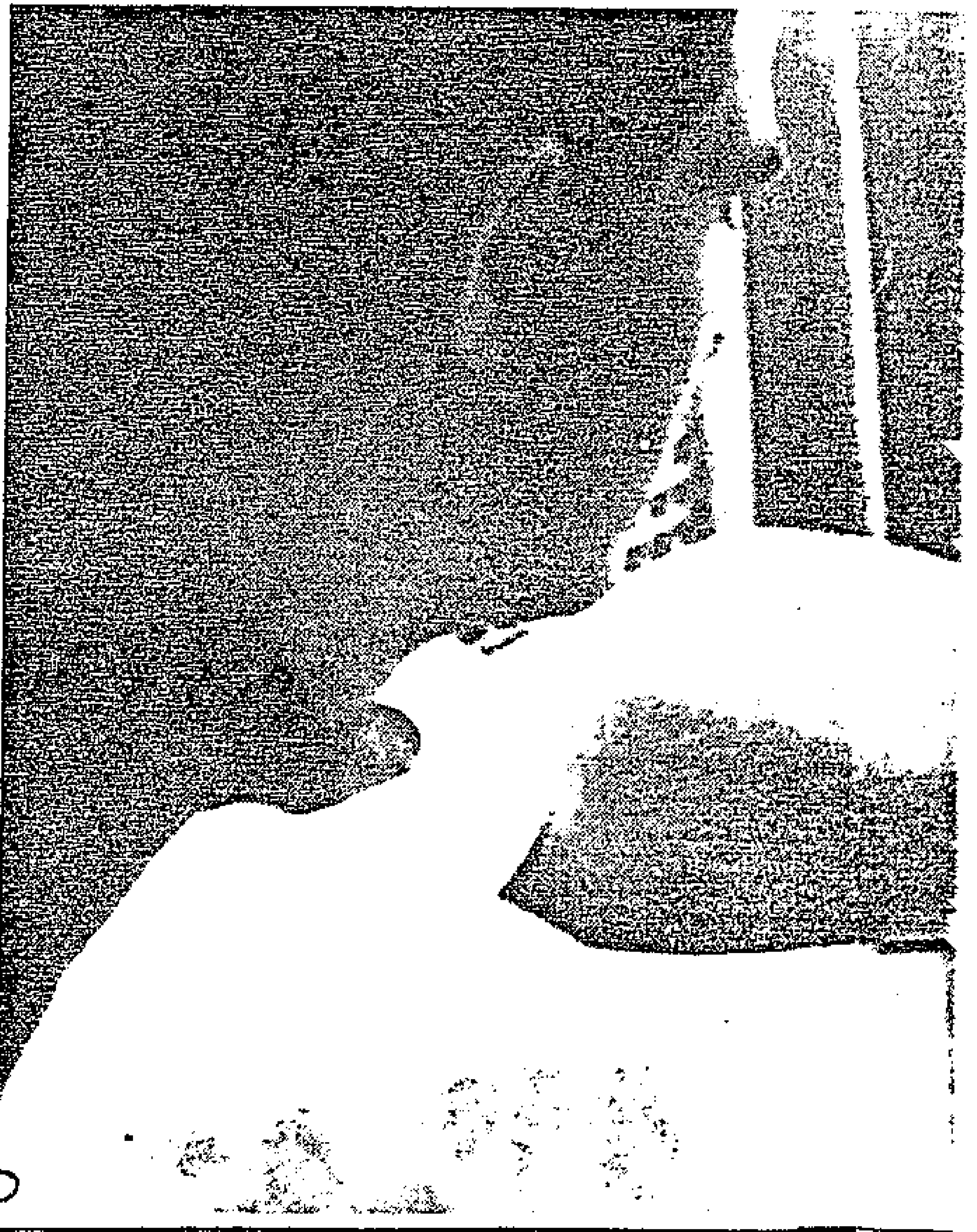
Miss Sishi had been accused of being a "sell-out" because she re-applied for her job after she had been dismissed following a wildcat strike at the hospital last week.

On Monday members of staff estimated that about a two-thirds of the sacked staff had not returned.

The director of hospital services, Dr Hennie van Wyk, said that 600 of the 800 student nurses had been re-employed and about 800 of the 960 daily paid workers had been re-employed.

"We still have to consider new applicants and are in the process of approaching people that are re-applying," he said.

After reports that the hospital was in a shambles, reporters were allowed to visit the hospital. They visited casualty, childrens' and intensive care wards, theatre block, canteen and medical wards. Conditions appeared normal.



LEFT TOP: Members of SA Defence Force give first aid to an injured patient at Baragwanath Hospital this week. Most of the nurses did not turn up for their duties at the hospital after last week's wildcat strike.

LEFT BELOW: A member of SADF feeds a baby at Baragwanath Hospital where a shortage of staff after last week's wildcat strike at the hospital forced authorities to call on the army for help.

Soldiers 'out by weekend'

Bara tense as nurses go back

27/1/85

By Rich Mkhondo

Baragwanath Hospital remained tense yesterday as student nurses reinstated following Monday's court ruling in their favour resumed their duties and mingled with members of the South African Medical Services (SAMS) and the Civil Defence.

On Monday, Mr Justice R Goldstone ruled in the Rand Supreme Court that the dismissal of the nurses was unlawful. About 940 nurses were dismissed 10 days ago after they went on strike.

The attorney for the three nurses who brought the court application, Mr Ismael Ayob, said the terms of the reinstatement would apply to all the workers, including those who had reapplied, with resultant loss of benefits, before the court judgment.

Auxillary workers, who were the first to be fired, had still not returned to work yesterday and nurses interviewed said their absence caused tension.

"Things will not be normal until we have all returned to work and members of the SAMS and Civil Defence have left the hospital grounds and wards," a student nurse said.

"We are glad to be back and will continue where we left off. We hope the authorities will now give us a hearing," she said

Phased out

Hospital authorities could not indicate how many student nurses were back at work. Mr Daan Kirstein, MEC in charge of hospital services in the Transvaal, said reinstatement procedures were well under way.

Defence Force personnel who helped to keep the hospital going during a two-week strike, would be phased out gradually and should be out of the hospital by the weekend, Mr Kirstein said.

Between 550 and 600 Defence Force personnel were involved in running essential services at the hospital.

"The police and Defence Force were brought in to help at Baragwanath and were not there in connection with the strike," he said

The hopital's 800 auxiliary workers will appear in court on Friday. They were arrested and charged after they went on strike, demanding a R100 wage increase. The workers presently earn between R140 and R170 a month.

Mr Kirstein said he had asked the director-general of hospital services to investigate allegations by daily-paid workers that they were appointed in temporary capacities. Some workers claim they have been on temporary staff for years and are deprived of service and other benefits.

See Page 13.

'Hospital 'tense' as nurses return

JOHANNESBURG. — Baragwanath Hospital authorities yesterday said that although many daily-paid workers and student nurses were back at work, soldiers would remain until the hospital could function fully on its own.

Baragwanath was reported tense as student nurses, reinstated after Monday's court ruling in their favour, resumed their duties and mingled with members of the army's South African Medical Services and civil defence volunteers.

Auxiliary workers who were the first to be fired had still not returned to work and nurses interviewed said their absence caused the tension.

About 900 student nurses and 800 daily-paid workers, who were dismissed earlier this month after a strike, were reinstated by the hospital authorities after a ruling in the Rand Supreme Court on an urgent application brought by the General and Allied Workers' Union.

A hospital spokesman said about 90 percent of the reinstated daily-paid workers and about 60 to 70 percent of the student nurses were back at work.

He said the remaining workers had not reported for duty and the hospital authorities were allowing them time to return because many had already left for rural districts at the time of their reinstatement.

The South African Nursing Council has condemned student nurses at Baragwanath Hospital for unlawful conduct and said it may take disciplinary action against nurses who deliberately neglected their duties.

"It is gratifying that registered and enrolled nurses at the hospital considered the interests of their patients as of paramount importance and were not involved in the alleged strike," said the president of the council, Miss C I Roscher. — Sapa

NURSING COUNCIL CONDEMNS STRIKE

THE SOUTH African Nursing Council has condemned student nurses at Baragwanath Hospital for unlawful conduct and said it may take disciplinary action against nurses who deliberately neglected their [illegible].

"It is gratifying [illegible] registered and enrolled nurses at the hospital considered the interests of their patients as of paramount importance [illegible] the illegal strike," [illegible] the president of the council, [illegible] Roscher.

"Strikes or go-slow strikes are explicitly forbidden in the Nursing Act of 1978 — which applies to all nursing personnel, including students," she said.

Meanwhile, Mr Philip Dlamini, secretary of the South African Black Municipal and Allied Workers' Union, said the South African Nursing Council was taking the issue on racial basis, not on the problems affecting the workers.

"They have been quiet all along and never cared for those student nurses. We say that the council's con[illegible] is prema[illegible] [illegible] was a strike," Mr Dlamini said.

He said this week's Rand Supreme Court judgment was a victory for all workers in the public service which, he said, will bring senses to the authorities.

Back at work — but grievances remain

Bara strike is over — and now the inquest starts

27/11/85 Star

By Sheryl Raine

The crisis at Baragwanath Hospital caused by a strike of about 1 800 student nurses and daily-paid workers is over — but workers, labour relations experts and the authorities are asking what the strike achieved.

Opinions vary; some say that it was rabble-rousing which endangered patients' lives while others say that it brought real grievances to the attention of the authorities and the public.

A Supreme Court judge ended the strike stalemate when he found that student nurses had been unlawfully dismissed. The court suggested that an efficient mechanism should exist for the student nurses to air their grievances.

The hospital reinstated all 940 nurses who had been dismissed and about 800 daily-paid workers who were fired for striking in support of pay demands.

No negotiating structure

Although workers have their jobs back, they have lost pay and their grievances remain unresolved. They still earn as little as R150 a month and there is no negotiating structure for talks with the authorities.

Indications from Mr Daan Kirstein, MEC in charge of Transvaal hospital services, are that, although the authorities are clearly aware of the situation, workers have little chance of immediate relief or of changing the hospital services' labour relations approach overnight.

"There are certain things, such as salaries, over which we have no say," said Mr Kirstein. "Salaries are determined by the Commission for Administration. From our side we are asking the commission monthly to help us in various areas but the economy is bad and we just haven't got the money."

What are the chances of increases in April for auxiliary workers at provincial hospitals?

"I don't know. The money available depends on the Minister of Finance," Mr Kirstein replied.

As far as talking to the workers was concerned, Mr Kirstein made it clear the authorities would talk only to representatives they considered "genuine".

"The student nurses do have a student representative council but in this case, for some reason, they did not use it," said Mr Kirstein. He said the students were "more than welcome to discuss any grievance they may have".

