

HEALTH & DISEASES — HOSPITALS & CLINICS

1992

JAN — APRIL

Two policemen die in 'brutal' attack

JONATHAN REES

TWO Thokoza policemen were shot and burnt in their police vehicle on Wednesday night, in an attack on the SAP a spokesman described as the most brutal in years.

The murders bring to 148 the number of policemen killed in the past 12 months despite concerted efforts by the SAP to stem the number of deaths in the force. So far three policemen have died this year.

In Wednesday's incident, the killers allegedly stopped a police van on its way from Thokoza to nearby Kallehong and overpowered Sgt J B Mlokothe and an unidentified constable before seizing their weapons.

The assailants forced them to drive a short distance into the Kallehong area before shooting them with AK-47s and burning their vehicle.

Police, who found 24 AK-47 cartridges on the scene, said they were baffled by the murder and horrified no one had come to help the policemen or report the incident.

PWV SAP Commissioner Maj-Gen Gerit Erasmus extended his condolences to the families and colleagues of the two men and appealed to the public to help find the killers. An SAP spokesman said there was a R25 000 reward for information leading to the conviction of anyone involved in killing a policeman.

In other incidents reported yesterday, a civilian who wished to remain anonymous helped police foil an armed robbery, seize seven weapons and recover a large amount of cash on Tuesday morning.

Four robbers had held up TrustBank security guards in Denver and were followed by the civilian to a city parking lot, where he managed to arrest one of the robbers after calling the police, an SAP spokesman said.

When the suspect tried to flee the man shot him in the back, seriously wounding him. Police recovered a minibus, cash, two AK-47s, two .357 Magnums, a .45 revolver and two 9mm pistols. The other three robbers escaped.

Two robbers were arrested by a security guard and the SAP dog unit in another incident in Devland on Tuesday, but the robbers' made off with R122 000 in cash after holding up the Price Club.

Also on Tuesday, five armed men held up a Bree Street bottle store and made off with R12 000 in cash after shooting and wounding an employee.

In yesterday's unrest report, police said a man was seriously injured in Mandela squatter camp, near Hout Bay, after attackers drove a stake into his head.

Treating unrest victims adds to TPA's burden

PATRICK BULGER

HOSPITAL treatment for the victims of civil unrest costs the Transvaal Provincial Administration (TPA) R16 000 for each patient, says Transvaal Administrator Danie Hough.

In his end-of-year address, Hough said unrest was adding to the already considerable burden that urbanisation placed on the TPA.

"At all levels of society, the influence of constant violence and states of unrest in our towns is felt. This situation has resulted, in particular, in an unforeseen and high rate of patient admission at casualty wards in hospitals, and has given the province an enormous additional financial burden to carry.

"It is estimated that this amounts to R16 000 per patient," Hough said. He said a new dispensation for SA would not succeed if violence and anarchy continued.

Even without the violence, urbanisation was placing extreme demands on the TPA, Hough said.

He said the TPA had been responsible for settling 90 000 people in informal settlements and that 43 000 even were being developed at present. But he warned that demands placed on resources would increase tremendously.

The PWV area would have to accommodate an additional 3.3-million people before the end of the century. This would require an extra 50 000ha of land (Soweto comprises 8 000ha and Johannesburg 50 000ha).

In the Transvaal alone, an extra 390 000 even were necessary to settle people living in backyard shacks. "The urbanisation process will, in the first place, require even more understanding and realism on the part of the existing communities in urbanised areas," Hough said.

Whoodie starts filming

98

Treating unrest victims adds to TPA's burden

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3/11/92 PATRICK BULGER (98)

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FLITESTONE (11) 3338724

JOHN WATZ 218 4276

Babies sent to us to die, says doc

CP/RENT 5/11/92

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PATIENTS are dying unnecessarily at Mdantsane's Cecilia Makiwane Hospital, near East London, because of inefficient and badly supervised staff at satellite hospitals, a medical doctor has claimed.

However, senior hospital staff have denied knowledge of an alleged increased mortality rate at the hospital.

The Border National Medical and Dental Association secretary Dr Clarence Mini on Friday claimed the reason for the increase in deaths in paediatric and obstetric wards was "mainly the national crisis in the health sector and the decay in effective health administration in the area".

Mini, an obstetrician,

said with fewer doctors on call over the festive season more mothers and babies were dying.

Satellite hospitals as far afield as Hewu, Mount Coke and Keiskammahoek were referring patients to Cecilia Makiwane "in an improper way", he said.

Patients were often referred in a serious condition, with pregnant mothers suffering dehydration and hypertension.

Nurses and doctors at the hospital were hostile, feeling that outside patients were being "unfairly dumped" on them.

"Babies are being sent to us to die," Dr Mini said.

"The attitude of doctors at some hospitals is

that a problem transferred is a problem solved. Hospital authorities may deny this but evidence of the practice lies in our records.

"We hope that by highlighting this situation something will be done to rectify it. A restructured national health policy is necessary but we can't wait around for Codesa to solve the health crisis while lives are being lost. Something needs to be done in the interim."

Head of the paediatric ward, Dr Felicity Goosen, could not confirm the alleged increase in the number of deaths to mothers and children.

Superintendent Dr R Stringfellow said he was not aware of the problems. - Sapa

'Black' hospital section to move

By MONWABISI *Ciphen*
NOMADOLO *5/1/92*

IN a reversal of integration trends, the "non-European" section of the Far East Rand Hospital will move to a new multimillion-rand building in Tsakane on March 1.

This has been confirmed by the superintendent Dr J Barnard.

He said the new hospital in Tsakane would be called the Pholosong Hospital, and would have 390 beds and, if needed, more would be provided. It would have modern equipment, seven operating theatres, a blood bank and post-natal and maternity sections.

He said the main reason for the new building was to make health facilities easily accessible to residents.

Asked why the hospital was being built in Tsakane, Brakpan, when it was going to be used by KwaThema residents, he said donated land was available there.

A KwaThema teacher complained to City Press that the white section of the Hospital still adhered to apartheid.

Blood crisis may force delay of some surgery

Staff Reporter

BLOOD reserves reached crisis levels yesterday, forcing the Western Province Blood Transfusion Service to bleed its own staff to bolster unit numbers.

Acting medical director of the Western Province Blood Transfusion Service, Dr Jane Pearce, said if the transfusion service did not get a good response from donors today it might have to ask hospitals to postpone elective surgery and to concentrate on emergency cases only.

"We are rapidly approaching that situation now, but if we get a good response in the next two days we could be saved from resorting to such desperate measures," she said.

"We have reached a critical situation. We are 489 units below target.

Supplies of blood groups O and B are the most desperately needed," said Dr Pearce.

Dr Pearce attributed the shortage of blood to the festive season, which has seen an increase in trauma cases. She said many regular donors were on holiday.

● Those willing to donate blood, especially group O and B, can visit the following clinics:

Today, an emergency clinic is operating in St George's Mall from 10am to 3.15pm.

Normal clinics are open at 44 Hertzog Boulevard, on the Foreshore, between 8.30am and 5pm and in Shop 139 of the Sanlam Centre, Voortrekker Road, Parow, between 10am and 1.45pm. Another clinic is open at the Waterfront between 11am and 3.45pm.

Blood supply so low only emergency operations likely

LENORE OLIVER
Staff Reporter

98

CAPE hospitals may be asked to postpone non-emergency operations because of a critical shortage of blood. ARG 8/1/92

A spokesman for the Western Province Blood Transfusion Services today appealed for urgent blood donations because there was so little in storage.

He said the WPBTS was considering asking hospitals to postpone "elective" cases and to concentrate on emergency cases only.

Blood transfusion services countrywide are experiencing difficulties and some have only a quarter of their normal stock.

"People just don't care," said promotions manager Mr Graham Thurtell.

"We are not a charity organisation — we are a necessity."

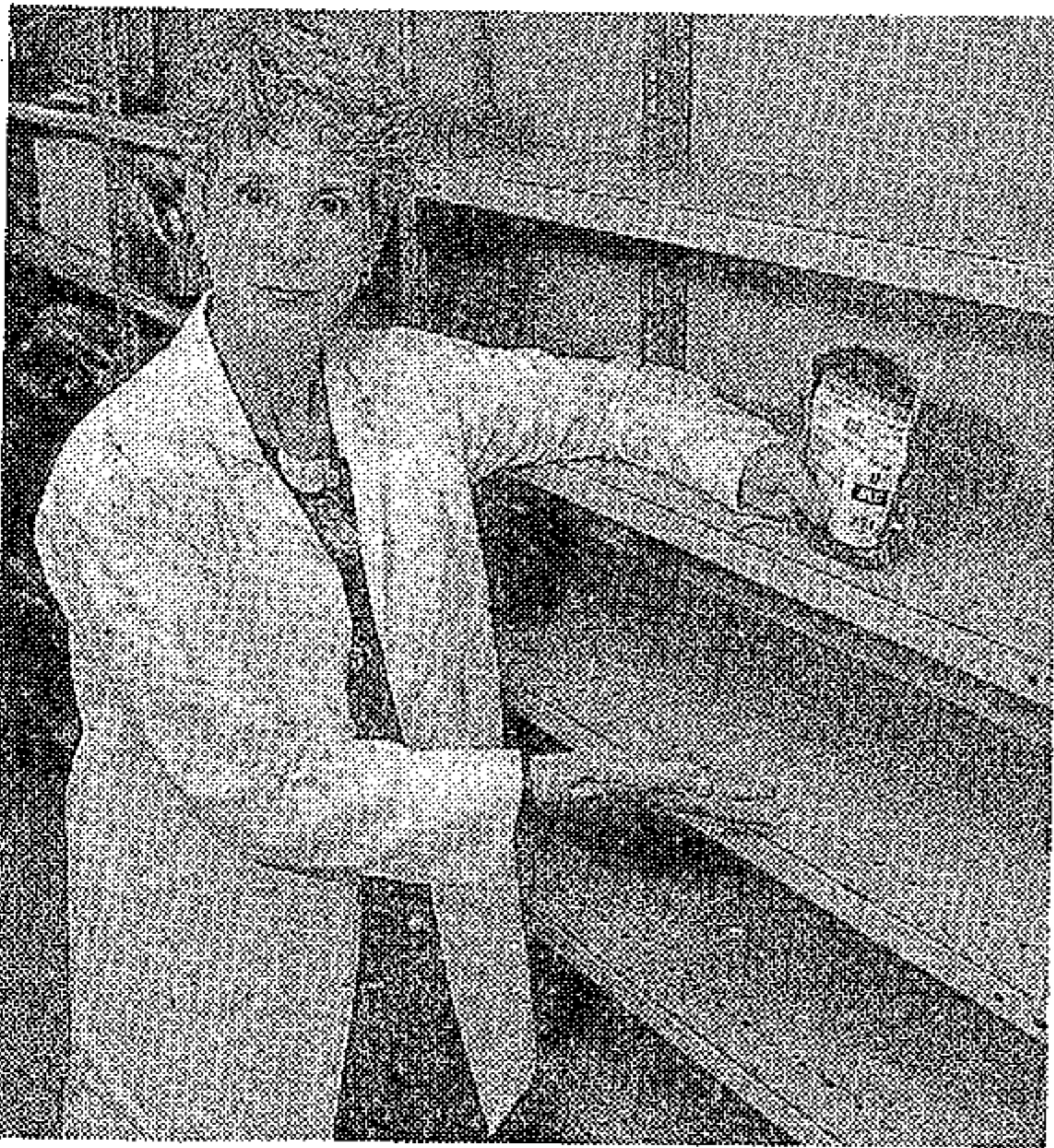
Acting medical director Dr Jane Pearce said the service needed at least 300 units a day to "keep our head above water".

She said people had not responded to the WPBTS's appeals as they could have.

"People think that when there is no demand blood is not needed.

"We appeal especially to O and B group donors to come forward."

An emergency mobile unit will be set up in St Georges Mall today from 10am to 3:15pm. Other venues are: Foreshore, 44 Hertzog Boulevard from 8:30am to 5pm; Sanlam Centre, Parow from 10am to 13:45pm and the Waterfront from 11am to 15:45pm.



Picture: ROY WIGLEY, The Argus.

ONE TO GO: Dr Jane Pearce of the Western Province Blood Transfusion Services shows the only unit of O negative blood left at the blood freezers in Pinelands.

Seminar to focus on medical costs

Pretoria Bureau

Health Minister Dr Rina Venter has invited the medical fraternity to discuss ways in which the cost of medicine and medical services can be curtailed.

Interested parties are to take part in a forum in Pretoria on February 28 to discuss the following matters:

● Whether the substitution of medicines registered by the Medicines Control Council should be allowed under certain conditions.

● Whether a system of maximum medical aid pricing should be accepted and implemented.

● Whether the principle that the patient is responsible for part-payment of the cost of medicine at the time of dispensing should be accepted and implemented by the medical scheme.

● The principle of a single exit price based on volume purchased being accepted by the pharmaceutical manufacturers.

● Whether the remuneration of

18/11/92
the pharmacist and dispensing medical practitioner should be by way of a dispensing fee and not a percentage mark-up.

● Whether the principle of pharmacist-initiated therapy should be accepted.

● Whether greater professional discretion should be granted to pharmacists by the rescheduling of certain schedule 3 and 4 medicines.

● Whether the parallel importation of certain medicines should be implemented.

Official end to historic hospital

48
CT 13/1/92

Staff Reporter

THE 70-year-old Peninsula Maternity Hospital closes officially today and patients will be relocated to the Mowbray Maternity Hospital.

Medical superintendent Dr Frank Bowie said it was "a very sad occasion" and staff had fond memories of the old PMH.

The hospital, in District Six, had brought tens of thousands of babies into the world and had ceased to function effectively as a unit since District Six had been demolished.

"Many of the parents with babies at the PMH had to travel great distances from the Cape Flats to visit their babies and its situation in the city was by no means ideal," he said.

The Mowbray Hospital was given a facelift recently and will take over the load of the old PMH.

When the Cape Times visited the hospital yesterday most wards had been closed down and only 19 babies were still being cared for.

Dr Bowie said no decision had been taken about the future of the building.