Asked how the situation at Baragwanath got out of hand if such communication lines had been open, he said the nurses had responded in sympathy with daily-paid workers who stopped work.

Mr Kirstein said he now had a written list of student grievances which he had asked the superintendent and the director of hospital services to attend to.

"The daily-paid workers do not have a representative council, as far as I know. But I have the assurance that, at all times, they are welcome to go and see the superintendent and hospital representatives."

Asked whether the hospital authorities would meet and accept workers' committees which the General and Allied Workers Union and other unions are forming, Mr Kirstein was cagey.

"It depends where the committee comes from. Every genuine committee of people in the hospital's employ is more than welcome to come and discuss their situation. The superintendents would not be prepared to meet people from outside who instigate problems."

Pressed to elaborate and to state clearly whether this excluded unions, he said: "We would not be prepared to meet unions from outside. In the government service no unions are recognised. We are not in a position to recognise them."

But he gave the assurance that "if genuine workers have genuine grievances, any superintendent will be instructed to meet them".

Industrial relations consultant Mr Steuart Pennington commented that many managements made the mistake of failing to establish structures for the settlement of griev-

Hospital a microcosm of SA's problems, says chief physician

Baragwanath Hospital, with its "critical, sensitive and sad issues", is a microcosm of the problems of South Africa, Professor Leo Schamroth, the hospital's chief physician, said yesterday.

Professor Schamroth received the 1985 Wits Alumni Honour Award for exceptional service to the community at the university yesterday. The award is the highest the convocation can bestow on a member.

Professor Schamroth, a professor of medicine at Wits, follows such former recipients of the award as Mrs Helen Suzman, Professor G R Bozzoli and Mr Arthur Chaskalson SC.

Speaking of the hospital, where he has been head of the department of medicine since 1972, he mentioned the "difficulties, the mood of desperation and the uncertainty", which could also be found in the country as a whole.

He expressed hope that the problems of both the hospital and the country would create the "stimulus of adversity" out of which could come a "harmonious, just and peaceful" society.

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But he gave the assurance that "if genuine workers have genuine grievances, any superintendent will be instructed to meet them".

Industrial relations consultant Mr Steuart Pennington commented that many managements made the mistake of failing to establish structures for the settlement of grievances.

"Many managers think that, if they introduce such a structure, there will be a never-ending procession of people bringing problems to management.

"Public sector employers have adopted a very conservative view of the new industrial relations dispensation. Essentially the relationship which exists in the private sector between management and employees is no different to that in the public sector.

"Of course, part of the public sector provides essential services and some provision is needed to govern and prevent strike activity in some cases. But, in such cases, mechanisms for dealing with conflict are even more important."

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He expressed hope that the problems of both the hospital and the country would create the "stimulus of adversity" out of which could come a "harmonious, just and peaceful" society.

"In conditions that could euphemistically be called rather taxing and with an increasing deluge of patients, we are proud of having developed an international reputation for research and study at the hospital," he said.

DEDICATED DOCTORS

The challenge caused by adversity and the dedication of the hospital's doctors are responsible for this.

The hospital exists to serve Soweto, which needs at least 800 doctors to provide a "reasonable ratio" of doctors to patients. "But in fact, it has only 22 general practitioners and 54 clinic doctors.

"There was marked overcrowding at the hospital, due to rapid population growth and the need to admit all sick patients, so we had to adapt to the rapid treatment of large numbers to stay functional," he said.

Besides giving additional primary health care, the hospital also has to provide secondary care, student training and research into the "adverse effects of rapid urbanisation on the black population".

The juxtaposition of a Third World and a First World population provids ample opportunity for research. The high incidence of heart disease among whites, leading to 30 to 40 deaths a day, is an example. Baragwanath had only 12 heart cases last year. This, however, is a six-fold increase on the past 10 years, said the professor.

Alina Molefe, a cleaner at Soweto's Baragwanath Hospital, told a meeting of striking hospital workers in central Johannesburg this week that, after six years of service, she still earned a "poverty wage". Picture: Wendy Schwegmann, Reuter

28/11/85

Portrait of a hospital striker

By SEFAKO NYAKA

AZAEL MCHUNU, aged 55, has been working as a cook at Baragwanath Hospital for17 years.

His monthly earnings, after deductions, amount only to R157,63.

Last Wednesday he joined about 800 other "non-classified" workers who were striking for higher wages and better working conditions.

This week he was summarily dismissed — and because he had been employed on a "temporary" basis, the cheque given to him on his dismissal reflected far less than R157.

There was no bonus pay or leave pay for him.

He last had a pay rise sometime in 1981. This year, as inflation bit deeper into his pocket, he was told by hospital authorities his pay "might be increased next March".

After paying R18 for his bed at the Jabulani Hostel, and buying his R12,50 monthly bus ticket, there has been little left to send to his wife, Mamthembu, and their seven schoolgoing children at Msinga near Zululand.

In fact his life has been a constant struggle for survival. He was at least lucky in his employment in one respect — he had his breakfast and lunch from the hospital kitchen, but even this was not free. The hospital deducted R2 every month for food.

His wife depended on him for clothes and food.

Now he is worried about his R19 monthly premium with an insurance company.

He is very bitter about the manner in which the authorities reacted to the whole strike issue.

"We were not fighting, but the authorities called in the army, with guns and all."

He emphasises that after so many years of loyalty and sacrifice from its employees, it is "scandalous" for the hospital authorities to have reacted in such a high-handed manner.

"All that we were asking for was a living wage, not money that would turn us into overnight tycoons."

But he still has some hope in what the General Allied Workers Union (Gawu) might do for him and his colleagues.

In the meantime it means sharing food provided by friends — until the end of the month, when his tenure at the hostel will be considered illegal.

Strain tells on doctors

By SEFAKO NYAKA

VISIBLY fatigued and strained doctors and nurses at Johannesburg's Hillbrow Hospital yesterday complained of being overworked — although the hospital superintendant Dr J Nach has denied that medical staff are battling to cope with an influx of patients sent from the strike-hit Baragwanath Hospital.

Forty patients were taken to the section, formerly the Non-European Hospital, now the "New Indian Hospital" (NIH). In spite of chronic overcrowding in the wards for Africans, the NIH has been standing virtually empty since it was reopened a few months ago, operating with a small staff.

"The African patients brought to the NIH are really low-care patients on the way to recovery or waiting to be discharged," Nach said.

He said that because the hospital was the only one that had radio-therapy equipment, many patients were brought from adjacent hospitals for treatment.

"There is definitely no over-burdening of the staff," Nach said.

Yet, in the African wards, dozens of patients are still sleeping on the floor or on steel trolleys and the staff shortage is said to be critical.

There was a near-chaotic situation on Wednesday evening in Ward 7, with patients sleeping on foam mattresses on the floor.

Prof Selma Browde of the hospital's radiation department described the situation as "horrific".

She said the nursing shortage was having an adverse effect on patient care, with patients not receiving medication and drips on time.

● The chairman of the United Nation's Special Committee Against Apartheid, Major-General J N Garba, has sent a message of support for the striking workers and nurses at Baragwanath Hospital.

In its message, the UN committee says the international community is well aware of the appalling conditions at the hospital for patients and workers alike.

"Your stand makes the public once more aware of the destructive effects of the apartheid system on all social services in South Africa".

And the United Democratic Front (UDF) says it is deeply angered at the intransigent and "kragdadige" behaviour of hospital authorities in their treatment of genuine worker grievances.

In its statement, the UDF says the ease with which thousands of workers and nurses "are just fired, is appalling to say the least. It is even more revolting when we see the same government shouting reform on public platforms treating people like they were scum".

98 28/11/85 SOWETAN

ARAGWANATH: What was really achieved?

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Asked how the situation at Baragwanath got out of hand if such communication lines had been open, he said the nurses had responded in sympathy with daily-paid workers who stopped work.

Matron

When the head matron went to discuss the matter with them, the students started singing and the matron left.

Mr Kirstein said he now had a written list of student grievances, which he had asked the superintendent and the director of hospital services to attend to.

"As far as the daily-paid workers are concerned, they do not have a representative council, as far as I know. I am given the assurance however that at all times they were welcome to go and see the superintendent and hospital representatives."

Asked whether the hospital authorities would meet with and accept workers' committees which the General and Allied Workers' Union and other unions are forming, Mr Kirstein was cagey.

"It depends where the committee comes from. Every genuine committee of people in the hospital's employ is more than welcome to come and discuss their situation. The superintendents would not be prepared to meet people from outside who instigate problems."

Pressed to elaborate and to state clearly whether this excluded unions, he said: "We would not be prepared to meet unions from outside. In the Government service no unions are recognised. We are not in a position to recognise them."

Mistake

Industrial relations consultant Mr Stewart Pennington commented that many managements made the mistake of failing to establish structures for the settlement of grievances.

"The benefits of a structure which allows people to air their grievances are well-known. If it is accepted that there is always going to be a conflict of interests between managers and employees, structures to deal with those conflicts and problems when they arise, can only improve the ability of managers to manage the conflict."

"Public sector employers have adopted a very conservative view of the new industrial relations dispensation. Essentially the relationship which exists in the private sector between management and employers is no different to that in the public sector."

SADF personnel to 'be phased' out

DEFENCE Force personnel who helped to keep Baragwanath Hopsital going during a two-week strike, will be phased out gradually and should be out of the hospital by the weekend.

According to Mr Daan Kirstein, between 550 and 600 Defence Force personnel were finally involved in running essential services at the hospital. He hoped they could be phased out by the weekend and that the hospital would return to normal.

"Student nurses and daily paid workers who were dismissed, will be reinstated as soon as possible," he said. Reinstatement procedures were well underway already.

"The Police and Defence Force were brought in to help at Baragwanath and were not there in connection with the strike," he said. "If we had not had the help we received from these people, I don't know what would have happened at Baragwanath.

"They did extremely well. It is quite a problem when you have to prepare between 12 000 and 13 000 meals a day and you have a kitchen standing empty. The same applies to the laundry. Within a few hours mountains of dirty sheets appear."

Mr Kirstein said he has asked the Director General of Hospital Services to investigate allegations of daily paid workers that they were appointed in temporary capacities and that their appointments were not confirmed. Some workers claim they have been on temporary staff for years and are deprived of service and other benefits.

AT THE peak of the crisis at Bara, many volunteers like the nun above, came to give help.

'A microcosm of the problems of South Africa'

BARAGWANATH Hospital, with its "critical, sensitive and sad issues", was a microcosm of the problems of South Africa, Professor Leo Schamroth, the hospital's chief physician, commented this week.

Professor Schamroth received the 1985 Wits Alumni Honour Award for exceptional service to the community at the university on Tuesday. The award is the highest the convocation can bestow on a member.