Prof doubts if drips killed all 13 babies

By Philip Zoio

98

STAR 14/1/92

Evidence strongly supported a finding in only two of 13 cases that contaminated drips were responsible for the deaths of babies in Johannesburg private clinics between February and September 1990, according to the head of the Johannesburg Hospital's paediatric and neo-natal units.

Professor Alan Rothberg told an inquest in the Johannesburg Magistrate's Court yesterday that birth complications and infections from other sources could have caused the deaths of the other 11 babies.

He said there was a "strong case" that the deaths of Heinrich Hamel and Baby Webb, who died at the Park Lane Clinic during the August/September 1990 infection epidemic, were caused by intravenous feeding on contaminated drips, known as K-cocktail drips, made by Sabax Ltd.

Professor Rothberg said the contaminant in the bottled drip administered to Heinrich matched the bacteria found in his blood stream.

According to a bacteriologist's report, the infant was fed through the contaminated drip on his ninth day.

Organism

The following day he was diagnosed with acidosis and hypotension. He later developed acute symptoms of infection and died.

A post-mortem report found Baby Webb was infected with a pseudomonas organism that matched bacteria found in a drip used to feed him.

After receiving the contaminated drip, the infant's condition had "rapidly deteriorated" towards "overwhelming infection" and death, Professor Rothberg said.

In each of the other cases, the professor said, the babies' deaths could have been explained by other factors:

- Rudy Hoffman, who died at 23 days old in Park Lane Clinic, was fed on the K-cocktail drip on the same day he had been given tests for infections. He



Different disease . . . the professor said Roland and Karen Hein's baby died of an infection caused by bacteria different from the contaminants in the Sabax drip.

had earlier shown symptoms of infection, including hypothermia. "He was already sick when he received the K-cocktail drip," Professor Rothberg said.

- Ashley Pritchard was fed on a K-cocktail drip over two periods. After the first period he was "not particularly sick". The fatal intestinal disorder and infection that led to his death had already begun to build up before his second period of feeding on the K-cocktail drip, Professor Rothberg said.

- Roberto Fiocchi, a triplet who died at the Park Lane Clinic, suffered complications after a hernia operation 30 days after birth, and later died of infection. "The septicæmia could have been picked up on the day of the operation," Professor Rothberg said.

- Baby Bekker received only non-K-cocktail fluid during his first two days, but showed symptoms of infection during his second day. Professor Rothberg said the infant could have been infected by bacteria in circulation in the Park Lane's neonatal unit, which was already in a "mini-epidemic".

- Linda Dila, who died at Park Lane Clinic, developed symptoms of infection "unusually soon" (one to two hours) after exposure to the K-cocktail fluid. Although Professor Rothberg did not rule out the possibility that the drip caused the infec-

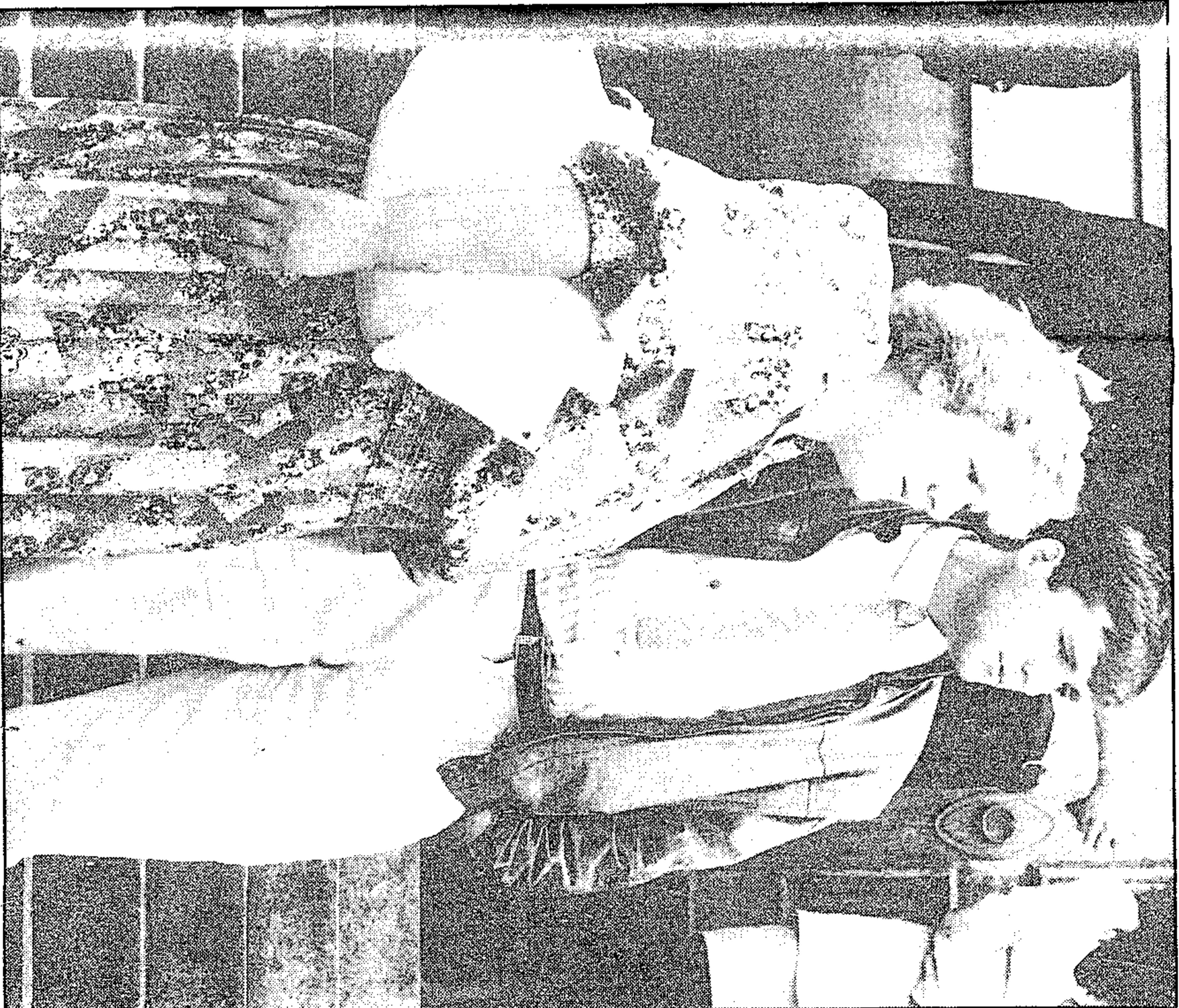


Her baby died . . . Cherry Pritchard's baby had symptoms of a build-up of infection before receiving a second drip.

tion, he said the period was "shorter than what you would expect".

- Professor Rothberg said the contaminant in the drip given to Baby Hein, who died in the Morningside Clinic, did not match the organism found in his blood stream.

- Christopher Naismith, who died at four days old at the Morningside Clinic, was born with a narrowing aorta, which may have constricted blood



Sadly grieving . . . Tony and Adrie Patricio walk outside the Magistrate's Court during an inquest into the death of Roberto. Professor Rothberg said he had shown signs of infection before he was given the contaminated drip.

flow to the intestines. This may have allowed the klebsiella bacteria, commonly found in the organ, to spread through the blood stream, Professor Rothberg said.

- The Morningside Clinic deaths of Baby Fairweather and Baby Hamilton were probably caused by congenital infections. During the final stages of pregnancy, both of their mothers had suffered ruptured uter-

ine membranes, which could have infected their infants, Professor Rothberg said.

- Professor Rothberg said David Braun was given the K-cocktail drip only as a result of chronic birth complications. His heart had been blocked, his pulse had reached 200 and he had been vomiting. It was unlikely that the drip caused these symptoms, he added.

The inquest said one of the

other deaths could have been caused directly by a contaminated drip. Brandon Stapelberg's condition had deteriorated markedly after he was given K-cocktail fluids.

But Professor Rothberg was unable to determine whether the fluid Brandon Stapelberg received was contaminated with the same organism later found in his blood stream.

The inquest continues.

Inquest into deaths of babies begins ⁹⁸

LINDEN BIRNS and ANDREW KROMBE

AT LEAST two of the babies who died after receiving contaminated intravenous drips could still be alive today if drip manufacturer Sabax had warned hospitals its products might have been infected, a medical expert said yesterday. *Birns 14/1/92*

Prof Alan Rothburg, deputy dean at Wits University's medical faculty and paediatrics head at the Johannesburg General Hospital, was testifying in the Johannesburg Magistrate's Court during the first day of the inquest into the deaths of at least 13 babies at two private hospitals in 1990.

Rothburg was appointed by the inquest officers to investigate more than 40 infant deaths which occurred during those periods that might have been caused by infections in contaminated drips.

Peter Soller, attorney for some of the families that lost babies, asked Rothburg if it was reasonable to presume that at least the last two infants who died, babies Webb and Hamel, would still be alive if Sabax had warned the Morningside and Park Lane clinics of possible contamination of admixture infusion drips.

"Yes, if this was the case, and infusion (at the clinics) was infection-free, then the two babies would probably be alive today," replied Rothburg.

Soller presented documents to the inquest which he said indicated that hospital staff were concerned about an apparent epidemic at their institutions. According to an affidavit, Garden City Clinic manager Dr Andre Nel had telephoned Sabax to report his concern and ask that the company take infection-control measures in its manufacturing process, said Soller.

He said Sabax quality control manager Keith Allen had reacted in a letter at the

□ To Page 2

Inquest ^{Birns 14/1/92}

time, saying that contamination "was not possible" at the company's admixture unit — where K-Cocktails (which contain potassium), Non-K-Cocktails and Total Parental Nutrition packs were prepared.

Newspaper reports from October 1990 showed that Sabax, which is owned by Adcock Ingram, was alerted to the possible implication one of its products was infected in an epidemic of infant deaths as early as April that year, but did not inform hospitals until September.

Rothburg said newborn babies placed in intensive care and high care units were at high risk of picking up infections. "The sicker a baby is, the longer it stays in hospital and therefore is exposed to more risk," he added.

In his investigations Rothburg relied mainly on nurses' notes and some test and X-ray results, but was not privy to doctors' detailed notes of individual cases.

He classified cases as weak, moderate and strong, based on the presence of the infection in individual babies, and that organism's presence in intravenous preparations administered to those babies. Cases

were strengthened if the same organism was detected in unopened drips from the same batch as those used on the babies.

"Ideally what I'd like to see if I was trying to incriminate a fluid, I would need a baby that was doing well, and then a sudden deterioration occurring after the application of the fluid. Baby Stapelberg is probably the case closest to these conditions," said Rothburg.

Only three out of the 13 cases brought to the inquest were classified as "moderately strong" by Rothburg. These were babies Stapelberg, Hamel and Webb. In most cases Rothburg found the infants were already infected before being exposed to the K- and non-K-Cocktail preparations.

Soller told magistrate T J la Grange he had calculated the inquest proceedings would cost at least R200 000 a day and could last at least three weeks.

At least 13 attorneys and advocates representing the families, the doctors, Clinic Holdings and Sabax are involved.

Houghton's DP MP Tony Leon is part of the legal team representing Clinic Holdings, which might face claims from parents whose babies died.

□ From Page 1

Doctor 'suspected drip'

JOHANNESBURG. — A paediatrician said yesterday that he had no doubt drips were responsible for a fatal infection and described how three relatively healthy babies died.

"We've worked in these (neo-natal) units for years. We haven't just had babies dying like this," said Dr Jack Kussel about the babies who died in private clinics soon after taking intravenous fluids from Sabax drips in 1990.

He was testifying at an inquest here into the death of 13 babies at the Park Lane and Morningside clinics between February and September 1990.

Dr Kussel said Heinrich Hamel's health suddenly deteriorated rapidly after he was fed on K-cocktail Sabax fluids in the Park Lane Clinic from September 19 1990.

④18 ET 15/1/92
**'We haven't had
deaths like this'**

"I had previously suspected that the drip was responsible for infections. This time I had no doubt," Dr Kussel said.

Earlier yesterday, Johannesburg Hospital's paediatric and neo-natal unit head, Professor Alan Rothberg, said all 13 babies who allegedly died after intravenous feeding on contaminated drips, stood a good chance of surviving at birth. Contamination from the drips would certainly have lowered their chances of survival,

even if they had been infected from other sources.

An independent investigation into intravenous admixture drip manufacturing facilities requested by drip manufacturers Sabax — after the deaths of the babies — found an "inherent flaw" in its quality-control process.

The probe, carried out by microbiologist Professor Margaretha Isaacson, found that microbiological testing of special admixtures, known as K-Cocktail and Non-K-Cocktail drips, had not been carried out at the Sabax facilities.

Sabax contended that the constituents of the admixed products were sensitive and could be destroyed during the heating process required by a terminal sterilisation process.

The hearing continues today. — Sapa

Cause of fatal infections not in doubt – specialist

Baby deaths drama

STAR 15/11/92

By Philip Zolo (98)

A paediatrician yesterday described the drama of the death of three relatively healthy babies, and said he had no doubt that drips were responsible for their fatal infection.

"We've worked in these (neo-natal) units for years. We haven't just had babies dying like this," said Dr Jack Kussel, referring to the babies who died in private clinics shortly after taking intravenous fluids from Sabax drips in 1990.

He was testifying at a Johannesburg Magistrate's Court inquest into the death of 13 babies at the Park Lane and Morningside clinics between March and September 1990.

Dr Kussel said Heinrich Hamel's health suddenly deteriorated rapidly after he was fed on K-cocktail Sabax fluids in the Park Lane Clinic from September 19 1990.

Suspected

"I had previously suspected that the drip was responsible for infections. This time I had no doubt," Dr Kussel said.

He believed that David Braun, born on April 14 at Garden City Clinic and sent that day to an intensive care unit after suffering from mild aspiration, would have survived if he had been sent instead to a ward.

Dr Kussel said the baby had been sucking well on the evening of his birth. The next morning he was put on a Sabax drip, and 15 hours later the infant's pulse had risen to between 185 and 203.

He was transferred to Morningside Clinic where facilities were better for a possible heart problem, but it was too late to save the infant.

An autopsy showed the heart to be in good condition. The blood had been infected by a massive growth of klebsiella bacteria.

"It needed a massive concentration of something to end the baby off in such a short period of time," Dr Kussel said.

● To Page 2

Drips 'caused baby deaths'

STAR 15/11/92

● From Page 1 (98)

On the third day after Linda Dila's birth on August 2 at Park Lane Clinic after 35 weeks of gestation, she was being "handled virtually as if (she were) a normal premature baby".

According to his calculations, the baby was moved from a non-K-cocktail to a K-cocktail Sabax drip at about 8 am on her fourth day, August 6.

By 11 am she started vomiting and showed signs of gastrointestinal disorder. Her condition improved and she was able to accept breast feeding the following day. But by 8 pm on August 7 her condition started to deteriorate rapidly, with chronic infection causing death on the morning of August 8.

Dr Kussel told the court he believed that the change in intravenous solutions and increase in the rate of infusion of the K-cocktail from August 6 were the only possible causes of the infection.

He said Heinrich Hamel, who died on September 20, had shown a similar sudden "rapid downhill slide" that coincided with intravenous feeding on a contaminated drip.

After Heinrich's symptoms became apparent on September 19, he sent samples of 11 bottles of Sabax fluid, including one from the bottle feeding the baby, to three laboratories.

That evening he was told by Clinical Laboratories that it had found a "profuse growth of klebsiella in the fluids".



Earlier

In earlier testimony yesterday, Johannesburg Hospital's paediatric and neo-natal unit head Professor Alan Rothberg said all of the 13 babies who died after intravenous feeding on allegedly contaminated drips had, at birth, stood a good chance of survival.

Professor Rothberg said contamination from the drips would "certainly" have lowered the chances of survival of the infants, even if they had been infected from other sources.

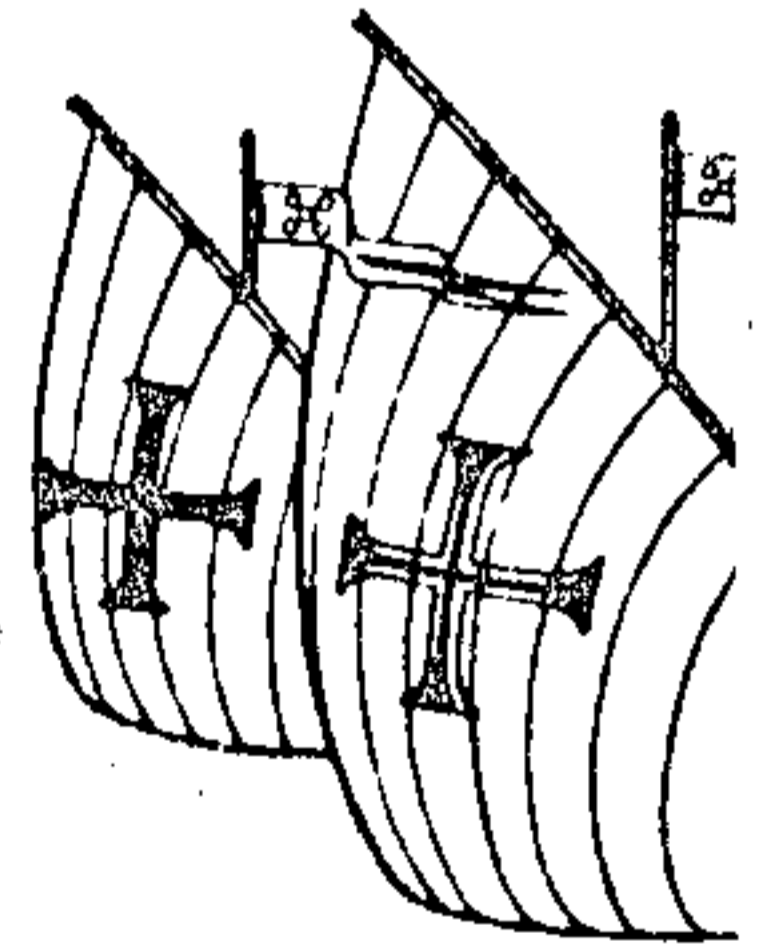
Under cross-examination by Peter Soller, representing the parents of 11 of the babies, the professor said he found it strange that, after the outbreak of the first epidemic in March, tests for contamination were not conducted on the drips at Morningside Clinic.

On Monday, Mr. Soller read a statement by Dr Andre Nel of Garden City Clinic, who "expressed great concern" that klebsiella bacteria had been found in a patient's drip at the clinic in April 1990.

Dr Nel said he had been informed by Sabax that the company "was adamant" that the drips were not contaminated.

The hearing continues.

From left, Mandy Swanepoel (Hills (Roodepoort High)). Picture: Karen Flei



EXPLORI

Drips killed babies doctor tells court

A DOCTOR yesterday described the drama of how three relatively healthy babies had died and said he had no doubt that drips were responsible for their fatal infection.

"We've worked in these (neo-natal) units for years. We haven't just had babies dying like this," said Dr Jack Kussel, a paediatrician, about the babies who died in private clinics shortly after taking intravenous fluids from Sabax drips in 1990.

He was testifying at an inquest in the Johannesburg Magistrate's Court into the

Sowetan 15/1/92
Sowetan
Correspondent

deaths of 13 babies at Park Lane and Morningside clinics between March and September 1990.

Kussel said that baby Heinrich Hamel's health suddenly deteriorated rap-

idly after he was fed on K-cocktail Sabax fluids at Park Lane Clinic from September 19 1990.

"I had previously suspected that the drip was responsible for infections. This time I had no doubt," Kussel said.

He believed that David Braun, born on April 14 at

Garden City Clinic and sent that day to an intensive care unit after suffering from mild aspiration, would have survived if he had instead been sent to a ward.

"It needed a massive concentration of something to end the baby off in such a short period of time," Kussel said.

**Discover the excitement
and challenge of
PUBLIC RELATIONS**

Inquest: 'Poor sanitation'

98 CT 16/1/92

JOHANNESBURG. — An eminent microbiologist said yesterday sanitation in parts of Sabax's drip manufacturing plant had been below standard.

This was revealed at the inquest into the death of 13 babies between February and September 1990.

Pretoria University Professor Anton van Rensburg said he found it disturbing that bacteria had been found across the corridor from Sabax's admixture service unit, where drip solutions were compounded with chemical additives.

He was referring to a report by

Professor Margaretha Isaacson, of the Institute of Medical Research, on the admixture unit of the company that supplied drips to Park Lane and Morningside clinics, where 13 babies died of bacterial infections in 1990.

Prof Isaacson said batches of K-cocktail contaminated with klebsiella pneumonia bacteria had been mixed by a Sabax technician who had dirty sleeves in performance validations. It was "probably no coincidence" that the contaminated batches had been prepared by him.

The disposal of bacterial cul-

tures at the plant was unsatisfactory, the professor found. Samples had to be wheeled on a trolley past the admixture unit to an adjacent sterilizer room.

The K-cocktail solutions were not sterilized after compounding since this was not considered practical by Sabax.

Prof Van Rensburg confirmed that end-product testing was necessary. He said it was possible that klebsiella bacteria could cause severe health deterioration within hours, if administered directly and in large quantities. — Sapa

'Bacteria found in Sabax plant'

STAR 16/1/92

By Philip Zoio

(M3) 98

An eminent microbiologist told an inquest into the death of 13 babies in 1990 that sanitation in parts of Sabax's drip manufacturing plant had been below standard.

Pretoria University Professor Anton van Rensburg said he found it disturbing that bacteria had been found in seating and on the floor across the corridor from Sabax's admixture service unit, where drip solutions were compounded with chemical additives.

He was referring to a report by Institute of Medical Research Professor Margaretha Isaacson on the admixture unit of the company that supplied drips to Park Lane and Morningside clinics, where 13 babies died of bacterial infections between March and September 1990.

Professor Isaacson said in the report that two batches of K-cocktail contaminated with klebsiella pneumonia bacteria had been mixed by Sabax technician Alan Davies.

She found that the technician had dirty uniform sleeves in 10 out of 28 performance validations. It was probably no coincidence that the contaminated batches had been prepared by him, she said. Mr Davies no longer works for Sabax.

Professor Isaacson said the failure to detect the contamination had highlighted an important flaw in process validation quality control, an internationally acceptable system in which quality is assured by stringent application of procedure rather than regular microbiological testing.

The disposal of bacterial cultures at the plant was unsatisfactory, the professor said. Samples had to be wheeled on a trolley past the admixture unit to an adjacent steriliser room.

The K-cocktail solutions were not sterilised after compounding since this was not considered practical by Sabax. Professor van Rensburg confirmed the report's finding that end-product testing was necessary.

Professor van Rensburg also said it was possible that klebsiella bacteria could cause severe health deterioration within hours, if administered directly

and in large quantities.

He was referring to Dr Jack Kussel's evidence that three children under his care had developed acute symptoms of infection shortly after receiving intravenous fluids from Sabax drips.

In a separate report handed to the court, Professor van Rensburg said that blood samples of baby Heinrich Hamel, who died on September 20 at Park Lane Clinic, showed that he could well have been infected by one of the contaminated solutions of K-cocktail.

Clive Cohen, SC, appearing for Sabax, told the court that there was no indication in the nurses' records that Heinrich had been fed on K-cocktail the day before he died.

"At about 6 am I saw K-cocktail going into baby Hamel's body," Dr Kussel replied.

R Levine, SC, representing Park Lane Clinic, said if necessary he would call Sister Ivy Moeketsi to testify that she drew an arrow in the nurses book, intending to indicate a change from another solution to K-cocktail feeding.

Baby on drip 'deteriorated in hours'

By Philip Zoio

98 (1) 17/1/92
STAFF

A Johannesburg paediatrician returned to Park Lane Clinic to find one of his newborn patients "absolutely shocked and moribund" with infection only hours after she had been fed on a K-cocktail drip, he told an inquest on the deaths of 13 babies.

Dr Martin Davis said that when he left Jacqueline Webb at midday on September 19 1990 she was doing well.

But when he returned after an anxious phone call from her father, Dr Adrian Webb, she had deteriorated so markedly that he "quite honestly couldn't believe it was the same baby". The infant died later that night.

Dr Davis said he had put the baby on the K-cocktail drip — to his knowledge a Sabax product — to administer antibiotics as a precaution.

He had found her legs a little mottled and her pulse had slowed briefly, and he was waiting for the results of blood tests for infection. The tests later proved negative.

During cross-examination by Peter Soller, who is appearing for parents of 10 of the infants, Dr Davis said he believed the K-cocktail drip, found to be contaminated, was responsible for the fatal infection.

"In the light of results given later — that the K-cocktail tested came from the same batch given to this baby — I very strongly detect that the rapid deterioration of this baby was related to that," Dr Davis said.

Morningside Clinic paediatrician Dr Mervyn Ossip earlier testified how the health of a baby in his care rapidly deteriorated, with symptoms of septicaemic shock, three days after he received fluids from a Sabax K-cocktail drip.

Distress

But Dr Ossip said it was difficult to say whether Matthew Hamilton had been infected congenitally or through an infusion of K-cocktail.

The baby was born prematurely at Morningside Clinic on April 12, after his mother had shown signs of foetal distress. Soon after birth blood was

taken and tested positive for klebsiella bacteria.

Tests also found that Matthew's mother had suffered a ruptured uterine membrane during pregnancy, Dr Ossip said. Johannesburg Hospital paediatric and neo-natal unit head Dr Alan Rothberg said on Monday the rupture could have caused the infection.

Sabax's counsel Clive Cohen, SC, earlier read from two reports that defended the company's system of quality control in Sabax's drip admixture unit.

He also read from a report by A Bill, of British pharmaceutical firm Baxter, which stated there was a strong possibility that contamination of the drips was introduced through additives, and not through the admixture process.

But the report also said the probability of contamination "was not as low as it could be".

The inquest continues today before magistrate T J le Grange, assisted by assessors Dr G Coetzee, Western Cape director of the Institute of Medical Research and Dr Fanie Naude, lecturer in paediatrics at Pretoria University.

Hospital chief up for bribery

918 CT 18/1/92
Own Correspondent

DURBAN. — King Edward VIII Hospital's chief medical superintendent Dr Justin Morfopoulos will face charges of bribery in the Regional Magistrate's Court here on Monday.

A spokesman for the attorney-general's office said yesterday that Dr Morfopoulos would face five counts of bribery and one of attempted bribery, with alternate charges of fraud.

Dr Morfopolous, who has been suspended from duty, was due to appear in court yesterday but attempts to trace him were unsuccessful.

Legal action was instituted against Dr Morfopoulos following a police investigation initiated by the Natal Provincial Administration's health services branch.

'No infections after drips halted'

STAR 18/1/92

PHILIP ZOLE

98

A SENIOR sister at the Morningside Clinic told a Johannesburg inquest that since the clinic stopped using K-cocktail drips, there had been no incidents of infection in the neo-natal unit similar to those that had killed four babies there in 1990.

In vain

Sister Janet Steyn, testifying at the inquest into the deaths of 13 babies who were fatally infected at three private clinics between March and September 1990, said that her unit went in vain to great lengths to find a source of contamination.

The extensive investigations included taking swabs from doctors and staff and even testing sterile solutions, said Sister Steyn.

But neither her colleagues, nor the doctors

or paediatricians, considered that the infection may have come from contaminated intravenous drips, the sister said.

Carol Park, infection control co-ordinator of Park Lane Clinic parent firm Clinic Holdings, told the court they had begun an intensive investigation into possible sources of contamination from August 20.

Although she had not considered Sabax drips a likely culprit, she asked a Sabax employee by telephone to collect an unopened bag of K-cocktail for testing. The bag was fetched on August 21 and she was never told whether the test had revealed contamination of a solution.

Mrs Park said she also ordered staff to record batch numbers of all K-cocktail solutions given

to patients.

On this record, kept outside the refrigerator in the Park Lane Clinic neo-natal unit, a note was made that K-cocktail solutions with batch number 00817 AV13 were removed on September 19 for babies Jacqueline Webb and Heinrich Hamel.

Both babies died of septicæmic shock before noon on September 20. Examination of blood cultures found that baby Webb had been infected by pseudomonas originosa and baby Hamel by klebsiella pneumonia bacteria.