Speaking of the hospital, where he has been head of the department of medicine since 1972, he mentioned the "difficulties, the mood of desperation and the uncertainty", which could also be found in the country as a whole.

He expressed hope that the problems of both the hospital and the country would create the "stimulus of adversity" out of which could come a "harmonious, just and peaceful" society.

"In conditions that could euphemistically be called rather taxing and with an increasing deluge of patients, we are proud of having developed an international reputation for research and study at the hospital," he said.

The hospital existed to serve Soweto, which needed a ... "reasonable ratio" of doctors to patients. "But in fact, it has only 22 general practitioners and 54 clinic doctors — 76 doctors giving primary health care to two million people.

"There is marked overcrowding at the hospital, due to rapid population growth and the need to admit all sick patients, so we had to adapt to the rapid treatment of large numbers to stay functional," he said.

Research

Besides giving additional primary health care, the hospital also has to provide secondary care, student training and research into the "adverse effects of rapid organisation on the black population".

The juxtaposition of a third world and a first world population provided ample opportunity for research. The high incidence of heart disease among whites, leading to 30 to 40 deaths a day, was an example.

Professor Scharoth has received a number of awards for his dedication and research in electrocardiology. The author of 300 scientific publications and eight textbooks, he holds the degrees of Doctor of Medicine and Doctor of Science from Wits

Analysing the anatomy of a hospital strike

The recent Baragwanath Hospital strike has focused attention on what for South Africa is a completely new phenomenon — the hospital strike. Why do they occur, how best can they be resolved. The author of the accompanying article, a doctor who may not be named for ethical reasons, looks at the anatomy of a hospital strike.

Public hospital strikes hitherto unknown in South Africa may become as common in the coming years as they have already become in countries like Britain or Canada. What can we learn from the experiences of these countries?

First, that public hospital strikes are not like industrial strikes. This is a fact which must be appreciated by those who have to handle them.

Workers in public hospitals, like workers in industry or commerce, usually strike to obtain better pay or better working conditions. Like all workers the weapon which they use to apply pressure on management is withdrawal of service. In commerce or industry the effect of this weapon is to exert pressure on the employer through loss of profit, and in resisting this pressure companies may be badly damaged, even to the point of liquidation. In the public sector, by contrast, withdrawal of service can have no such effect.

The state is no poorer when one of its hospitals is closed. Indeed, though health may suffer, it ends up richer through the money saved.

A withdrawal of service by hospital workers must therefore exert pressure on management in an entirely different way. Surprisingly, it exerts pressure through causing embarrassment to the administration.

This is only possible because there is an implicit understanding in our western societies that the State will provide for the hospital care of at least our poorer citizens. Governments must strive to do this and it is important that they be seen to be succeeding. To fail in this commitment is to appear insensitive to the suffering of the sick, uncaring of the well-being of its hospital workers and, what is worse, inefficient. The price is paid in loss of popularity and votes.

Thus in the case of public hospital strikes, the contest between employer and employee has nothing to do with profit and loss, but has everything to do with communication, with "face", and with "image". It is a contest largely fought out in the media for the sympathy of the general population. Strikers who have wide popular support usually achieve their objectives while strikers who are perceived as excessively demanding or irresponsible do not.

There is simultaneously, however, a battle for goodwill of the workers themselves. Labour leaders achieve solidarity among their followers by reinforcing the conviction that their lot is intolerable and that "the administration" is so unsympathetic and unbending that their strike is not only justified but essential. Thus generosity and flexibility which an employer may display at the negotiating table may not be transmitted back to the workers themselves.

Management can correct this through the media. Salary issues, which seldom evoke great sympathy from a public which [illegible] may be better [illegible] given a [illegible] a grievance list. Grievances must be rapidly and publically addressed. Finally, the best culture medium for false rumours concerning the intentions of management are silence and uncertainty. Decisions must therefore be rapidly made and communicated.

In summary, if the task of strike leaders is to foster an image of management that appears unjust and unreasonable, the task of management is to counter this.

It must address every grievance and undertake to rectify it wherever possible. It must make sure that the media is informed of this since the general public and the strikers themselves may have no other way of learning whether the administration is being "reasonable" or not. Management then must not only be just and concerned, it must project this image even when it is necessary to be firm. The critical factor in achieving this is communication. Rapid decisions with accurate rapid reporting of facts and denial of false rumours are essential to success.

From this it is possible to derive four simple rules for strike management in the public hospital sector.

First, be reasonable, be fair, never show aggravation. Your opponents want you to appear "tough", [illegible] threaten and if possible even [illegible] the workers.

Since the [illegible] powerful [illegible] patients [illegible] tough tactics may spread your strike rather than confine it. Whatever [illegible]

The second rule is [illegible] media. Never be [illegible] issue a daily situation report. Hold press conferences whenever necessary.

The third rule applies equally to the public or private sector. Since responses must be quick and appropriate, a strike must be run [illegible] from a [illegible] office.

A fourth and final rule applies especially in South Africa where [illegible] substantially promote their cause. To enter the [illegible] without such advice is [illegible]

It is clearly in the public interest that strikes in [illegible] public hospital be [illegible] terminated as [illegible] when they occur. In an organisation as large and [illegible] as a public hospital there will [illegible] valid causes for conflict between labour and management. Observation of these simple rules [illegible] substantially diminish the [illegible] of conflict and help [illegible] its consequences when conflict cannot be avoided.

After the strike — nothing's changed

29/1/85

CLAIRE PICKARD-CAMBRIDGE

THE decision to summon the SA Defence Force to provide back-up service during the Baragwanath crisis ias drawn sharp criticism from inions and a health association.

The MSE for Hospital Services, Daan Kirstein, argues that the presence of the SADF was essential for he nursing of patients, cooking of neals and washing of laundry.

"The patients would have suffered f the SADF had not been called and I iave letters from black nursing sisers at Baragwanath who thanked us or calling in the SADF to assist hem," he says.

However, the Health Workers Assoiation (HWA), the General and Allied Workers Union (Gawu), the Black Health and Allied Workers Union of SA (Bhawusa) and the SA Black Municipal and Allied Workers Union (Sabmawu) argue that the SADF's presence generated great tension among remaining health workers.

Chairman of Bhawusa's advisory board Benny Alexander said bad feelings between employees and the SADF had been reinforced by existing tensions with the SADF in the townships. Others say black patients found the presence of the SADF upsetting.

An HWA spokesman supports this, claiming five senior doctors had gone to the student nurses' quarters early last week to try and facilitate the reopening of negotiations between nurses and authorities.

He said an armoured vehicle had drawn up and members of the SADF's red beret units had ordered the doctors at gunpoint to lie on the floor. They had been searched and questioned for 20 minutes before being released.

Kirstein said he had not heard of the incident and an SADF spokesman has dismissed the account as untrue.

The HWA argues that the SADF's presence cannot be justified because the authorities should have dealt with grievances beforehand. And at a mass meeting last week, nurses claimed the presence of the SADF allowed the authorities to continue running the hospital without addressing employee grievances.

Asked if the authorities would meet with any of the unions, Kirstein said the hospital was not prepared to negotiate with "outside bodies".

"We are only prepared to negotiate with people in our employ and believe existing professional bodies such as the Hospital Employees Association and the SA Nursing Association provide adequate channels for this purpose. I believe they act in the interests of members because they were elected."

Kirstein says there cannot be any increases for nurses before March, when the new budget is announced. However, health authorities have put the question of increases for auxiliary workers to the Treasury and the commissioner of administration.

The unions in turn are dismissive of the employee associations, which they say have no negotiating power and only act in a consultative capacity. They claim the bodies are headed by senior personnel against whom worker grievances are sometimes directed.

Tensions have also arisen with the SA Nursing Council condemning student nurses for contravening the Nursing Act — which prohibits strikes — and warning that they may take action against the student nurses.

The unions have responded sharply, saying it is not certain that the nurses were on a proper strike and claim their sit-in was an indictment of the council's inability to effectively address problems.

Gawu president Samson Ndou has warned that they have instructed their lawyers to step in if student nurses are victimised by Nursing Council members.

Bhawusa's Alexander argues that the World Health Organisation, Public Services International and the International Labour Organisation acknowledge the right of nursing staff to strike.

Asked what had been achieved by the strike, the unions said it had created more unity among the workers as well as highlighting both their plight and the state's attitude towards workers' rights. However, their major demands for a collective bargaining arrangement and improved wages and working conditions have clearly not yet been met.

☐November 4: Auxilliary workers at Baragwanath Hospital meet to demand higher wages.

☐November 13: Workers meet to hear management's response and are told their demand will be considered in March with the start of the new financial year. A fracas breaks out in the evening with workers and some student nurses allegedly rampaging through the kitchens and dining rooms.

☐November 14: Workers reassemble and some want to travel to Pretoria to make representations to the health authorities. Police arrive and several hundred are arrested and charged with attending an illegal gathering. This erupts in a wildcat strike among auxilliary workers.

☐November 15: Student nurses approach the authorities with their grievances. Agreement cannot be reached and they stage a sit-in at their quarters.

☐March 17 and 18: About 800 student nurses and 700 auxillary workers are fired. The SADF is summoned to provide backup at the hospital and observers describe the area as akin to a "militarised zone".

☐Monday 25: Authorities begin to reinstate employees without loss of benefits. This coincides with a succesful supreme court application for the reinstatement of student nurse Mardulate Tshabalala.

☐Wednesday 27: Most employees are back at work.

☐Thursday 28: Most SADF members have left Baragwanath. Charges against workers who attended an "illegal gathering" are dropped.

MEDICAL FEES

Passing the buck

The first "Scale of Benefits" for determining medical scheme payouts is expected to be gazetted with effect from January 1. It marks the end of 40 years of tortuous negotiation between schemes and beneficiaries — doctors, dentists and other medical professions — characterised more by disagreement than agreement.

Under the scale, the Representative Association of Medical Schemes (Rams) is to increase its payouts by an average 12,5%. Increases vary considerably, however, with general practitioners receiving the biggest hike. They will receive a 43% increase in consultation fees from R9,50 to R13,60.

The hope is that this will encourage doctors to spend more time with patients and prescribe fewer medicines, thus saving on drug costs. But some are sceptical, believing that this will "not cut consultation habits," as one schemes manager put it.

It was last year that negotiation of fees finally came to an end. From December 21 1984, doctors were free to charge what they liked, although in practice many kept to the tariff gazetted that July.

Under the new deal, however, Rams is "obliged to review its rates" within three months of a change in fee scales used by the medical professions. In the case of doctors, the Medical Association of SA (Masa) publishes what it calls its "Guide to Fees for Medical Services." This is a guide for average private fees, based on a unit price of R2,10; though in line with Rams' new scale, the unit price for medical schemes will be R1,58, an effective discount of 25%.

Doctors who stick to the scale will continue to enjoy the guaranteed payment. This has been a carrot oft-dangled in haste and regretted at leisure because, as some people believe, it has been the main source of corruption in medical costs (see *Leaders*). The first time it was used was over 40 years ago, when the idea of negotiating special rates was first put into practice.

That was when medical aid schemes were developing — as an extension of the old medical benefit schemes — and doctors saw a marketing opportunity to bring medical services to a wider clientele at an affordable price.

After negotiations between Masa and the medical schemes, a deal was struck bringing the two sides together to offer a "preferential tariff of fees."

It provided for recognition of a scheme by Masa with a ceiling on members' earnings. For their part, medical schemes agreed to pay doctors in full, direct, and then recover members' liability. "It was a horse trade," says John Ernstzen, chairman of Rams, "without any real science."

Progressively other bodies joined the arrangement, including the Dental Association of SA (Dasa) and the SA Association of Private Hospitals. As more people became medical scheme members, increasingly the earnings limit fell away so that even high earners received treatment at discounted rates.

"During the Sixties, it got to a stage, especially with Masa, that the horse trading became acrimonious," says Ernstzen. Masa feared a loss of negotiating power as schemes grew in number — probably with justification.

Masa threats

Masa threats to withdraw approval of certain schemes led to the appointment of a commission of inquiry under Hennie Snyman, then president of the SA Medical & Dental Council. From this emerged recommendations that led to the Medical Schemes Act 1967, the prime object of which was to encourage the formation of medical schemes to provide medical cover for the whole population. This important principle got lost in the ensuing arguments.

The Act provided for a Remuneration Commission, of a judge and assessors with medical and medical schemes knowledge, to determine the fee structure of doctors and dentists. It would adjudicate between the professions and medical schemes. The outcome was the gazetting of an updated tariff of fees.

But doctors and dentists were never happy with the arrangement, says Ernstzen. "Basically I think the commission did as well as it could, given the evidence put before it. But Masa and Dasa were always loath to give sufficient disclosure of their affairs to justify their demands."

As a result, the Act was changed once again. This time the SA Medical & Dental Council became responsible for determining fees.

FM 98 29/11/85

The first agreement was gazetted in 1979. No longer was a judge needed, but the council appointed a sub-committee which heard evidence from both sides, and made recommendations to the Minister of Health. This first determination in November 1979 called for an increase of 37,5% in medical fees. Through adjustments and increased usage, however, medical schemes found their payouts actually rose by 52,5%.

Ernstzen

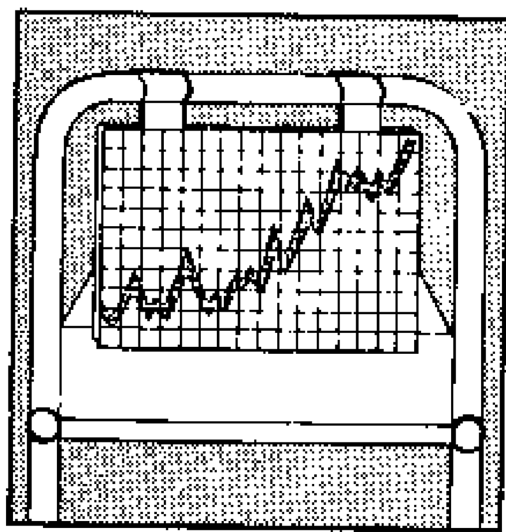
In spite of the ensuing furore, and requests by the then Minister of Health, Lapa Munnik, to reconsider, the increases were pushed through. The Act was again amended to give the Minister the final say in determining fees.

The latest change came when Nak van der Merwe was appointed Minister of Health. He did not want to assume the responsibility. After long consultation, the Act was amended yet again in May 1984 to allow professional bodies to determine their own fees with effect from December 21 1984.

Pity it took so long to appreciate the advantages of a free market. ■

MEDICAL HEALTH COSTS

Killing off the paymaster



Across the clamorous battlefield of a public health service in rout, the medical schemes are calling for a showdown. Costs are rocketing and their differences with the providers of health care *must* be resolved or medical aid cover will soon become a rare luxury.

If the latest increase — planned for January 1 1986 — is taken into account, membership fees have gone up 500% since 1975 — an apalling show against an inflation rate of "only" 387% for the same period.

The big medical chiefs are gathering in Pretoria on November 28, primarily to discuss the "privatisation of health care in SA." But they won't get far if they don't tackle the real key issue: how to control the future costs of medical services, which have already ripped through the R4 billion a year barrier.

Government is already limiting taxpayers' subsidies — through the provincial hospital network — to "the poor and indigent" by evicting most schemes' members to the private sector, where they have to pay market-related rates.

If medical care is to be available for everyone — including the increasing numbers of blacks — then some means of effective cost control and control of usage, will have to be adopted pretty smartly. As the principal paymasters of private medicine, the medical schemes see themselves as victims of exploitation.

They claim "widespread abuse by all and sundry," and suggest the consumer could be losing anything up to R100m a year — to say nothing of losses through inefficiencies.

With medical costs going through the roof, the time has come for increased competition and deregulation.

To be almost fair, the schemes include everyone in their accusations — "almost" because they don't put themselves on the list as well (we do, later).

They charge:

□ General practitioners are "over-servicing" their patients, using the medical tariff as a "shopping list" and prescribing drugs in preference to longer consultation times;

□ Patients, while basking in blissful ignorance of the true cost of medical treatment, are abusing their privileges by "excessive usage" of many services, demanding drugs for even the most minor ailments;

□ The pharmaceutical industry is overselling its cure-alls by heavy advertising, especially of proprietary drugs, without sufficient warning of any side-effects;

□ The private hospitals are making an "excessive number of mistakes" in their bills; and

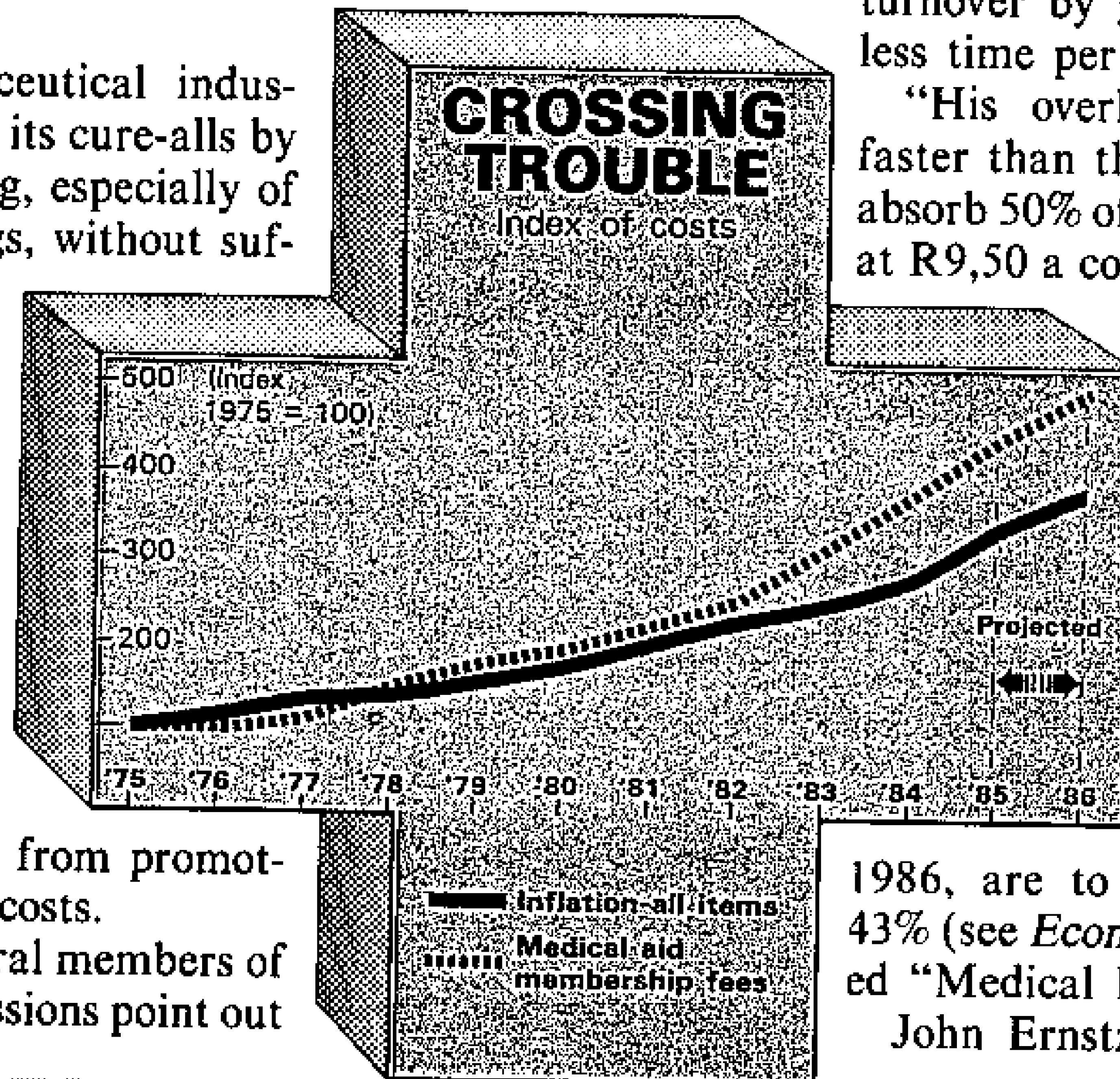
□ The law is preventing medical schemes from promoting ways to cut costs.

However, several members of the various professions point out that medical schemes are in business to make a profit and are, in fact, doing very well. Membership fees have increased alarmingly since 1976, for example, at an average 16,1% a year. This compares to an inflation rate of 13,2% a year. Last year the number of registered schemes was reduced from 240 to 215 as part of ongoing rationalisation. In 1976 there were 251.

According to a recent Medical Association of SA (Masa) article, for the period 1974-1982, the doctors' slice of the cake has crumbled; the suggestion being that they can't match the bargaining power of the hospitals and druggists. Compared to inflation at 165%, doctors' earnings rose 122%, hospitals 291% and the costs of drugs 314%.

A specialist says that since tariff increases rose only 107,3% over the same period, doctors are being forced to increase turnover by giving the patient less time per visit.

"His overheads have risen faster than the tariff, and now absorb 50% of his income. Now, at R9,50 a consultation he simply cannot afford to give his patient enough time," he says.