Paediatrician Dr Martin Davis told the court that he was informed that Van Drimmelen and Partners had found an unopened bag from the

AV13 batch contaminated with an klebsiella pneumonia and unspecified pseudomonas bacteria.

R Levine, SC, appearing for Clinic Holdings, then produced a computer printout signed by Dr Selwyn Miller of Lancet Laboratories, which stated that profuse growth of bacteria, including pseudomonas originosa, had been found in two unopened bags from the AV13 batch.

C Cohen, SC, representing Sabax, responded immediately by asking the court to call Lancet employee Judy Walsh, who testified after an adjournment of about an hour that pseudomonas originosa had only been found in one of the bags tested.

She said that the mistake was a result of an error made in transcribing her hand-written test

notes to computer.

Under cross-examination by Mr Cohen, Dr Davis earlier admitted that baby Webb, whom he "strongly detected" had been infected by a contaminated K-cocktail drip, had shown since her birth numerous symptoms of possible infection.

Forgot

He also admitted that he forgot to tell the court in his evidence-in-chief that Jacqueline suffered two apnea attacks (stopped breathing) on September 18 and another on September 19.

Dr Davis conceded that, considering the symptoms, the baby may have been suffering from an undetected infection picked up before the K-cocktail feeding.

The inquest continues on Monday.

BRIBERY:

CIP/19/11/92

KING EDWARD VIII HOSPITAL CHIEF TO
APPEAR IN COURT

By S'BU MINGADI

THE CONTROVERSIAL King Edward VIII Hospital chief - who is due to face bribery charges in the Durban Magistrate's Court tomorrow - has disappeared.

Attempts yesterday and Friday by hospital authorities to serve a letter of suspension on chief medical superintendent Dr Justin Morfopoulos failed.

Colleagues yesterday expressed fears that he might have fled the country after a bid to track him down proved unsuccessful.

Meanwhile, one of Morfopoulos's confidants allegedly attempted to commit suicide by shooting himself on January 9 this year amid a police investigation into his boss.

KEH sources confirmed Bobby Moodley was discharged from hospital on Tuesday after being admitted on January 9 with a gunshot wound in his arm.

Morfopoulos gained notoriety last year when he told the media black patients spent more money at bottlestores than on their own medical costs.

A spokesman for the Natal Attorney-General's office said Morfopoulos would face five counts of bribery and one of attempted bribery, with alternate charges of fraud.

The MEC responsible for hospitals, Peter Miller, said the Natal Provincial Administration had been advised by the Attorney-General's office that Morfopoulos would be prosecuted on several charges.

Chief suspended

Miller said the SA Police investigation was conducted at the request of the NPA and that information had been passed on to the Attorney-General, who had considered the evidence and decided formally to charge the hospital chief.

As a result of this, Morfopoulos was suspended from duty.

Newly appointed KEH public relations officer Colin Mackay said Morfopoulos had been off work since December because of heart problems.

The NPA has in the past been under pressure from local professional health organisations, KEH doctors and political organisations to dismiss him for various reasons.

Dissatisfaction with Morfopoulos came to a head last year following his controversial Press statement during a public outcry over the increase of hospital tariffs by 200 percent.

'Cheapest' treatment

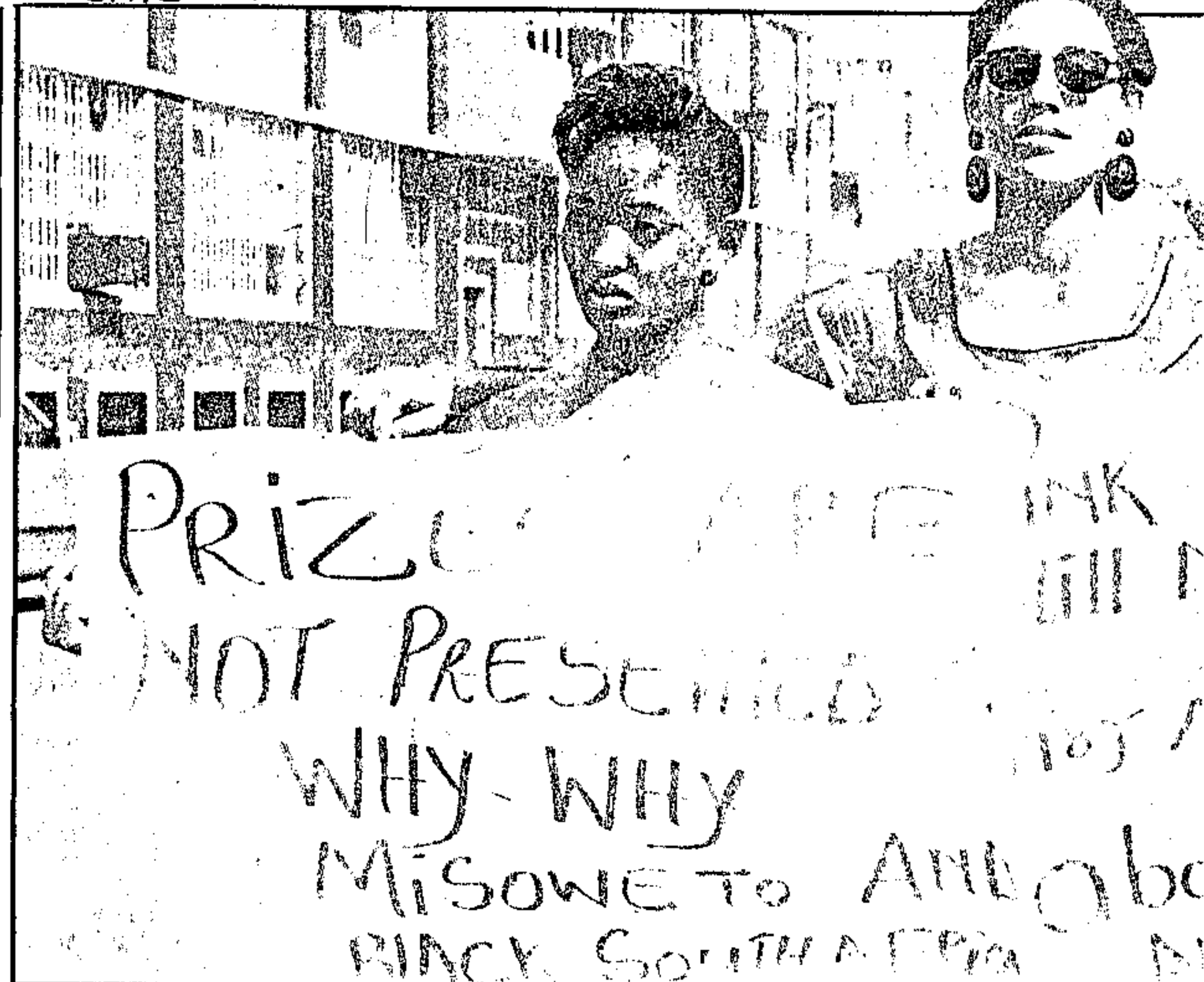
"In my personal observation they (black patients) spend more money at the local bottlestore than on their own medical costs. Patients have got to realise that to stay here and receive medical care is cheaper than any hotel and that they are getting the cheapest medical treatment," he said in his statement.

Morfopoulos said many patients in KEH were there as a result of self-inflicted trauma. "It's time those people paid for their full medical treatment."

Yesterday, the SA Health Workers Congress noted the hospital chief's suspension and pending case with grave concern.

Natal secretary Dr Sandy Pillay said Morfopoulos's post had in the past been plagued with controversy, arrogance and high-handedness.

"The latest issue strengthens our call for the democratisation of hospital management structures, with proper accountability to the people that the hospitals serve," Pillay said.



PRETTY PROTEST ... These beauties claim that Miss Soweto promoter Leonard Sithole won. Now they vow he will never run another Miss Soweto contest and they want everyone

Senne's horrifying

By MARTIN
NTSOELENGOE

SOWETO man-about-town and businessman Ephraim "Peggy Bel Air" Senne this week recounted his family's nightmare at the hands of Moroka police who allegedly beat his son, Duke, to death on Wednesday.

Soweto police public relations officer Capt M J Ngobeni said yesterday police were investigating.

A post-mortem conducted at Baragwanath Hospital by pathologist Dr J Gluckman found that Duke died from a fractured skull and broken neck.

Senne said his son, whose death sent shockwaves in Soweto's social and business circles, would be buried at the Croesus cemetery, Bosmont, on Saturday after a service at the Regina Mundi Catholic Church.

Relating the family's nightmare, Senne said a group of aggressive policemen burst into his posh Rockville home chas-



GRIEVING ... Ephraim "Peggy Bel Air" Senne felt humiliated and angry.
Pic: SIPHIWE MHLAMBI

ing after one of his sons, Tony. All the family could make out was that Tony had committed a traffic offence.

"They were rude and insulted members of my family. They did not want to reason with anybody and were gunning for a fight," said Senne.

Thereafter, according to Senne, a scuffle broke out. He was assaulted with a rifle butt and passed out.

"I woke up to find my wife and son (Duke) had been arrested and driven away."

Senne's daughter, Nono, was allegedly slapped by the police, and another daughter, Rose, and their mother, Dorothy, were allegedly punched.

"I wanted the police to explain why they were not following procedure. That is when one of them slapped me," said Nono, a University of Bophuth-

Infants rapidly got worse after going on Sabax drip, says doctor

SEVEN months after the first death of a baby from klebsiella septicaemia, the manufacturer of the drips allegedly responsible for the infection told doctors the products were above suspicion.

Testifying this week at the inquest into the deaths of 13 babies between February and September 1990, Johannesburg paediatrician Dr Jack Kussel said he had suspected Sabax drips used in neo-natal clinics could be contaminated after the death of David Braun, born on April 14 at the Garden City Clinic. "I had no confirmation of my suspicions, and we continued using the drips because we were repeatedly assured by Sabax that they were clear.

"But when Heinrich Hamel died, there was no more doubt in my mind. His condition deteriorated rapidly after he was fed on K-cocktail Sabax fluids in the Park Lane Clinic," said Dr Kussel, who has been dealing with neo-natal cases for 24 years.

Heinrich's symptoms became apparent on September 19. He was admitted to the intensive care unit.

Toxic

Blood cultures taken before treatment began were negative. He was put on a Sabax-manufactured drip, and showed signs of improvement, but 24 hours later he became feverish and started bruising.

"It looked again as if this was an acute type of toxic shock. In the next few hours, the baby's condition deteriorated rapidly, and I began to suspect without doubt that it was the drips.

"Deterioration at such a rate within 12 to 14 hours was not compatible with airborne infection," Dr Kussel said.

He ordered seals placed around the bottles. Samples were taken and sent to three laboratories.

"That afternoon, I was informed that a klebsiella had been grown from the fluid, indicating that it was contaminated.

"I suggested that the Sabax-manufactured bottles of intravenous fluid should be sealed and specimens taken before the bottles were touched or handled. This was done."

Laboratory reports handed to the court indicated that contaminated fluid was found in the bottles.

Two days later, Dr Kussel and other doctors were again assured the Sabax drips were not suspect.

"I realised that we had an epidemic on our hands. It just never happens that you have three or four or five babies dying on you — but we were unable to identify



DISTRAUGHT ... Cherry Pritchard, who lo

Deaths continued despite assurances

the source of the infection," Dr Kussel told the court.

The inquest is being conducted by regional magistrate T.J. Le Grange, assisted by assessors Dr Gerrit Coetzee, regional director of the SA Institute of Medical Research in the Western Cape, and Dr Fanie Naude, lecturer in paediatrics at Pretoria University.

The parents of the 10 boys and three girls who died have waited nearly two years to find out what killed their babies.

Much of the evidence presented in the packed courtroom this week came as a shock to parents, but what angered and upset them was the realisation that

their children need not have died.

Professor Alan Rothberg, head of the Johannesburg Hospital paediatric and neonatal units, testified on Tuesday that all 13 babies stood a good chance of surviving at birth.

While there was strong evidence in only two of the cases that contaminated drips had been the cause of death, Professor Rothberg said that even if the primary source of infection in the other 11 babies had not been the drips, contamination from the intravenous fluid would "certainly" have lowered their survival chances.

Mrs Yvonne Naismith, 31, whose first child, Christopher, died at the Morning-side Clinic on March 19 1990, was despondent after hearing the evidence of the doctors.

"The pain and suffering these babies endured after septicaemia set in was horrible.

"As parents, many of us are still angry, and it is so painful to go through all of this again. Even though I now have a six-month-old daughter who is precious to me, she can't replace Christopher," said Mrs Naismith.

Growths

Professor Rothberg said total sterility could not be achieved in hospital wards. A 10-percent "acceptable" rate was the norm.

A report compiled by Sabax about conditions in the laboratory where the intravenous fluid was prepared indicated that on a specific day, there had been "a wealth of bacterial growth" on the floor.

Professor Anton Janse van Rensburg, head of Pretoria University's department of medical microbiology, testified that a laboratory technician, Mr Alan Davies, had probably not complied with the strict quality-control standards of a medical laboratory.

However, Mr C Cohen SC, for Sabax, pointed out that the most likely source of contamination had been base products which arrived at the laboratory in so-called sterile containers.

Farmer gets top IFP job

BY ROY RUDDEN

INKATHA has appointed well-known Natal farmer, socialite and polo player Maurice Mackenzie as chief executive of its new national office to be established in central Durban.

The IFP is about to acquire 126 Umgeni Road from Argus Holdings using funds donated by the United States last year.

It is understood that Mr Mackenzie, 55, was nomi-



MAURICE MACKENZIE

nated for the position by IFP president Mangosuthu Buthelezi.

Mr Mackenzie, a Midlands timber farmer, holds the sport and environment portfolios on the Inkatha Central Committee.

Mr Mackenzie, a former Natal polo player, said he was looking forward to the challenge. "I spoke Zulu before I spoke English. I have tried to serve the Zulu people, with whom I have had a deep affinity, all my life," he said.



FILM-MAKER John Varty hugs fiancée Gillian van Houten at Jan Smuts airport after bringing home a top American film award this week.