One means to combat over-servicing has already been adopted. Consultation fees, from January 1 1986, are to be increased by 43% (see *Economy* article headed "Medical Fees").

John Ernstzen, chairman of

L to R: Masa's Prinsloo, Medical Administrators' Leveton, Sana's Brannigan ... the heat is on

HOW THE DOCTORS SEE IT

Percentage increases 1974-1982 — selected items

Item	%
Drugs	313,8%
Hospitals	291,3%
Dentists*	238,6%
General Practitioners*	191,0%
Specialists*	175,7%
CPI	**165,0%**
Specialists' salaries	154,3%
Medical Schemes Administration costs	132,0%
General Practitioners' salaries	122,2%
Tariff increases	107,3%

* Total receipts for services rendered, including overheads, as distinct from personal gross salary.
Source: Medical Association of SA.

the Representative Association of Medical Schemes (Rams), says the medical tariffs were last increased by 8,8% with effect from July 1 1984, an average increase of 4,4% for the calendar year. "Yet we have found that our claims costs for 1984 rose much higher than this: up 19% on 1983 for general practitioners and 25% for specialists.

"This can only suggest more services are being performed, which points to a major flaw in the present system: our inability to control usage."

Tony Leveton, executive chairman of Affiliated Medical Administrators, which processes 30 000 claims a day, says that his statistics for the six months to November 1985 confirm the serious problem of overservicing. "Those doctors who rely on medical schemes for their income see our members on average 23% more than those doctors contracted out," he says. Other schemes claim even higher figures.

FEE FEVER

Ten-year medical history

Year	Monthly membership fee*	% increase on previous year	Inflation year on year
1976	R24,56	0,6%	10,8%
1977	28,12	14,5	11,1
1978	36,45	29,6	11,6
1979	41,98	15,2	14,0
1980	47,91	14,0	15,8
1981	55,11	15,0	13,9
1982	63,53	15,3	13,8
1983	76,07	19,7	11,0
1984	92,66	21,8	13,3
1985	106,25	14,7	16,6**
Average rate:		**16,1%**	**13,2%**

* Average combined employer/employee contribution
** Latest rate to September 1985

A doctor accepts this, but says that patients for their part "over-demand. . . With the rapid increase in premiums members are using the facilities more, one reason why drugs expenditure has gone up so much. And sometimes you'll hear a member say, 'Well, I think I've got all my money back from the medical aid this year,' as if that was the point of it all.

"My surgeries are full of children with snotty noses who wouldn't be there if the medical schemes didn't pay," he adds.

Says Ernstzen: "Certainly, this attitude adds to the pressure to prescribe. Sedatives, tranquilisers, low grade analgesics and placebos make up some 22% of our medicine costs, or R100m." He also believes that people are subject to heavy advertising pressure, and, "we are discussing this particular problem with Masa. One thing we want is for advertisements to include suitable warnings; for example, few people realise that most renal failures are associated with the use of analgesics."

The private hospitals attract a fair share of criticism too. As the specialist comments: "We are by no means unaware of hospitals that have curious habits and periodically we find them charging for things not rendered."

They will receive an estimated 15,7%, or R235m from registered medical schemes in 1985. Drugs are also included in this bill, although the largest slice, some 65%, is taken up by staff salaries. Leveton says the hospitals spare little when it comes to luxuries, while there's been little rationing of beds: "This, of course, increases capital costs, yet I don't see how we can be expected to meet their financial aspirations."

Susan du Preez, president of the SA Nursing Association, adds that private hospital regulations, as a condition of their registration, also enforce standards that, in her view, even certain government hospitals don't live up to.

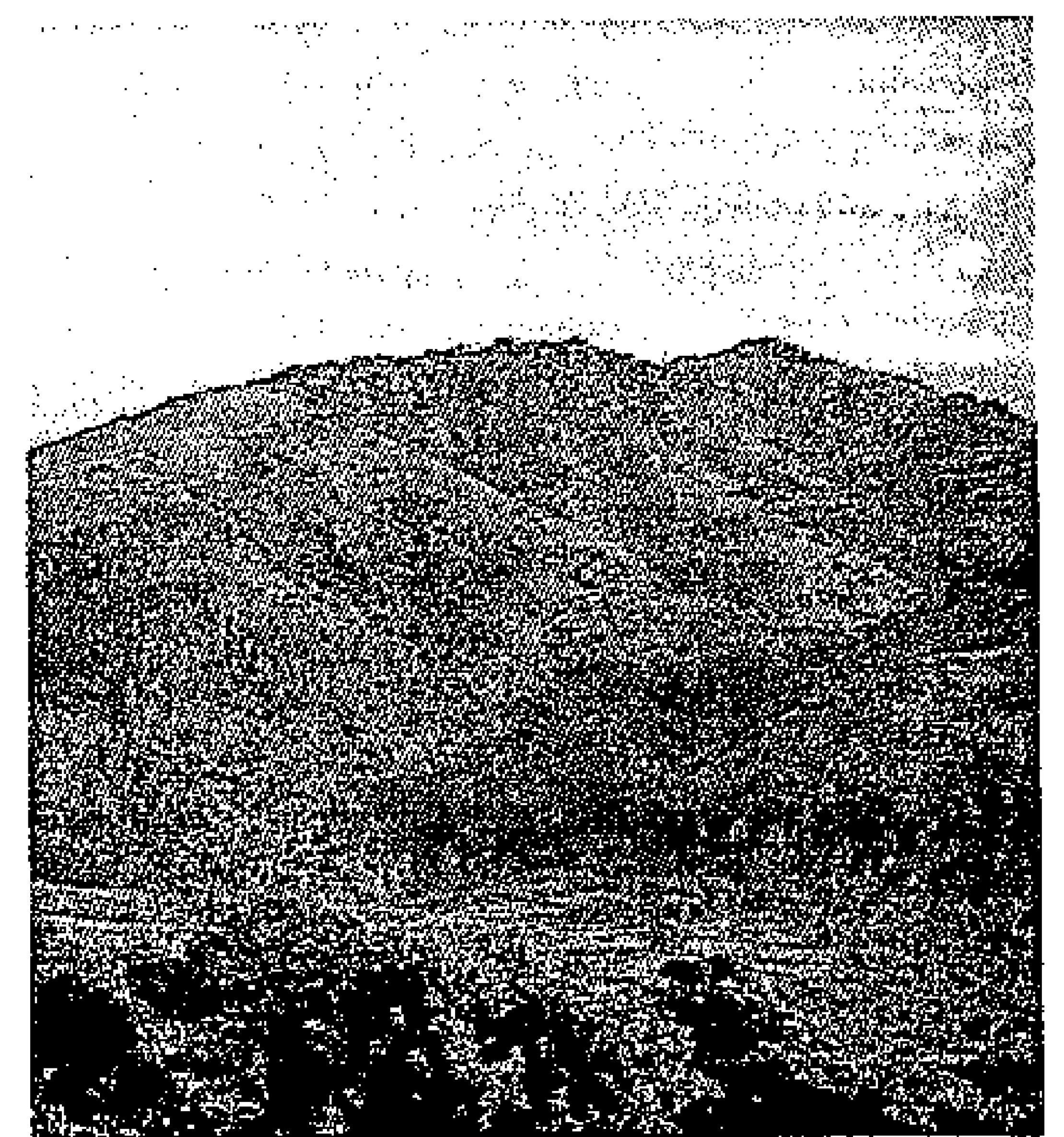
Certainly the business is highly capital intensive. Says Barney Hurwitz, past chairman of the Representative Association of Private Hospitals: "I bought a ventilator recently at a cost of R37 000. Twelve months ago that same article cost R11 000." He points out that such expenditure is unavoidable and forms a major part of capital costs regardless of the quality of the hospital.

The specialist agrees the hospitals do have a costing problem: "Go to any reasonable hotel and you're in for R100 a night before they even start serving you. Yet the hospital gets only R65 a day for a 24-hour, all-inclusive service."

That could be one of the problems. Hospitals don't get enough to cover their ward overheads. One thing they do, therefore, is to concentrate on theatre work. Perhaps another is that they load some of the bills. Hurwitz is very concerned about the allegations of abuse, but points out that there's probably as much overcharging as undercharging given the complicated billing system.

A major problem for private hospitals is expensive operative procedures where patients are either not covered by their medical

When you've been to Cape Town, Durban, Bloemfontein, East London, the Game Reserve, the country club, the Town Hall and the hotel at the sea, isn't it time for a change of scenery?



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One interesting suggestion comes from Du Preez who thinks that an independent company could check bills for reward, "rather like the Automobile Association which checks members' motor repair bills for accuracy," she says.

A cost containment suggestion also comes from Eileen Brannigan, manager of social economic affairs at the SA Nursing Association. She is keen to encourage "preventive and promotive care" as a means to cut costs. "We know of 98 nurses in private practice who can provide, firstly, a supportive role for the doctor, reducing his time spent on basic matters and, secondly, home care, saving costs for the patient too."

She says, for example, the nurse can assist in the training of diabetics, and teach new mothers in their home environment: "We also support the concept of a 'multi-purpose team' which would comprise doctor, surgeon, pharmacist and nurse." The nurse would provide the sifting process, with time to listen to patients, possibly countering requests for minor but expensive palliatives. Their status and function in the provision of health care would be accordingly upgraded.

BILL OF HEALTH

Cost of medical care in SA 1985 Budget estimate

Registered Medical Schemes		R1 500m
Exempted Schemes		R119m
Department of Health (General Affairs)		R439m
Own Affairs:		R96m
Assembly	R57,9m	
Delegates	R7,6m	
Representatives	R30,7m	
Provincial Administration:		R2 109m
Cape	R768,0m	
Natal	R333,2m	
OFS	R200,0m	
Transvaal	R807,7m	
Total 1985 estimate		R4 263m

NOTE: Excludes members' liability, payments by non-insureds and sundry

The medical professions should be actively encouraged to advertise with the right to discount prices of drugs and services. As to be expected, the professions denounce this concept, saying it would undermine quality of service and disrupt the free flow of ideas among doctors who would then become competitors. But advertising would invoke public awareness and could even create a greater discernment of quality. This would also be in line with trends in world thinking.

But the fundamental weakness in the medical health services is the lack of competition. Those with vested interests will continue to promote the cost spiral unless government is prepared to interfere in probably the most positive way it could — by dismantling regulations and freeing up the professions from their regulatory bandages.

The free market is by far the most efficient arbiter of pricing and the provision and control of services. Let it do its job. ■

FORM-SCAFF/NATIONAL BOLT

Welding together profits

Form-Scaff Holdings is a private concern controlling two listed companies, Natbolt and FSI. It has been making firm forays into the export market, and the listed companies are regarded as excellent recovery stocks.

Making nuts and bolts is a prosaic business; and sufficiently low-tech, it seems, to allow easy entry to anyone with cash. When demand for fasteners soared in the booming late-Seventies, everyone, from mining houses to individual businessmen, jumped onto the manufacturing bandwagon. Mining houses, in particular, invested heavily in this industry — and for good reason. They are prodigious users of fasteners, and they wanted to secure their supply lines.

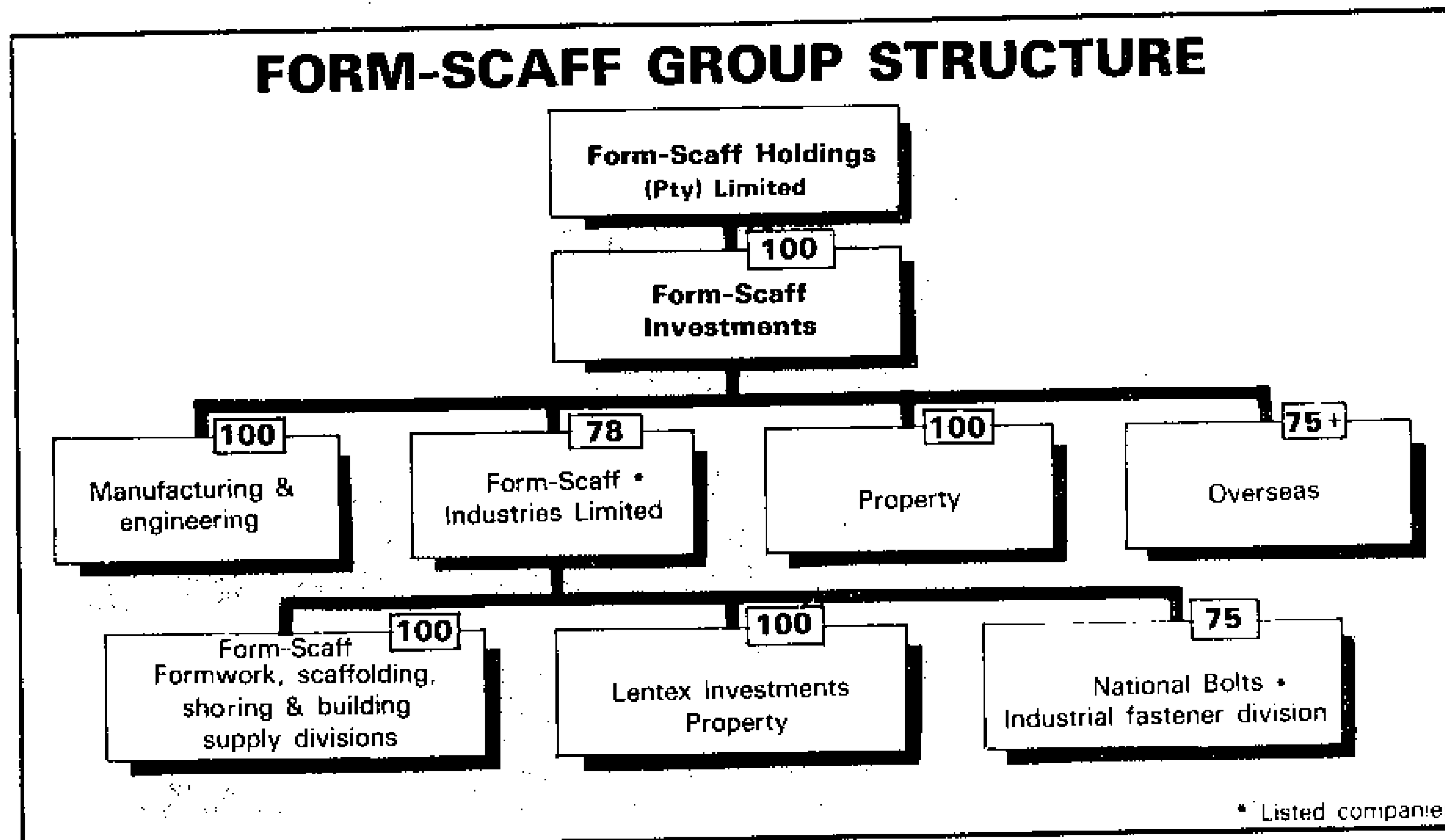
But the industry had attracted weak managers, and everybody expanded too ambitiously. The fastener market became bloated, inefficient and oversupplied, although its poor state was easily hidden in the good years. With the recession came a tide of losses, forcing an inevitable shakeout.

Late in 1983, Form-Scaff Holdings, a privately owned engineering company, moved in to pick up the pieces. It acquired National Bolts and IFM, two large manufacturers, from Anglovaal Industries and the Diamond family respectively. In the subsequent reconstruction (*FM* March 8 1984) IFM sold its trading division to Natbolt, and effectively became Natbolt's listed parent. IFM was subsequently renamed Form-Scaff Industries (FSI). Simultaneously, Form-Scaff injected its own South African trading division, which sells scaffolding and formwork, into FSI, giving it a more balanced trading base.

In the new structure, a private company — Form-Scaff Holdings — controls two listed companies, Natbolt and FSI (see diagram). Control of the entire group rests in the hands of three shareholders: FSI chairman Benjamin Kaminer, MD Jeffrey Liebesman, and director Nathan Bress.

At first, restoration of the fastener division proved problematic. Operating problems persisted in Natbolt, which was then still managed by the Diamond family. By all accounts, during their tenure systems were inadequate, relationships with clients were strained and production efficiencies were weak. A none-too-amiable split followed in November 1984, and Form-Scaff was left to straighten out a messy operation.

Another problem was Natbolt's rising borrowings. The group had built up debt to acquire IFM's trading division, just as interest rates began to move up. At June 1984, Natbolt's gearing was at an unhealthy 1,20, and at end-June 1985 the interest bill had soared to R8,2m (R5,2m), all but wiping out operating profits of R9,6m (R2,6m). The attributable profit of R193 000, however, represented a strong turnaround from the previous year's losses of R2,6m, indicating already that rationalisation benefits were flowing through.



The debt:equity ratio had fallen by June 1985 to 73%, and parent FSI ended the year with attributable profits of R1,5m (R1,2m).

New management was installed at Natbolt, and the company recently acquired the fastener division of Cutsteel, to become a dominant player in the local fastener

(98)

BARAGWANATH STRIKE FM 29/11/85

Healthy judgment

The right of workers to have their grievances properly considered has been re-affirmed yet again in the Rand Supreme Court's decision to order the reinstatement of a student nurse dismissed during the strike at Baragwanath Hospital.

Some 1 500 Baragwanath workers — 800 student nurses and 700 auxiliary workers — were dismissed on November 18. In a test case challenging the dismissals, an urgent application for reinstatement was launched by three of the student nurses.

The first applicant, Mardulate Tshabalala, represented all student nurses who claimed they were on leave during the strike. The second applicant, Themba Mbobo, represented permanently employed nurses who were on probation who were dismissed, while the third, Macbeth Nxumalo, represented the temporarily employed nurses. The respondents were the Minister of Health and Welfare, the Administrator of the Transvaal, the Director of Hospital Services and Baragwanath chief superintendent Chris van den Heever.

Mr Justice R Goldstone found that Tshabalala had been unlawfully dismissed and ordered that she should be reinstated. He also upheld to right to be accommodated at the hospital and awarded her costs. He said oral evidence would have to be led to determine whether Mbobo was employed in a temporary or permanent capacity. In the interim, Mbobe is entitled to remain in the employ of the hospital and can occupy his room. Nxumalo was refused relief as he admitted that he had participated in the strike.

The crux of the matter, according to Justice Goldstone, was that Van den Heever had not applied his mind to the individual circumstances of the dismissed employees. The notice of termination Van den Heever had issued on November 18 was invalid in the case of *all* the student nurses because it was made effective from November 13 — before the strike occurred. This gave each student the right to be heard, the judge stated. Van den Heever had also not been entitled to order a general dismissal — each student had to be informed.

"Nursing is a venerable and noble profession," the judge said. "As it is an essential service, the lives or health of many people could be endangered by strike action. It undermines the ethics of their calling." But the responsibility that nurses bear implies that the authorities have a reciprocal duty to ensure their terms of employment are satisfactory and they should ensure that an efficient mechanism to air grievances exists, even if these are considered petty.

Attorney Amichand Soman, who acted for the three student nurses, has pointed out that even though the judge found that Nxumalo could not be reinstated, the student nurse is still entitled to claim for damages on the basis of unlawful dismissal.

Soman also says that the hospital authorities told the State Attorney that thei will be reinstating all the nurses and auxiliary workers. Director of Hospital Services Hennie van Wyk has, however, refused to comment until he receives the written judgment. Van Wyk tells the *FM* that 600 of the student nurses had been re-employed by Monday afternoon. Some 950 auxiliary workers have also been employed — more than the total orginally dismissed. Meanwhile national servicemen continue to be deployed at the hospital. Van Wyk says they will be phased out as the workers return.

Leader of the Opposition in the Provincial Council Douglas Gibson has condemned the provincial services for their handling of the strike. He says the MEC for Hospital Services, Daan Kirstein, had rejected his call for an emergency session of the council to discuss the issue. Says Gibson: "We have been kept in the dark about the events. The outcome of the court application is a slap in the face for the provincial authorities. Perhaps Kirstein will now learn that authoritarianism is not the answer." ■

4 Cape Times, Saturday, November 30, 1985

Security forces raid clinic in Crossroads

Staff Reporters

SECURITY forces have raided the Sacla Clinic in Old Crossroads, questioning staff about patients and confiscating a poster and an unexploded teargas canister.

A spokesman for the clinic said that at 3pm on Thursday about 60 riot police, soldiers and detectives arrived at the clinic in four Casspirs and four police vehicles.

The clinic was surrounded and police came into the clinic, pushed aside a doctor and searched the clinic. A police video camera filmed the events.

Personal baggage was searched and staff members were questioned on confidential medical information on patients, which they refused to divulge. Police apparently sought information on patients who had been shot.

An unexploded teargas canister was confiscated and an End Conscription Campaign (ECC) poster saying "Where is the Border Now?" was removed with no receipt given. A Sacla publicity article on the clinic was ripped off the notice board and crumpled up.

Police also questioned Dr Ivan Toms about clinic staff and searched a Black Sash advice office.

The clinic spokesman said police were very aggressive and made snide comments about staff.

Captain Jan Calitz, police liaison officer, said there was "a normal police crime prevention and investigation operation" at the clinic.

Police, acting on "information received", searched for "something specific" but this could not be found.

He described claims that 60 men were involved as "absurd" and denied any "physical" searches of medical documents or supplies.