Former newsreader Gillian said she was "thrilled and very proud" of Varty, who won the international documentary section of American Cable TV's annual ACE awards for his film *Swift and Silent*.

Varty was up against 250 top international documentary makers in his section.

The adventure documentary on the

world's great cats includes rare footage, captured in the Amazon, of the shy and elusive jaguar. *Swift and Silent* took Varty three years to complete.

But the "Leopard Man of Londolzi" and Gillian laughed off questions about when they were getting married.

The couple, who announced their engagement over a year ago, have apparently not yet set a date for their big day.

Picture: JAMES SOULLIER

Grieving mother relives horror of her son's death

S/Times

19/1/92 (98)

THE one and only time Cheryl Pritchard held her 16-day-old son, he was already dead.

Her baby was one of 13 who died in 1990 from bacterial infection after intravenous feeding on allegedly contaminated Sabax drips at private Johannesburg clinics.

Mrs Pritchard, 27, flew from England to attend the two-week inquest into the deaths this week.

The pretty young mother did not miss a day of the proceedings and took copious notes to send to her British-born husband, Dudley, 34, who stayed at home to look after their two children.

The prosecutor leading evidence for the state is Mrs Tersia Rossouw, who is seven months pregnant.

For Mrs Pritchard, it was an emotional experience to watch Mrs Rossouw.

Suspicion

"It hurts. How I wish I could be her. She often puts her hand on her stomach and I know she does this so that she can feel her baby kick."

The Pritchards left South Africa in August, a year after their baby died.

"We left in desperation. Doors seemed to slam shut in our faces when we tried to find out why our son had died so suddenly on August 8 1990 at the Park Lane Clinic," Mrs Pritchard said.

"There was so much suspicion surrounding Ashley's death, we did not know which way to turn.

"We believed there was a major cover-up taking place as nothing happened for such a long time. Eventually, after months of heartbreak

and feelings of guilt that we might have caused his death, we left to start a new life.

"But it was impossible. I have not begun grieving for my son yet. I am still filled with so much anger.

"I can never have another child. I was sterilised shortly after Ashley was delivered by caesarean on July 24.

"I was robbed of my last baby. Someone made a terrible mistake and he was taken away from me.

"Someone owes me a baby. If it is possible I will have my sterilisation reversed so that I can have my child. My mothering instincts were cut off so suddenly."

Ashley was born about five weeks prematurely at the Park Lane Clinic. He had immature lungs, jaundice and his chest was concave. He was placed in the intensive care unit.

The day after Mrs Pritchard was discharged from hospital on August 7, she received a call at her Alberton home from the nursing staff at the clinic to say that her son was not well and that she was needed.

When she arrived at the hospital she was met by one of the nursing sisters, who was in tears.

"No one told me he was so desperately ill that he would die. I went to him, and asked if I could hold him. He had already been dead a while.

"My baby, who was on his way to recovery, was dead. I could not believe this was happening to us."

Mrs Pritchard said she was told that Ashley had died of excessive bleeding in the lungs and this was recorded on his death certificate.

"I wanted to know how this could

happen. After a month of battling to get an answer I was told by medical staff that he had died from the klebsiella bacteria.

"Why did the death certificate say one thing and the doctors another?"

"On August 10, we organised with funeral directors in Germiston to have Ashley cremated.

"We wanted to keep his ashes close to us. We were so upset. It took more than six weeks for my son to be cremated. Every time it was supposed to be done there was another excuse.

"One day they said he was going to be cremated in Braamfontein and that we could collect his ashes there. When I called to confirm the time they said it had not been done.

"About a week later we got a call to say that Ashley had been cremated and that we were to collect his ashes in Brakpan.

Battling

"This almost destroyed my family. We became even more suspicious about his death. From then until the inquest it was a lonely, dark 18 months for us.

"The babies have just become names. Our grief, the heavy medical bills we are still battling to pay and the extreme changes in our lives do not seem to mean a thing. All I am grateful for is that it eventually made the courts," Mrs Pritchard said.

"Ashley lived for only 16 days and then died a horrible death. I will not leave South Africa until I know the full story."

SOMEONE OWES ME A

SUNDAY TIMES, January 19 1992

JOCELYN MAKER
REPORTS ON THE
SABAX INQUEST

baby

Babies inquest prejudiced?

JOHANNESBURG.— A lawyer representing the families of 10 babies whose deaths were allegedly caused by contaminated drips, told a Johannesburg inquest yesterday that he would ask a judge to decide whether the presiding magistrate had prejudiced the proceedings.

Attorney Mr Peter Soller told the inquest into the 1990 deaths of 13 babies he would file for a

notice of review on behalf of two of the parents to whether Magistrate Mr TJ la Grange may have prejudiced inquest procedure.

Mr Soller claims it was irregular for the inquest to have started without Mr La Grange having all statements taken by investigating police. (98) ~~CP/1/92~~

He also claims that it was irregular for the magistrate not to have called paediatricians in-

involved in the case to give oral evidence after he became aware, during the inquest, that they had material evidence other than that contained in the affidavits made to police.

Advocate Mr A Bruwer, appearing for the paediatricians, last week said his clients had informed him they had further evidence, but told the court he would not breach confidentiality by disclosing its nature.

Inquest magistrate's decision challenged

Friday 21/1/92

A LAWYER representing the families of 10 babies, whose deaths were allegedly caused by contaminated drips, told a Johannesburg inquest yesterday that he would ask a judge to decide whether the presiding magistrate had prejudiced the proceedings.

Attorney Peter Soller told the inquest into the 1990 deaths of 13 babies he would file for a notice of review on behalf of two of the parents to determine whether magistrate T J la Grange may have prejudiced inquest procedure.

Soller claims it was irregular for the inquest to have started without La Grange having all statements taken by investigating police.

He also claims that it was irregular for the magistrate not to have called paediatricians involved in the case to give oral evidence after he became aware, during the inquest, that they had material evidence other than that contained in the affidavits made to police.

Advocate A Bruwer, appearing for the paediatricians, last week said his clients had informed him they had further evidence, but told the court he would not breach confidentiality by disclosing its nature. Bruwer suggested the magistrate subpoena the paediatricians to testify.

However, La Grange informed the court

that any further evidence should be placed before the court in affidavits.

Soller, requesting clarification on the issue, yesterday introduced two affidavits from parents appealing to La Grange to call the paediatricians to testify and submit to cross-examination.

However, when the magistrate stood by his decision, Soller told the court he had no option but to file for a notice of review.

Yesterday paediatrician Dr Errol Gottlich testified that after the rapid deterioration and death of his ostensibly healthy patient, baby Stapelberg, in August 1990, he had "looked at the (potassium drips) as a possible implicating factor".

He said he had drawn samples from two drips fed to the baby and contacted the manufacturers Sabax, asking them to test for possible contamination. Gottlich was informed the samples had been collected, but heard nothing more from Sabax.

Contacting Sabax again 10 days later, he said the company had told him they received only one sample from a saline drip which proved to be free of contamination.

Saline drips are not implicated in the baby deaths.

Proceedings are scheduled to continue today.

ANDREW KRUMM

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Sabax told about drips, nurse testifies

98 183
STAR 2/1/92
By Philip Zoio

A sister at the Garden City Clinic told a Johannesburg inquest on the death of 13 babies in 1990 that she was asked whether she was "crazy" when she suggested to three Sabax employees that their drips may have been responsible for a series of infections.

She said she told the employees in early May, after four babies had been infected in the clinic's neo-natal unit, that she thought contaminants may have been introduced into Sabax drips during their manufacture.

Earlier, Dr Errol Gottlich told the court how baby Brandon Stapelberg became suddenly ill and died a septicaemic death on August 20, only hours after receiving intravenous fluids on a K-cocktail drip.

He said that because he suspected the intravenous fluid could have caused the infection, he arranged for Sabax to collect the samples from bags attached to two drips feeding the baby.

The samples, one of K-cocktail fluid and the other of part saline solution, were removed the following day.

Dr Gottlich told the court that a Sabax employee, probably Ian Rosekilly, told him by telephone that Sabax had received only the saline sample, and that it had tested negative for bacterial growth.

Clive Cohen, representing Sabax, said that because Dr Gottlich had not recorded the

batch number of the K-cocktail solution, no further investigations took place.

Dr Gottlich believed that the change of intravenous fluid to K-cocktail at noon on August 18 was the only possible explanation for the speed of development of baby Stapelberg's fatal klebsiella pneumonia infection.

The infant was born on August 17 and transferred to the Garden City Clinic after collapsing with respiratory distress. The child was incubated, and "showed gradual but steady improvement", to the extent that he was to be taken off oxygen and started on oral feeds on the morning of August 20.

Questioned by Peter Soller, counsel for 10 of the parents, Dr Gottlich said he had expected the baby to survive.

Under cross-examination, he admitted that the child had shown symptoms that could indicate infection as one of a range of causes.

The inquest was adjourned from 10.15 am to 2 pm yesterday to allow Mr Soller to prepare a notice of review for the Rand Supreme Court, which is expected to be submitted today.

Mr Soller wants the Supreme Court to determine whether all the paediatricians who treated the 13 babies should be called to testify.

Earlier, he submitted an affidavit by Cheryl Pritchard, the mother of one of the babies, who said she had the support of most of the parents in saying that each paediatrician should be called to testify.

The hearing continues.

Drips: Technician criticised

Own Correspondent

98

JOHANNESBURG. — A technician could have contaminated drips which allegedly caused the deaths in 1990 of 13 babies, an inquest here heard yesterday.

The court was told that during routine quality control tests conducted by drip manufacturer Sabax technician Mr Allan Davies regularly failed (40% of the time) to exercise the "skills and procedures" required in international norms.

The skills and procedures required of Mr Davies were integral

to the company's quality control process, known as process validation, and necessary to maintain sterile conditions during drip production. ET 22/1/92

Microbiologist Professor Margaretha Isaacson of the SA Institute of Medical Research, who yesterday offered evidence of her investigation into Sabax facilities, labelled Mr Davies "inexperienced" and "lackadaisical". She said he was a potential source of infection.

In her report Prof Isaacson said "although it was not shown there was a causal connection between

Davies' skill and the contaminated products", he should be transferred to "less sensitive duties".

Reviewing quality control tests, attorney Mr Peter Soller, representing 10 of the families which lost babies, said sterile conditions had been compromised on production equipment during testing.

He said bacteria tests done in the cabinet in which the drips were produced showed contamination.

Prof Isaacson criticised Sabax testing procedures.

The inquest continues today.

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Prof Isaacson criticised Sabax testing procedures.

The inquest continues today.

Professor 'uncomfortable' with Sabax control system

By Philip Zoip

A microbiology professor told the inquest on the deaths of 13 babies in 1990 that she would have been uncomfortable relying solely on Sabax's system of quality control, unless it were accompanied by physical evidence that drips were sterile.

Professor Margaretha Isaacson of the Institute of Medical Research said she believed that end-product sterility testing should have been conducted on the drips. She also felt that the sterility of additives, supplied to Sabax by other manufacturers, should have been verified through spot-checking.

But Professor Isaacson, who at Sabax's request presented a report on the company's admixture unit, said the firm's system of process validation was still the favoured method of quality control, despite the risk of human error.

The professor said she had believed Sabax without question when told that end-product sterilisation was not feasible because heat would make the solution unstable. She had found no evidence of wilful negligence by any Sabax employee, but one technician, Alan Davies, had been less painstaking than the others and had not improved his performance significantly with practice.

Counsel for 10 of the parents, Peter Soller, read out results of employee performance validations which stated that Mr Davies and Cynthia Wilson had repeatedly failed in aspects of bacterial hygiene maintenance.

Sabax counsel Clive Cohen cross-examined Sister Puck Velida, who on Monday testified that she was asked if she was crazy after suggesting to three Sabax employees that contaminated drips might have been responsible for infecting babies.

The inquest continues.

STAR 22/1/92

Inquest told of risks

Sowetan 22/1/92

98

A PROFESSOR in microbiology told the inquest into the deaths of 13 babies at Johannesburg private clinics in 1990 that she would have felt uncomfortable to totally rely on Sabax's system of quality control.

She would only be comfortable if the system was accompanied by physical evidence that their drips were sterile.

Professor Margaretha Isaacson of the Institute of Medical Research said she believed that end product sterility testing should have been conducted on the drips.

She also felt that the sterility of additives, supplied to Sabax by other manufacturers, should have been verified through spot-checking.

Organisms were later found "still growing very happily" on one of the additives, Calcium Glucanate, during

a test in January last year, she said.

Isaacson, who at Sabax's request presented a report on the company's admixture unit, said the company's system of process validation was still the favoured method of quality control, even though it contained an inevitable risk of human error.

She had found no evidence of wilful negligence by any Sabax employee but a technician, Mr Alan Davies, had been less painstaking than the others and had not improved his performance significantly with practice.

Mr Peter Soller, counsel for 10 of the parents, read out results of employee performance validations from May 1989 which stated that Davies and fellow technician Ms Cynthia Wilson had repeatedly failed in aspects of bacterial hygiene maintenance. - *Sowetan Correspondent*.

Sabax 'did not test drips for sterility'

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CT 23/1/92

Own Correspondent

JOHANNESBURG. — Drip manufacturer Sabax did not comply with certain SABS sterility testing directives, a Johannesburg inquest into the deaths of 13 infants allegedly caused by contaminated drips heard yesterday.

The court was told Sabax had not observed an SABS directive requiring that drip components be tested before being used in manufacture.

Adcock Ingram corporate planner Mr Arthur Barnett, testifying on behalf of subsidiary Sabax, said Sabax had subjected drip components to "visual inspection".

However, he acknowledged under cross-examination by Morningside Clinic advocate Mr Bruce Burman that the company had "not tested suppliers' components nor had it inspected (supplier production) facilities".

Mr Barnett said the company had

"looked to the bona fides of suppliers" which certified the component products as sterile.

The inquest also heard that Sabax performed neither intermediate nor final product sterility testing.

Sabax quality assurance manager Mr Keith Allen confirmed the company had "never considered" final product sterility testing, saying drip production followed international guidelines laid down by the US licensor, Baxter.

During cross-examination by attorney Mr Peter Soller, who represents 10 families who lost babies, Mr Barnett admitted that Sabax had not investigated the feasibility of heat sterilisation of final drip products.

Mr Burman then pointed out Sabax had led two microbiologists, who performed independent tests of Sabax facilities, to believe otherwise.

The inquest continues.

Baby deaths: court asked to subpoena two Medunsa doctors

STAR 23/1/92

By Philip Zoio

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An attorney yesterday submitted an affidavit requesting a Johannesburg inquest court to subpoena two doctors from Medunsa Hospital, where at least 11 infants died of bacterial infections in two mini-epidemics in May/June and August/September 1990.

Peter Soller has asked magistrate T J le Grange to call Dr Geoff Ellis and Dr Ian Hays to testify at the inquest of 13 babies who were fatally infected in three Johannesburg private clinics in 1990.

Mr Soller, appearing for parents of 10 of the 13 babies, stated that blood cultures found the 11 infants who died at Medunsa Hospital in Ga-

Rankuwa had been infected by *klebsiella oxytoca*.

Laboratory tests indicated that Sabax drips may have been implicated in at least some of these deaths, Mr Soller stated.

Sabax quality assurance manager Keith Allen said Sabax's tests in early June on 67 units of drip solution, taken from various batches, had shown no contamination.

Satisfied

Arthur Barnett, corporate planner for Sabax's owner, Adcock-Ingram, said Sabax had never carried out tests to determine whether its K-cocktail drip solution could be sterilised after the admixing process.

Mr Barnett said the studies had not been done because Sabax was satisfied their method of quality control complied with international standards.

In his affidavit, Mr Barnett said certain admixed products could not be sterilised because the chemical make-up of the additives could be changed if they were exposed to heat.

Mr Barnett denied that the statement referred specifically to the K-cocktail solution.

Counsel for the Morningside Clinic, B Burman (SC), told Mr Barnett that Sabax had informed two professors that end sterilisation by heat would have adversely affected the final K-cocktail solution.

The inquest continues.

Drips 'continued for 5 months'

CT 24/1192

JOHANNESBURG. — Drip manufacturer Sabax had not considered advising client hospitals to change their baby drips until five months after it was told that its products could be contaminated, a Johannesburg inquest heard yesterday.

Sabax was first informed of possible drip contamination on May 4, 1990, but only stopped sup-

plying the implicated products in late September 1990, the inquest into the deaths of 13 babies was told.

However, Sabax quality assurance manager Mr Keith Allen said bacterial tests on products removed from hospitals, performed by Sabax in June 1990, had found no contamination.

During cross-examination Mr Allen said the company had "not

officially" considered advising hospitals to change to a heat-sterilised product.

On Wednesday Mr Arthur Barnett, corporate planner for Sabax's holding company Adcock Ingram, said Sabax stopped supplying the drips in late September after contamination was found in drips given to two babies who died at Morningside Clinic.

— Sapa

By Phillip Zoio

The Sabax quality assurance manager yesterday told an inquest into the deaths of 13 babies in 1990 that it was not the firm's policy before August 1990 to conduct microbiological tests on samples from admix-ture unit drip solutions.

Keith Allen told the court that after the first suggestions of possible contamination of the drips on May 2, Sabax increased the frequency of their employee validations from monthly to weekly.

Micro-testing was not firm's policy, Sabax inquest

STPA 24/1/92

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They also incubated 67 units of various batches, which later showed no contamination on visual inspection.

But Mr Allen admitted under cross-examination that Sabax had not considered it necessary to warn any hospital or clinic that there had been suggestions of drip contamination by early June from three sources — the Garden City Clinic, Medunsa Hospital and the Johannesburg

Hospital.

He said that, at that stage, there had been no confirmation that the suggestions were well founded.

Questioned by R Levin, SC, counsel for Park Lane and Garden City clinics, Mr Allen said that he could not comment on why a Sabax employee had given a false reason to hospitals for their decision to recall certain drip solutions for bacterial

testing.

In his affidavit, Mr Allen had stated that on August 21, on instructions of senior Sabax employee Sonya Vogel, Ms R Marshall told 13 hospitals that Sabax wanted the products returned for chemical stability studies.

Mr Allen told Mr Levin that he did not believe any Sabax employee would have reacted to a suggestion of drip contami-

nation on May 2 1990 by Garden City Clinic's Sister Puck Veldia, by saying that allegations "could never be proved in court" or by asking her if she was "crazy".

In his affidavit, Mr Allen said that strict adherence to standard procedures was sufficient to ensure that a final admixed product was sterile. He testified that Sabax's ad-

mixture unit quality control system was based on interna-

tionally acceptable standards laid down in a protocol of international pharmaceutical firm Baxter, Inc.

Neither sterilisation nor sterility testing of end product admixed drips was required, he said.

Counsel for Morningside Clinic, B Burman, SC, read from the

Baxter protocol and said that the document required samples of the end product to be examined for microbiological contaminants.

Mr Allen replied that Sabax and Baxter did not believe that this meant that sterility testing was necessary.

Mr Allen told Mr Burman that tests on the feasibility of heat sterilisation was never considered.

He agreed that these studies would have been comparatively cheap. The inquest continues.

hears

Argument in Sabax case

98 CT 25/1/92
JOHANNESBURG. — Lawyers for three Johannesburg private clinics yesterday argued at the inquest into the death of 13 babies in 1990 there was no evidence that the infants' infections followed any act or omission by clinic staff.

Lawyers for the three clinics, Park Lane Clinic, Garden City Clinic and Morningside Clinic, said there was no evidence the clinics were culpable for the eight fatal infections in the hospitals' neo natal units in 1990.

Mr Clive Cohen, SC, counsel for drip

manufacturer Sabax, and state advocate Ms Tersia Roussouw, both said they would make their submissions on Monday.

Mr Peter Soller, appearing for 10 of the 13 parents, initially declined to argue. He reversed the decision on instruction of one of the parents, Dr Adrian Webb, and will also present argument on Monday.

Mr Soller wants the Supreme Court to review proceedings to determine whether the magistrate should have received certain evidence.

Clinics not culpable for eight baby deaths, court told

COUNSEL for three Johannesburg private clinics yesterday argued at the inquest into the death of 13 babies in 1990 that there was no evidence that the infants' infections followed any act or omission by clinic staff.

R Levin (SC), appearing for Park Lane and Garden City Clinics, said there was no evidence that the clinics were culpable for the eight fatal infections in the hospitals' neo natal units in 1990.

B Burman (SC) said that the evidence showed that the conduct of his client, Morningside Clinic, had been exemplary.

Clive Cohen (SC), Counsel for drip manufacturer Sabax, and State Advocate Tersia Roussouw, will make their submissions on Monday.

Peter Soller, appearing for 10 of the 13 parents, initially declined to argue. He reversed the decision

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25/1/92

PHILIP ZOIO

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on instruction of one of the parents, Dr Adrian Webb, and will also present argument on Monday.

Acting on behalf of mother Cheryl Pritchard, Mr Soller yesterday lodged a second notice of review with the Supreme Court. He submitted his first notice of review after Mr le Grange declined to call all doctors who treated the babies. He now wants the Supreme Court to review proceedings to determine whether Magistrate T J le Grange should have received certain evidence.

Mr le Grange earlier refused to allow Mr Soller to cross-examine a Sabax employee on the statutory requirements for production of admixture solutions.

Mr le Grange also declined to call as witnesses a

pathologist and two doctors from Medunsa Hospital in Garankuwa, where about 11 babies allegedly died of bacterial infections in 1990.

The last witness, Park Lane Clinic paediatrician Dr Richard Booth, told the court that one of his new-born patients had deteriorated rapidly after intravenous feeding on a K-cocktail drip. But he said he was never able to isolate the organism responsible for Ashley Pritchard's septicæmic death on August 8 1990.

The illness of another of his patients, baby Rudi Hoffman, continued on a stormy course after he was given K-cocktail fluid on August 2, Dr Booth said.

He said that he was on leave when baby Hoffman died later that month.

Questioned by Mr Soller, Dr Booth said it was the first time he had seen patients show such "a lack of response to very aggressive anti-biobic therapy".

Court chat: 11 babies born on Sabax evidence

ST Times 26/11/92

1985
98

DOCTORS who believe that 11 babies died after being fed by Sabax-made drips at the Garankuwa Hospital were prevented from testifying at the inquest this week into the deaths of 13 other infants.

By JOCELYN MAKER

could make a ruling on whether to allow the evidence, Mr Clive Cohen, SC, for Sabax, objected, saying the evidence was not relevant and could not take the inquest much further.

Mr Le Grange later rejected the request to hear the three doctors.

In his affidavit Mr Solter said that during May or June 1990 five babies died after an outbreak of infection at the Garankuwa Hospital north of Pretoria.

An investigation by Professor Crewe-Brown found that in each case *klebsiella oxytoca* was present in the infants' blood cultures.

Identical

The container of a nutritional fluid fed to the babies intravenously was also found to be contaminated with *klebsiella oxytoca*.

Mr Solter said Professor Crewe-Brown informed Sabax that the drip containers were suspected, but the company replied that the source of the infection was not defined.

In August and September another outbreak of infection occurred at the Garankuwa Hospital, where a further six babies died rapidly.

Four out of five Sabax bags were tested and were confirmed positive for

klebsiella oxytoca.

In his affidavit Mr Solter said post mortems were carried out on the dead babies and blood-culture tests were done.

In the Supreme Court application for the review of Mr Le Grange's ruling, Mrs Cheryl Pritchard, one of the parents, said that genetic typing of the bacteria implicated in the deaths of all the babies at the Garankuwa Hospital, Park Lane Clinic and the Morningside Clinic was so similar that the reasonable impression was that the source of contamination

was in all cases identical. Mrs Pritchard said that Sabax had previously been made aware of the facts from the Garankuwa Hospital and from other clinics involved, but had "unconvincingly" rejected information without attributing valid reasons for this.

Reliance

It was alleged in court this week that for five months Sabax was aware of the possibility that its drips were contaminated, but it chose to remain silent despite the deaths of

eight babies and numerous warnings.

It was only after nine months — and at least 13 infant deaths — that the company decided to shut down its drip-admixing unit and recall all its products.

The court heard that this was only done when Sabax had been able to confirm that certain drips were contaminated with the deadly *klebsiella* bacteria. From May to October 1, 1990, it continued to sell its neo-natal drips — K cocktail and Non K Cocktail — and failed to advise medi-

cal institutions to change to a similar drip which it manufactured.

Further complaints that the drips might be contaminated were made to Sabax by the Morningside Clinic, Johannesburg Hospital, Park Lane Clinic and Garden City Clinic.

Recall

It was also heard this week that Sabax did not carry out end-sterilisation of its admixture products at any stage because it did not deem it necessary. Professor Margareta

Isaacson of the SA Institute of Medical Research told the court that too much reliance was placed by Sabax on a painstaking process that did not allow for human error.

Professor Isaacson had been asked by Sabax to carry out an independent investigation of its facilities after October 1990, when the admixture unit had been shut down.

She said that, while she was generally impressed with the high standards at Sabax, she found numerous problems that needed to be addressed.

give evidence.

In an affidavit handed in during the inquest at the Johannesburg magistrate's court on Friday, Mr Peter Solter, attorney for some of the 13 sets of parents, said it was his duty to present certain facts relating to tests done by the Medunsa doctors.

Earlier he told the court that circumstances surrounding the deaths of the Garankuwa babies were similar to the deaths of the 13 babies who died in top Johannesburg clinics.

He said it was necessary to call the three Medunsa doctors — Professor Heather Crewe-Brown, paediatrician Dr Geoff Ellis and Dr Ian Haye — to give "highly relevant evidence" of the results of tests carried out on Sabax drips which proved to be contaminated.

Before Mr Le Grange

THE CIGARETTE FOR CONNOISSEURS

In the traditional 20s tin



PresMed banks on day clinic

St. Times (BUS)

26/1/92

By IAN ROBINSON

DAY clinics will play an increasing role in the changing health-care scene.

This is the rationale behind the acquisition by President Medical Investments (PresMed) of Zandfontein day clinic in Morningside, Sandton, says managing director Carl Grillenberger.

Presmed's R7,5-million rights issue through convertible debentures has been fully subscribed. (18)

The money will be used mainly to increase the group's private hospital and day clinic facilities. (25)

PresMed's facilities are contracted into the medical aids' fee structure.

PresMed manages eight day clinics and five hospitals. The next steps in the company's expansion programme are construction of a day clinic in Kempton Park and opening of the Witbank day clinic.

Riddle of Winnie's missing R13 000

Stillives 26/1/92

BY CHARLENE SMITH

FIVE years ago 12 American congressmen gave Mrs Winnie Mandela R13 000 to rebuild a Brandfort clinic that had been petrol bombed and burned to the ground in 1985. Today, the building still lies in ruins.

What happened to the money? The ANC won't answer questions about the missing funds, and neither will Mrs Mandela.

The impoverished community of the small Free State village, a half-hour drive from the nearest medical facility in Bloemfontein, has tried in vain to raise money to restore the clinic. Mrs Norah Morhloali, 49, a for-

mer neighbour of Mrs Mandela and chairman of Majoemasoenu (Brandfort's township) Young Women's Christian Association, says pregnant women often give birth en route to Bloemfontein.

Still loyal to Mrs Mandela, Mrs Morhloali says opinion is divided in Brandfort about the ANC's head of social welfare. Mrs Mandela became so controversial in the community over issues including the financing of community projects, community leadership and some of the activities of those who

visited or lived with her — after being banished there for eight years — that her home and the adjoining clinic were firebombed by young people in August 1985.

This resulted in her breaking her banning order and taking refuge in Johannesburg, where she erected the Mandela mansion in Orlando, Soweto.

"If people had money we could rebuild the clinic, but people have no finances. We wanted to build the clinic big enough to take eight or 10 beds for emergency cases."

Mrs Morhloali estimates that about 80 percent of the residents of Majoemasoenu are unemployed.

After the Mandela house and clinic were petrol bombed, 12 US senators under the leadership of Democrat Senator Howard Mendenhall presented the State Department with R13 000 for the rebuilding of the clinic. The money was handed over to Mrs Mandela.

A spokesman for Senator Mendenhall said this week she could not recall the donation. She undertook to ask the senator for comment, but as of Friday night had not obtained a response.