He said clinic staff were warned not to hinder police and declined further comment.

● The ECC yesterday condemned the raid: "The clinic serves the community by providing medical care . . . The involvement of national servicemen in this type of action contradicts the notion of service to the nation," said Ms Paula Hathorn, publicity secretary of the ECC.

Meal discrimination at hospital alleged

Cape Times 30/11/85

98

Medical Reporter

THE medical superintendent of Conradie Hospital, Dr G L Bracken, has denied that there is any discrimination at the hospital following an allegation that "non-white" patients have had all their condiments withdrawn and bread allocation limited in a cost-cutting campaign.

The withdrawal of the condiments, such as peanut butter, jam, chutney and tomato sauce, did not apply to those patients in white wards, according to the complainant, a nurse at the hospital who asked not to be named.

"This is outright discrimination and the last thing this country needs, especially in times like these," she said.

Paraplegics did not have much to live for and this was the most upsetting part, she said.

"Non-whites" had also been rationed to five slices of buttered bread a day whereas before they could have as much as they liked,

Dr Bracken said that although it was hospital policy not to comment on anonymous complaints, there was definitely no difference between the meals received by white and "non-white" patients.

"We are willing to discuss all complaints and I ask the person making this complaint to come forward and discuss it with us. I can assure you that there is no discrimination in the hospital."

Cape Times 4/12/85

SADF medics quit Baragwanath

Own Correspondent

JOHANNESBURG. — A Defence Force headquarters spokesman in Pretoria last night confirmed that elements of the SADF medical corps had been withdrawn from Baragwanath Hospital in Soweto.

He said the withdrawal had followed the return to work by daily-paid workers and student nurses who had been dismissed by hospital authorities after a walk-out.

The nurses' union went to the Rand Supreme Court to request an order reinstating them. The court ordered that they should be reinstated pending a full trial.

Subsequently hospital authorities announced that all of the 1 800 dismissed staff should be reinstated until the outcome of the trial which could involve hundreds of witnesses.

In the urgent application brought by the nurses' union, the judge ruled that it was arguable whether all of the dismissed people had been on strike or whether hospital authorities had acted arbitrarily against the majority of its staff without regard to whether they were in fact on strike or not.

Since November 17, SADF and police units have guarded and run the hospital except for intensive care units.

Pay rises for 175 000 lower-paid civil servants

STAR 5/12/85

All labourers in the public service and provincial administration — including non-classified hospital workers — are to receive a pay rise, backdated to November 1.

A spokesman for the Commission for Administration said last night the pay rise followed an investigation started in May. It formed part of a series of investigations approved in the last budget with the aim of improving the positions of lowest paid employees.

A spokesman for the Black Health and Allied Workers' Union said daily-paid hospital workers would receive between 10 and 50 percent more and that increases would be backdated to November 1. He believed the announcement was a direct result of the strike action at Baragwanath Hospital last month.

GENERAL ASSISTANTS

"A total of 175 000 general assistants, as the occupation class for labourers is known in the public service, will receive varying benefits," said the spokesman for the Commission for Administration.

All workers are to rise at least one salary notch, but labourers at the bottom end of their salary series are to receive the greatest improvement.

The spokesman said payment of the higher wages would be made as soon as individual departments had completed the adjustments. But because of the large number of people, the implementation process was expected to take some time.

A union spokesman said they would have to study the increases to see what they would mean to workers in real terms.

"But we still maintain that non-classified workers in hospitals must have the right to negotiate their salaries through their chosen union."

Buthelezi praise for defence force hospital help

Argus 5/12/85

Argus Correspondent

DURBAN. — Kwazulu Chief Minister Chief Mangosuthu Buthelezi praised the South African Defence Force for sending conscripted doctors to Kwazulu hospitals.

He was speaking at the opening ceremony for a R100 000 outpatients clinic at Nkonjeni Hospital, in the Mahlabathini district of Kwazulu near Ulundi.

SITE OFFICE

The clinic has been donated by Murray and Roberts Construction Ltd. It was formerly used as the site office during the construction of the KwaZulu Legislative Assembly.

Chief Buthelezi congratulated the contractors for building the hospital.

He also thanked the young doctors who were prepared to move away from the glitter of city lights to serve their people in rural areas such as Mahlabathini.

"We are also grateful to the SADF for allowing some of the doctors to come to serve here in our hospitals instead of going to the borders."

However, while KwaZulu had a single doctor for every 90 000 people, there was still a long way to go, Chief Buthelezi said.

Chief Buthelezi

Free flights for servicemen

Staff Reporter

Bara strike: Fourth death

(98) SOWETAN 6/12/85

By ALI MPHAKI

A PIANIST in Yvonne Chaka Chaka's band, Mr Bongane Mdunge, died at Baragwanath Hospital yesterday, bringing to four the number of people who have died since a Dube home was burnt by four men during the hospital strike.

Mr Mdunge from Maritzburg, was in the house during the incident on November 24.

Mrs Gertrude Sishi (the owner of the house) died in the flames and her daughter, Miss Nomthandazo, a nurse at Baragwanath, died the following day. On Tuesday night another Sishi daughter, Busi, died at the hospital.

All four had severe burns.

Two other people who were in the house are still in hospital in a serious condition.

They are Mr Anthony Kunupi (the Sishi's son-in-law) and Lindi Sishi (19).

The house was attacked after nurse Nomthandazo went back to work after she and 941 other nurses were dismissed for going on strike

• See Page 8

POLICEMEN SLAIN

SOWETAN Correspondent

POLICE in Port Elizabeth are interrogating a number of suspects in connection with the torture and killing of two African policemen in Kwazakhele.

The badly mutilated bodies of Constable M Motlanthe of Dennilton and Constable M Modinqwane of Honeydew, both in the Transvaal, were discovered on

The police liaison officer for the Eastern Cape, Colonel Gerrie van Rooyen, described the killings as the most brutal he had seen for some time.

Resisted

He said the policemen had been stabbed ... times to ...

had resisted their attackers violently before being overpowered and dragged across the ground to where they where tortured.

He said that while they had been wearing plain clothes, it was obvious that their killers had known they were policemen.

The head of the Port Elizabeth Murder and Robbery Unit, Colonel

CAPE TIMES 9/12/85

98

National health policy call

By BARRY STREEK

SOUTH AFRICAN medical schools have been challenged by Professor Solly Benatar of the University of Cape Town to state their views on the desirability of a national health service to ensure the right of all people to basic health care.

Professor Benatar, of the department of medicine at UCT's medical school, said the wide disparities in health and health care in South Africa could be rectified only by a national health policy.

His challenge, published at the weekend in the South African Medical Journal, reflects a growing concern in the medical profession about the trend towards privatization of health care and racial division of the administration of medical services.

Sanctity and equality of all human life

Professor Benatar said the practice of medicine was "a moral enterprise based on the concept of the sanctity and equality of all human life. This invokes the principle that all people should be treated beneficiently and with dignity.

"The wide disparities in the health of, and health care facilities available to, different groups of people in South Africa are complex in origin but in part are due to legislated discriminatory policies and to the lack of a national commitment to widely accepted basic human rights.

"The fundamental immorality of such policies is in conflict with the aims and ideals of the medical profession and impairs the ability of individual doctors and medical institutions to teach and practise according to the basic tenets of its morality.

"Within the framework of South African society this can only be rectified by recognition of the right of all people to basic health care and other social services and the development of these on a national non-discriminatory basis.

"The rising costs of medical care, the increasing trend towards privatization and the further fragmentation of health care services in South Africa will widen the gap between health care facilities available to the rich and the poor.

Threaten function of teaching hospitals

"These developments also threaten the function of teaching hospitals in their academic and clinical leadership roles — vital components of a civilized society.

"The creation and development of a national health service in South Africa, while not claimed as a panacea for all the difficulties, will help to establish an environment in which medicine can be taught and practised in accordance with its high moral content, for the benefit of individuals and society," he said.

A national health service would not impinge on the freedom of individuals to provide or purchase additional health if the right to private practice was retained.

Cape Times 10/12/85

Racial service 'too dear'

98

Medical Reporter

A SEVERE shortage of money and staff meant that there was no choice but to consolidate hospital services if high-quality medical care was to be maintained, the Cape's director of hospital services, Dr Niklaas Louw, said yesterday.

In an interview, Dr Louw said consolidation of hospital and medical services supplied by the province had been under way for some time and would continue in the future.

'Separate'

He said although the policy of separate facilities for the different race groups was still in force, duplication of services on racial or any other grounds simply could not be afforded any longer.

Dr Louw said emergency and intensive-care units were now racially integrated at the major hospitals since these were too expensive to run on a separate basis.

There was still general separation of races in the wards but it was his "sincere intention that a patient in need of treatment should never be turned away from a provincial hospital".

The financial situation of his department was so serious that two recently-completed 40-bed hospitals in Piketberg and Porterville could not be opened because there was insufficient cash to run them.

In a consolidation programme which began last year, wards had been closed in some hospitals, hospital administrations combined and staff relocated from day clinics to hospitals, he said.

"When we closed the wards for chronic patients in Conradie Hospital, and combined the administration sections of Woodstock and Volkshospitaal, we were able to open another 65 beds in Volkshospitaal for after-care rehabilitation of patients.

"Similarly, when the staff of day hospitals in the northern suburbs were brought into Karl Bremer Hospital, we were able to open more beds in that hospital which were desperately needed.

"We intend to move the beds available for after-care in Goodwood Hospital to Karl Bremer, making the latter our second hospital with rehabilitation facilities — as far as I know, these two are the only hospitals in the country with units specifically dedicated to rehabilitation," said Dr Louw.

Row over picture of soldier

Cape Times 12/12/85

98

From GAVIN EVANS

JOHANNESBURG. — A row over a white soldier and a young black girl has been brewing on the front pages of a Johannesburg Afrikaans newspaper.

What sparked off the controversy was a photograph of the 24-year-old soldier, Private Danie du Plessis, holding a young black girl who was a patient in the Baragwanath Hospital.

Beeld carried the photograph with a story on the Baragwanath strike. While the workers were on strike troops moved in to take over their roles.

But instead of seeing the picture as a reflection of the SADF's hearts and minds policy, several irate Beeld readers felt things had gone too far in the direction of liberalism. Beeld eventually had to close correspondence on the controversy, which was its front page lead yesterday.

A reader, Mrs A Pienaar, of Vaalpark, Sasolburg, wrote: "A national serviceman in his country's uniform is there to protect his land against the enemy and not to do welfare work. It shows once more how far the Afrikaner's pride in his land and volk has fallen."

Private Du Plessis, a journalist for the army newspaper, Uniform, said he believed welfare work was an important part of the army's activities.