The US ambassador at the time, Mr Herman Nickel, did remember. He said he was certain the money had been handed over.

Inquest clears Sabax®

JOHANNESBURG. — Nobody could be held responsible for the deaths of 11 babies in private clinics in 1990, an inquest magistrate found here yesterday.

Mr T J le Grange and his two assessors were unable to make a finding in respect of the other two babies, Jacqueline Webb and Heinrich Hamel, both earlier described as "strong cases for unnatural death" by Johannesburg Hospital chief paediatrician Professor Alan Rothberg.

Mr Le Grange found there was no evidence that Sabax, the manufacturer of the drip solutions given to all the babies before their deaths, had attempted to deceive anyone or "cover

'Nobody held responsible for deaths of 11 babies'

up" investigations into their products or facilities.

The court found that, rightly or wrongly, their admixture unit's system of quality control was in accordance with internationally-accepted standards.

Mr Le Grange said a batch of admixture component, calcium gluconate, which was used in all the batches found contaminated after September

might have introduced the contamination.

The court found that the Park Lane, Garden City and Morningside clinics had not been negligent.

They had gone to great expense to find the source of infection and their system of infection control had been of a high standard. The court found that it could not be proven on a balance of probabilities

that any of the fatal infections were contracted through contaminated drips made by Sabax.

Mr Le Grange said all the babies had been ill when they entered neonatal units and might have contracted infections from an environment in which a risk of infection was inevitable.

Although samples of the batch given to babies Hamel and Webb were found to be contaminated, the causal connection between the infusion of drip fluid and the fatal infections had not been established, Mr Le Grange said.

At least two couples are to take civil action following the court finding. — Sapa

cr 29/1/92

Sabax: 'Cannot base

STAR 29/1/92

By Philip Zoio

Nobody could be held responsible for the deaths of 11 babies in private clinics in 1990, a Johannesburg inquest magistrate found yesterday.

Mr T J le Grange and his two assessors were unable to make a finding in respect of the other two babies, Jacqueline Webb and Heinrich Hamel, both earlier described as "strong cases for unnatural death" by Johannesburg Hospital chief paediatrician Professor Alan Rothberg.

Mr le Grange found there was no evidence that Sabax, the manufacturer of the drip solutions given to all the babies before their deaths, had attempted to deceive anyone or "cover up" investigations into their products or facilities.

The court found that, rightly or wrongly, their admixture unit's system of quality control was in accordance with internationally accepted standards.

Expense

Mr le Grange said that a batch of admixture component calcium gluconate, which was used in all of the batches found contaminated after September, may have introduced the contamination.

The court also found that the Park Lane, Garden City and Morningside Clinics had not been negligent.

They had gone to great expense to find the source of infection and their system of infection control had been of a high standard.

Their paediatricians had all demonstrated a "high standard of professional conduct", Mr le Grange said.

The court found that it could not be proven on a balance of probabilities that any of the fatal infections were contracted through contaminated drips made by Sabax.

Mr le Grange said that he did not blame the parents for their suspicion that Sabax was culpable. "But we cannot base our

findings on their suspicions."

He said that all the babies had been ill when they entered neo-natal units and may have contracted infections from an environment in which a risk of infection was inevitable.

Although samples of the batch given to babies Hamel and Webb were found contaminated, the causal connection between the infusion of drip fluid and the fatal infections had not been established.

Mr le Grange said that baby Hamel was showing "obvious signs of respiratory distress" before he allegedly received K-cocktail fluid, and may have been suffering from an underlying infection.

It could not be established clearly that he received K-cocktail on the night before his death on September 20.

Baby Jacqueline Webb (died September 20) had suffered jaundice, poor circulation and three apnea attacks (arrested breathing) before and on September 19, Mr le Grange found.

Dr Martin Davis conceded that she may also have had a continuing infection before she received K-cocktail that evening, Mr le Grange said.

The three babies treated by Dr Richard Booth, Rudi Hoffman (died Aug 21), Ashley Pritchard (died August 8) and Roberto Fiocchi (died August 23), were infected almost simultaneously, Mr le Grange said.

The court accepted the evidence of Professor Rothberg that there was no connection between their deaths and any Sabax product.

Linda Dila (died August 8), one of the babies classified as a moderate case for unnatural death, collapsed shortly after birth. Her clinical progression was consistent with infection before receiving from a Sabax drip.

The magistrate justified his earlier decision not to call the doctors who treated four of the babies by saying that their oral evidence would not have taken the case further.

Mr le Grange also said he did not hear testimony on 11 alleged deaths at Medunsa Hospital in Garankuwa because this evidence was irrelevant.

findings on suspicions?

No one liable for deaths of 11 babies

SA Press Association

A JUDICIAL inquiry yesterday ruled that no one could be held responsible for the deaths through infection of 11 babies at three hospitals in Johannesburg in 1990.

The presiding officer, Mr T le Grange, also found that contaminated intravenous drips supplied by Sabax company could not, on a balance of probabilities, be linked to the deaths of the babies.

A finding could not be made on liability in the deaths of two other babies.

Precautions

Le Grange found there had been no negligence on the part of staff at the intensive care units of the hospitals and that he was satisfied that all reasonable precautions had been taken.

He also found that Sabax had complied with international standards on the prevention of infection.

The source of the infection which had killed the babies could not be determined beyond doubt, he said.

Weskoppies

goes 'nuts' over

STAR 30/1/92

its centenary

Pretoria Correspondent

Staff and patients at Weskoppies Hospital in Pretoria are crazy about the place — and they're not ashamed to show it.

Eye-catching T-shirts with slogans such as "I'm nuts about Weskoppies," "Just be yourself" and "I'm coping ... Just" have been specially printed to mark the psychiatric hospital's centenary this week.

Professor Wilhelm Bodemer, chief psychiatrist, said the T-shirts are aimed at showing the public there is "nothing extraordinary" about Weskoppies Hospital, and at adding "a touch of humour" to the centenary celebrations.

The T-shirts, designed and printed by artist Colombe Ashborn, are on sale at the hospital, along with commemorative coffee mugs and bookmarks stamped with the Weskoppies logo.

Centenary celebrations were officially opened yesterday by Dr W Guldenpfennig, chairman of the hospital board. The programme of festivities includes a special tea for patients, a fun run, sport, a talent competition and a reunion dance for present and former personnel.

An academic day will be held on Friday and speakers will discuss

topics ranging from the history of Weskoppies to the future of psychiatry.

Exhibits of Weskoppies memorabilia, such as the padded cell — now a museum piece — will be displayed until Saturday.

When Weskoppies Hospital admitted its first patients in 1892, conditions were extremely primitive. Paraffin lamps were used, bath water had to be fetched by hand, and sick patients were transported in "mule ambulances".

By December that year, there were 29 patients — a fact causing some consternation among the Pretoria public, who were concerned about the "disturbing" rise in patient numbers.

The number of patients reached a high of 5 000 in 1966, and then tailed off to about 2 000 in the '70s. Today, the hospital has about 1 400 beds, and treats up to 30 000 patients a year.

A highlight in the hospital's development was the 1979 opening of a Child and Family Unit, where children up to Standard 5 level are treated for problems such as anxiety, depression, and learning and behavioural disorders.

A young people's unit was established in 1988 for troubled teenagers aged 14 to 18.



Birthday shirts. Dr Johan Grove (left) and Professor Wilhelm Bodemer model the shirts.

FOCUS: Many questions remain unanswered in the drip deaths tragedy

Why did the babies die?

98
[scribble]
[scribble]

W/Mail 3/11 - 6/2/92

NOBODY can be held responsible for the deaths of 11 babies in private clinics during 1990, a Johannesburg magistrate has ruled.

To a lay person that means it just happened. It was, if you will, an act of God or fate — a terrible co-incidence.

Several of the 11 babies were in the same small set of top class clinics — it was not a phenomenon spread among a number of hospitals and clinics with a baby dead here and a baby dead there. There were unusual clusters of babies who just died.

They all seemed to have the same bacterial infection. And they all had, for differing reasons, the same type of drip supplied by the same manufacturer.

To top it all, they had some of the best-known doctors in Johannesburg attending to them for their short lives — and at least three of the babies had the same doctor.

It's not even that rare, in this country, to have problems with contaminated drip bags. Some years ago, a factory which was manufacturing contaminated drips was closed.

The magistrate, TJ le Grange, has found that Sabax, the manufacturer of the drip bags used in the tiny patients, was not to blame for the deaths. While the bacteria was found in the mixture in the bag, it could have been introduced through the mixture. Sabax's standards were adequate.

Parents, longing for some way of putting their trauma to rest, think this was unjust.

Le Grange also exonerated the behaviour of the doctors and the clinics. There are several questions raised by the whole issue which have to be asked. Here, for instance, are some:

●What are the rates of death from hospital acquired infections at each hospital in the country? This information is collected, but not normally available to the public. If a prospective patient was to be admitted to a hospital that had more infections than others, he or she could decide not to go. This information should be

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid



accessible to the public and perhaps be tabled in parliament.

●It may be usual practice for doctors to remain silent even when they "lose" an unusually high number of patients, but is it correct? Would the public not have more confidence in doctors who exhibited their concern when things go badly wrong and make it known that they expect something to be done so this cannot happen to their patients again. Some members of the public may be wondering, however unjustifiably, if the doctors were incompetent.

According to reports, at least one doctor would not even speak to the bereaved parent of one of the babies. When the story was broken in this column — in 1990 — doctors clammed up as tight as the hospitals did. And it has not yet become clear what they did about the fact that they lost so many little lives.

●The hospitals may have cleaned up the mess and called in investigators. But it seemed at the time that efforts to investigate the problem were accelerated only after newspapers published tales of dying babies.

●If there is a question in the public mind over who is to blame and whether their own newborn children will suffer the same fate — and there surely has to be one now — should the authorities not be clamouring to sort out the problem? Instead of announcing investigations which are then seen to take place, making statements to the press to allay fears and calling on the hospitals, medical suppliers and hospital staff to be accountable for their actions, the

authorities have been strangely silent.

Private hospitals are regulated by the Department of Health in the House of Assembly and have to comply with certain standards. Have these hospitals in which the babies died been asked to revise procedures, prove that it cannot happen again or show their infection figures? If not, why not? And if they have, why is the public not told?

●The Medicines Control Council, which regulates the safety of medicines, has said it is not responsible for problems that may have existed at Sabax. This was stated before any public inquiries. The council said the problem was a "dispensing" one and implicated the Pharmacy Council which regulates the activities of pharmacists. One scapegoat has been found (and exonerated in the judgment) — an assistant with dirty shirt sleeves.

Should the MCC not now be asked to ensure that in future it will take responsibility when drip bags are contaminated?

●The magistrate would not hear evidence about babies who died in apparently similar circumstances at a hospital in GaRankuwa. Since there is now officially no answer to parents' question on how their babies died, should this avenue not be pursued?

●Finally, if this were to have happened in a country like the United States, the chances are that all the players in the tragedy would have acted in the same way, barring two.

The legal system, with punitive fines and aggressive lawyers among other factors, would have enhanced a feeling among the public that its interests were being taken care of.

The other factor would have been the public itself and its voluntary organisations. A sense of consumer rights, with the institutions to back this up, would have ensured that the players — hospitals, doctors, authorities, drug manufacturers and so on — behaved very differently, making it unlikely that the tragedy could happen again.

Can the South African public, after this inquest, be sure of that?

Strike over claimed attack on patient

By RAY NXUMALO

HILLBROW Hospital staff yesterday marched through the grounds to the superintendents' office to protest against alleged assaults on patients by security guards.

Demonstrators — mostly members of the National Educational Health and Allied Workers' Union (Nehawu) — handed over a memorandum containing a number of grievances, including demands for recognition and a revamp of disciplinary procedures.

Nehawu vice-chairman Siphwe Mazibuko said no member of Nehawu had been assaulted, but the union was ensuring this kind of behaviour stops.

The Transvaal Provincial Administration "is aware of the alleged assault that took place in the casualty department of the Hillbrow Hospital between a patient and members of the security company", said TPA media liaison officer Rikus Delpert.

The TPA and the security company, is investigating the matter.

Mazibuko said a manager of the security firm is the son of the hospital's deputy director — who is also chairman of the disciplinary committee accused of unfairly dismissing hospital employees.

W/Mand 3111-6/2/92

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Sabax: How court erred in ruling on 'irrelevant' evidence

BUTONDDER INN BABYINNORQUEST

STimes 2/2/92

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By JOCELYN MAKER

SABAX inquest magistrate Mr T J la Grange refused to hear vital evidence on the deaths of 11 babies in Garankuwa in the mistaken belief that they died "in another state".

But the Garankuwa hospital, where the babies died between May and September 1990 after being put on drips, is situated in the Transvaal. It is administered from Pretoria by the Transvaal Provincial Administration.

After the deaths of the 11 babies at Garankuwa, a leading Johannesburg microbiologist — who works for one of South Africa's largest pathology laboratories — conducted tests on intravenous drips manufactured by Sabax and used in neo-natal clinics throughout South Africa and neighbouring states.

The microbiologist was barred from presenting his evidence at the inquest, which ended on Tuesday. Sabax, the manufacturer of the drips, was found not responsible

BABY JOHN'S BRUSH WITH DEATH: Page 3

for the deaths of 13 babies who died in Johannesburg private clinics between February and September 1990.

After the inquest, the microbiologist claimed the evidence would have proved that contaminated drips were the source of the infection that killed a number of babies.

Bacteria in the drips was identical to bacteria in the blood of babies who died at both Garankuwa and the Park Lane clinic, he said.

In his findings, Mr La Grange said calling doctors who attended to the babies at Garankuwa would "entail an investigation into the deaths in another state, which is clearly 'relevant to the present inquiry'".

But the medical superintendent of Garankuwa hospital, Dr Louis van Heerden, said yesterday:

"The hospital and the Medical University of South Africa, which is attached to Garankuwa, fall within a section of the township that is part of South Africa, not Bophuthatswana."