'Love and warmth'

"I picked up the little girl, who was returning to her sickbed, instinctively. She ran to me excitedly and wanted me to give her warmth and love."

He said he did not expect his action to cause such controversy and criticized Mrs Pienaar's reaction for being a "typical example of conservatism".

The national president of the Black Sash, Mrs Sheena Duncan, criticized the Beeld letter writers for "not being able to shed their racist anomalies and move into the 20th century".

"However, if their objections had been based on the fact that the army should not be used in civilian occupations, then we in the Black Sash would have been entirely in agreement with them," she said.

Saunders: Wasteful

CAPE TIMES 14/12/85

Wasteful red tape should go

Staff Reporter

THE Vice-Chancellor and Principal of the University of Cape Town, Dr Stuart Saunders, yesterday called on the government to halt "in its tracks" the fragmentation of the country's education and health services until an acceptable constitution emerged.

Dr Saunders was addressing graduands from UCT's faculties of Law and Medicine at an afternoon graduation ceremony.

Under the present system, South Africa deserved an entry in the Guinness Book of Records in education and health as "we will have the world's greatest amount of bureaucracy and red tape per head of population and the least efficiency", he said.

Racism

"The new Constitution does not satisfy the legitimate political aspirations of those who are not white and entrenches racism and discrimination."

The division of responsibilities into "own affairs" and "general affairs" was wasteful and not in the best interests of the country's education, he said.

"We now have the Department of National Education (General Affairs), the Department of Education and Culture (House of Assembly), the Department of Education and Culture (House of Representatives), the Department of Education and Culture (House of Delegates), the Department of Education and Development Aid, and we have all the education departments of the independent and other states created as part of the Verwoerdian master plan," he said.

"It's inconceivable that any educational planner would develop such a tortuous bureaucratic system in order to serve the educational needs of a nation the size of South Africa."

Dr Saunders deplored the government's handling of the educational crisis in "coloured" schools.

"Despite our representations at the highest level, no resolution is in sight. How can police be allowed to supervise school examinations?

"How is it that scholars can be expected to show their knowledge when a whole school is arrested? Is it credible?"

Health

While the new Constitution posed problems for education, the problems they presented in the field of health were "enormous", he said.

"For years many members of the medical profession have urged that there should be a unitary administrative system for health, but now we are to have not only the three-tiered system that we have always had, but we are also going to have a horizontal differentiation of health at the second tier level into 'own affairs' so that different hospitals in the country are likely to become own affairs hospitals — white, coloured, Indian — and then also of course general affairs hospitals, while the future of the teaching hospitals remains in doubt," he said.

Dr Stuart Saunders

Bara nurse fired

ONE of the three Baragwanath Hospital student nurses who brought an urgent application against the hospital for their reinstatement after they were sacked for having gone on strike, has been fired.

A spokesman for the Health Workers' Association disclosed this yesterday. He said Mr Macbeth Nxumalo, a male nurse trainee, was fired last week and this has caused a lot of dissatisfaction among the other employees.

He said four officials of the South African Nursing Association discussed the matter yesterday with the group of employees reinstated after a court ruling.

18/12/85

The hospital's Public Relations Officer referred **The SOWETAN** to Dr Hennie van Wyk, director of hospital services, who confirmed Mr Nxumalo's dismissal.

SOWETAN

Dr van Wyk said the hospital acted on the court's ruling and refused to discuss the matter any further.

The court's ruling was that Mr Nxumalo's case should be dealt with by the hospital authorities.

The Health Workers' Association spokesman said yesterday's talks held on the hospital's premises centred on Mr Nxumalo's dismissal.

Restraint order: 93 new affidavits filed

19/12/85 DISPATCH (98) (329)

Dispatch Correspondent

PORT ELIZABETH — A legal wrangle, in which 44 detainees under the emergency regulations were granted a Supreme Court order restraining the police from assaulting detainees, took a new turn when a new batch of 93 affidavits was filed with the Supreme Court here.

One of the 93 new affidavits is that of Mr Dennis Neer, 36, general secretary of the Motor and Component Workers' Union of South Africa (Macwusa), who is still held under the emergency regulations.

In his affidavit, Mr Neer alleged assaults by police on, among other fellow detainees, Mr Mncedisi Sithotho, of the Uitenhage Parents' Committee, Mr Eddie Minas, a teacher who was detained in Cradock, and Mr Edward Menzi, 50, a businessman.

The affidavits are in support of an urgent application which was brought by Dr Wendy Orr, a Port Elizabeth district surgeon, and 44 other people, before Mr Justice Eksteen in the Port Elizabeth Supreme Court on September 25.

On that day Mr Justice Eksteen granted an order which restrained the police from assaulting detainees at the St Albans and North End prisons in Port Elizabeth and future detainees in the Port Elizabeth and Uitenhage magisterial districts.

The judge made November 26 the return date. The matter has since been postponed until February 4.

FIN MAIL 20/12/85 (80)

BLACK MUNICIPALITIES 278

Restoration of Alex

Twenty-two years after government destroyed Alexandra as a place where blacks had land tenure rights, the entire 854 ha of land comprising the township has been handed back to the people. The transfer — from control of the West Rand Development Board which, like all such boards, is to be scrapped and replaced by a Regional Services Council next year — was made to the Alexandra Council last week.

Additional land has also been granted to Alex, which has unsuccessfully been fighting for the adjacent white industrial areas of Kew, Wynberg and Marlboro to be annexed to it in a bid to create a workable revenue base.

The Johannesburg City Council has granted 80 ha, part of Lombardy East, to the black township, which welcomes the extension. However, the move has divided the white suburb into two factions, with some residents opposing and others welcoming it.

Paradoxically, Alexandra lost its freehold rights in 1963 when, in terms of government policy, which ruled out black residential rights in *white* SA, government decided to destroy the township. It eventually forced stand-owners to sell, or expropriated their properties. These rights are now to be restored.

Alexandra Council's liaison officer, Nunka Mkhalipe, tells the *FM* that preference is to be given to former land-owners when residential stands are re-sold to inhabitants. He points out, however, that the stands are likely to be smaller than the original ones because "the township has been replanned for redevelopment."

On the additional 80 ha of land, the Alexandra local authority plans to erect 1 000 prestige houses, a technical high school, an hotel and a sports stadium that can seat up to 50 000.

White opponents of the land donation claim it will result in the creation of slum conditions on their doorstep and, therefore, devalue properties in the suburb. On the other hand, those in favour argue that the people of Lombardy East and Alexandra have lived harmoniously in close proximity for years "with the crime rate in the white suburb no worse than in other suburbs."

Says Mkhalipe: "We hope the fact that we intend erecting prestige houses on the additional land will allay those white fears." In terms of plans to develop Alexandra extension, London Road is to be extended to the N3 motorway to form a buffer between the black and white suburbs.

The new, re-structured Alexandra has a total of 444 completed new flats, 167 subeconomic houses and 99 owner-built prestige houses. In addition, a high-school, creche, youth centre, four netball courts and three all-weather tennis courts have been provided for residents.

But the township's re-development programme, undertaken by the local council, is still nowhere near completion. Facilities still to be provided include a shopping complex with office accommodation, cinemas, shops, a supermarket and some medium-density housing, plus seven higher primary schools, seven high-schools and three technical institutions. ■

FIN MAIL 20/12/85

HEALTH SERVICES 98 (80)

Duplicating failure

Pretoria's intention to restructure health services in line with the principles of the new constitution looks rather like duplicating a failed idea. Doctors say the plan to separate services along "own" and "general" affairs is doomed. The policy was tried in Namibia and didn't work. Yet government seems determined to repeat it here.

In Namibia, (which some see as a laboratory for the kinds of ethnic structures Pretoria wishes to implement in SA) article AG8 of 1980 gave birth to 11 ethnic governments. Each was given responsibility for services such as health, education and social welfare on an ethnic, "own" affairs basis. But health services subsequently degenerated under pressure of enormous practical and financial problems. This led to a re-evaluation by the Broeksma Commission of Inquiry into Namibia's health services in 1982.

Willie van Niekerk

Broeksma's main recommendation was that health services be taken out of the hands of the ethnic authorities and handed back to central government. In 1984 Pretoria accepted the proposal — but with the proviso that any ethnic government able to finance its own health service be allowed to do so. In practice, however, only Namibia's whites can afford their own service. The present transitional government runs the rest, thus undercutting the ethnic system whose death was overseen by the AG at the time, Dr Willie van Niekerk — now Minister of Health and Population Development of the House of Assembly.

SA's health services are currently being reorganised with responsibility for "own affairs" being given to the coloured, Indian and white chambers of Parliament. National and regional administrative structures are already in place. Some minor services, as well as certain hospitals, have been allocated. The major carve-up is anticipated next year with the phasing out of the provincial councils. In terms of the new constitution, the provincial system is to be replaced by a non-elected, two-tier system consisting of the Administrator and his executive in conjunction with the new Regional Services Councils.

The tri-cameral health ministers all sit on the National Health Policy Council (NHPC) which is intended to co-ordinate *own* and *general* services. Together with the national and independent homeland states, SA now has 14 health ministries. Van Niekerk has indicated that ministers of health in the independent homelands may be asked to sit on the NHPC. Provision for urban Africans, it seems, will be a "general affair."

Van Niekerk tells the *FM* that the whole matter, including responsibility for particular aspects of health care and their financing, is still under investigation. But it all looks suspiciously like the unworkable maze the Namibians tried to cope with, and doctors are predicting more chaos.

Hospitals throughout the service are already hampered by cut-backs in budgets and many are not functioning to capacity. Cape Director of Hospital Services, Dr Niklaas Louw, announced last week that two new 40-bed hospitals in Piketberg and Porteville could not be opened because of insufficient funds. And Tygerberg recently announced it was cash-strapped, needing some R9m to maintain services.

Despite a shortage of funds, the expensive separation of services along ethnic lines goes on. Johannesburg's Coronation hospital, which previously served coloureds and Indians, has been told not to accept Indian patients. They must now go to the new Indian Hospital in Hillbrow. Many, though not all, hospitals are already racially exclusive. Although "multiracial" hospitals have segregated wards, they are still administered as a single unit.

Doctors say any further attempt to carve up their duties along racial lines can only lead to bureaucratic complication and financial waste. For instance, would a hospital serving more than one group have separate superintendents employed by their *own* health departments, or would one superintendent be bogged down coping with separate bureaucracies? Alarmed that further fragmentation would only serve to worsen the situation, the Medical Association of SA as well as the National Medical and Dental Association and the medical school deans are calling for a single health system. Says Professor George Dall, dean of the medical faculty at UCT: "The whole idea is crazy. It's not efficient, or practical or logical. We should be spending our limited funds as profitably as we can and not wasting them on political ideology." ■