Told yesterday that Garankuwa hospital was in the Transvaal, Mr La Grange said:

"I do not want to make any statements outside my findings. I have nothing to add. I gave my judgment and



BY THE RIGHT: The Ystergarde — 'It's no circus', says Eugene Terre Blanche — on the march in Ventersdorp yesterday

Picture: DAVID SANDISON

put on drips, is situated in the Transvaal. It is administered from Pretoria by the Transvaal Provincial Administration.

After the deaths of the 11 babies at Garankuwa, a leading Johannesburg microbiologist — who works for one of South Africa's largest pathology laboratories — conducted tests on intravenous drips manufactured by Sabax and used in neo-natal clinics throughout South Africa and neighbouring states.

The microbiologist was barred from presenting his evidence at the inquest, which ended on Tuesday. Sabax, the manufacturer of the drips, was found not responsible

BABY JOHN'S BRUSH WITH DEATH: Page 3

for the deaths of 13 babies who died in Johannesburg private clinics between February and September 1990.

After the inquest, the microbiologist claimed the evidence would have proved that contaminated drips were the source of the infection that killed a number of babies.

Bacteria in the drips was identical to bacteria in the blood of babies who died at both Garankuwa and the Park Lane clinic, he said.

In his findings, Mr La Grange said calling doctors who attended to the babies at Garankuwa would "entail an investigation into the deaths in another state, which is clearly relevant to the present inquiry".

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"I do not want to make any statements outside my findings. I have nothing to add. I gave my judgment and that is it."

The microbiologist — who spoke to the Sunday Times on condition he was not named — said his bacterial testing proved a definite link between the deaths at Garankuwa and the Park Lane clinic, where seven babies died after being on Sabax drips.

He attended the 13-day Sabax inquest, which found that no one could be held responsible for the deaths of 11 babies in Johannesburg clinics. He is convinced that a different finding would have been recorded if his genetic test results had been presented to the court.

Identical

The sophisticated testing, performed by the microbiologist in conjunction with Medunsa, broke down and analysed the DNA of the killer bacteria.

As each type of bacteria has its own DNA pattern, the tests proved that specific klebsiella bacteria taken from unused drips and the blood from infected babies at both the Park Lane clinic and Garankuwa were identical.

"This proves that the bacteria came from the same source," he said.

"Our test results would have proved the source of contamination to the court. It does not matter that base products were added

□ To Page 2

Blunder

□ From Page 1 (98)

during the mixing of the drips.

"No other infection killed the babies. Their blood was contaminated with the same klebsiella bacteria which was in the drips.

"It is inconceivable that this finding could have occurred by chance and the reasonable conclusion is that the origin of the klebsiella in Garankuwa was the same as that at Park Lane."

News that the magistrate had erred geographically in refusing to hear the evidence angered parents of the dead babies yesterday.

"I am appalled. The findings were outrageous enough. I will certainly call for this inquest to be reopened," said Dr Adrian Webb, whose daughter Jacqueline died on September 20 1990.

The lawyer who represented nine sets of parents at the inquest, Mr Peter Soller, said:

"The worst of it is that doctors from Garankuwa wanted to testify, and made themselves available to do so, but they were never given the opportunity."

Mrs Yvonne Naismith, whose son Christopher died at the Morningside clinic on March 19 1990, said:

"This is amazing. If the court could get its geography so wrong, what other



OLD FRIENDS ... John Major

FW briefs

By CHARMAIN NAIDOO: Lor

A BBC commentator yesterday re State President FW de Klerk's s European tour as his swan song to last white South African leader.

But British premier John Major considers Mr De Klerk a crucial figure in the South African political arena.

On hearing that the South African president was to be in Europe, Mr Major urged Mr De Klerk to visit England and — unofficially — on progress dismantling of apartheid.

Mr De Klerk has said he is visiting Britain in a private capacity to see

On his arrival in London, he must have tea with former premier Mrs M

in baby inquest

STWES 2/2/92.
mistakes might have been made? The whole thing has to be reopened.

Mr Soller said he hoped the Rand Supreme Court would grant the review application he filed on January 24 in a bid to force the inquest court to hear the Garankuwa evidence.

In his findings, the

magistrate said that according to medical evidence, which he had accepted, one could only be certain that an intravenous solution caused infection in a patient when the baby's blood positively showed the presence of the same organism as that found in the drip.

Hospital
CLIP
corruption,
2/2/92
nepotism,
violence (98)
alleged

By SOPHIE TEMA

ALLEGED corruption, nepotism and assaults on patients at Hillbrow Hospital this week led to a demonstration by hospital workers.

They called for the immediate resignation of hospital deputy director-general Frans de Klerk and the hospital's security force.

In a memorandum to the TPA, workers say the hospital is being monopolised by De Klerk's family and that the security force is headed by his son.

The workers claim that security officers have assaulted patients and their visitors, and they have called for a commission of inquiry to investigate their complaints.

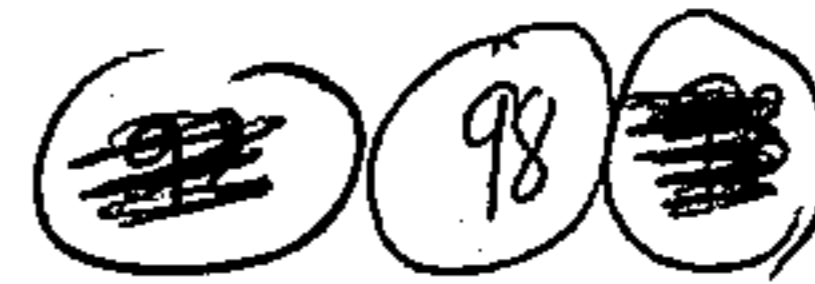
Hospital staff say a mentally disturbed patient was brutally assaulted by security officers in the casualty department. His jaw was dislocated and his elbow fractured.

A spokesman for the communication services directorate said the TPA knew about the assault and was investigating. Action would be taken "in due course".

The shop steward committee of the trade union says a friend who accompanied a patient to the hospital was assaulted by the security guards.

Written statements by health workers, matrons and doctors were handed to hospital head Dr S Frankish.

Hospitals rocked by Aids rumours



Sowetan 3/2/92

By MOKGADI PELA

TWO Pretoria hospitals have been rocked by allegations that some doctors were practising at the institutions while infected with the HIV-virus.

A highly placed medical source, who spoke on condition of anonymity, said a practitioner at Garankuwa Hospital and three at Odi Hospital were suffering from the virus which causes Aids.

However, Professor Ephraim Mokgokong of the Medical University of Southern Africa, who was attached to the clinical section of Garankuwa Hospi-

tal until recently, denied any knowledge of an HIV-positive doctor at the Hospital.

He confirmed, however, that in October last year, Garankuwa Hospital deported a Ugandan doctor after he tested HIV-positive.

The superintendent of Odi Hospital, Dr Lekojoane Sebati, dismissed the allegation saying she did not believe that any doctor, nurse or cleaner at her institution was HIV-positive.

Dr Vincent Msibi, the

district surgeon of the Odi region under whose jurisdiction Odi Hospital falls, said if any doctor was diagnosed HIV-positive, he would be allowed to continue working as long as he did not perform any "inva-

sive procedures." Msibi said HIV-positive doctors would have to take precautionary measures like wearing gloves. The South African Medical and Dental Council document on the subject

says: "it is unethical for doctors who know or believe themselves to be HIV-positive to put patients at risk by failing to seek appropriate counselling or to act upon it when given."

*** See Page 7**

More exiles return

MORE South African exiles and refugees are expected to arrive in the country today.

A spokesman for the United Nations High Commission (UNHCR), which is coming, said about

Tanzania

Sowetan 3/2/92

Land sought for children

B/Daw 3/2/92
Own Correspondent

MARITZBURG — The Maritzburg City Council's planning committee will today consider an application for land to be made available to house children abandoned in hospitals in Natal and KwaZulu.

In a letter to mayor Pat Cornell, paediatrician Dr Neil McKerrow proposed that a village be established to accommodate about 150 children.

He said the home could also be used to ease overcrowding in children's homes and places of safety. Once land was available, money could be raised for buildings. *(98)*

McKerrow said SOS Children's Villages, an Austrian charity with experience throughout Africa, were prepared to undertake the project.

McKerrow said there were 64 abandoned children in Edendale Hospital alone. Early last year, a survey showed at that stage there were 289 — 176 in KwaZulu.

Trust to focus on 'lost generation'

B/Daw 3/2/92

THE "lost generation" will be the main focus of the R500m Joint Education Trust launched last week.

Marginalised youth — those who had fallen out of the spheres of both school and work — needed serious attention, trust spokesman Brian Whittaker said at the weekend.

The trust would work with organisations already involved in the area, such as the Joint Enrichment Programme.

Funded by 14 companies and involving people of all political shades, the trust wanted to promote long-term fundamental change in the quality of SA education.

Funds would be used for projects ranging from early childhood "educare" to basic adult education and literacy, said Whittaker.

Projects would be carried out by organisations already set up in communities.

The main things the trust had to offer, he said, were knowledge, skills and influence. "One of the reasons we have decided to come together is that the possibility of change is much greater now than before and the education authorities are more susceptible to the advice of others."

The trust aimed to alleviate the dire

KATHRYN STRACHAN

shortage of facilities in black schools and would provide basic resources such as textbooks and classrooms — as well as look towards providing a better curriculum and upgrading teacher qualifications.

The trust also hoped to widen the concept of work in both the public and private sectors and to encourage self-employment schemes and continuing education programmes in the workplace.

The trust would be responsive to outside advice and would work in co-operation with other development organisations and financing agencies.

Whittaker said it would operate independently in its day-to-day functions while remaining accountable to the founding organisations and the communities it served. Like any other trust, it would like to see the best return on investment.

Trustees would meet at the end of February to finalise strategic direction and to develop criteria for guiding the allocation of funds. The trustees had been warned that they had to think hard about a clear strategy so that they did not become yet another all-purpose fund, said Whittaker.

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Speculation on Unidev deal with Medi-Clinic

810 a.m. 4/2/92

(98)

CAUTIONARY announcements issued by Unidev and Medi-Clinic have sparked rumours of a possible deal between the two groups, both of which have substantial interests in private hospital groups.

Yesterday market sources suggested that Unidev was involved in talks with Medi-Clinic on the sale of Unidev's Medicor division, which operates a number of private hospitals.

They expected that Rembrandt owned Medi-Clinic would acquire Unidev's holding in Medicor in exchange for cash or equity or both.

Medi-Clinic would acquire a well run hospital group, they said.

Medi-Clinic MD Louis Alberts recently said the group was keen to take up opportunities, if they arose, for the management of hospitals.

Unidev, which holds 100% of Prestige, 33% of retail chain Hyperette and 50% of Medicor, recently dis-

MARCIA KLEIN

posed of its 22% stake in the troubled Rusfurn Group.

An analyst suggested that despite the Rusfurn disposal, Unidev remained the holding company of an odd mixture of businesses.

A deal with Medi-Clinic could be part of Unidev's attempt to focus and dispose of companies which took up too much management time.

Cohesive

The disposal of Medicor could enable Unidev to put together a more cohesive company.

This could involve the possible acquisition of a company which was involved in manufactured goods.

Unidev would not comment on the speculation and Medi-Clinic spokesmen were unavailable.

National Transport Commission

*4. Mr J CHIOLE asked the Minister of Transport:†

- (1) Who are serving on the National Transport Commission at present;
- (2) whether the composition of this commission changed recently; if so, (a) what was the nature of the changes and (b) (i) who served on the previous National Transport Commission and (ii) for what length of time did each of the permanent members serve on it;
- (3) whether members of the previous commission whose services were terminated were furnished with reasons for the termination of their service; if not, why not; if so, what reasons?

B6E

The MINISTER OF TRANSPORT:

(1) The following eight members presently serve on the National Transport Commission:

Dr M F Mitchell: Chairman and Acting Director-General: Transport
 Mr R G Meyer
 Mr H J Claassens
 Mr J J Smit
 Mr G R Pauw
 Mr S Petersen
 Mr P P M Chetty
 Prof S J Zondi

Dr C F Scheepers who has been appointed Director-General: Transport as from 1 March 1992, will from that date be appointed chairman of the Commission.

- (2) Yes; the composition of the Commission has changed with effect from 1 January 1992.
- (a) The membership has been decreased from ten to eight members. The powers, functions and duties of the Commission have been scaled down over the past year to such an extent that it now concerns itself primarily with matters regarding civil aviation and commuter subsidies.
- (b) (i) The following members served on the previous Commission:

of Parliamentary convention. The Honourable Member is referred in this regard to *E May, Parliamentary Practice* (21st Ed.), p 291 and also p 288.

The matter of release of prisoners, both under the amnesties announced by the State President and in terms of normal policy, was subsequently discussed at a conference held with the Chief Justice and all the Judges President.

A mutual understanding was reached in respect of both the concerns voiced on behalf of the administration of justice and the particular demands on the Executive at a crucial stage in South Africa's development, when exceptional steps had to be taken in order to deal with the question of political prisoners and the necessity of an enhanced approach as far as other prisoners were concerned.

(a) and (b) Fall away.

Certain person: potential threat

*6. Mr P G SOAL asked the Minister of Defence:

Whether, with reference to his reply to Question No 26 on 19 February 1991, a certain person, whose name has been furnished to the South African Defence Force for the purpose of the Minister's reply, was identified by the Civil Co-operation Bureau as a potential threat to State security; if so, (a) when, (b) for what reasons and (c) what is the name of this person? *Hansard 4/2/92*

B16E

The MINISTER OF DEFENCE:

As was indicated in the reply to question number 26 of 19 February 1991, the findings of the Harms Commission had been referred to the Attorney-General for further investigation. The Attorney-General has indicated that the matter is still being investigated and it is therefore *sub judice*. (a) (b) and (c) fall away.

SABC: educational television service

*7. Mrs C H CHARLEWOOD asked the Minister of Education and Training:

(1) Whether, since the reply to Question No 23 on 9 April 1991, his Department has taken any further steps to establish, through the South African Broadcasting *Hansard 4/2/92*

Corporation, a full-scale educational television service to Black schools throughout the country; if not, why not; if so, (a) what further steps and (b) when is it anticipated that this service will commence;

(2) whether he will make a statement on the matter? *Hansard 4/2/92*

B19E

The MINISTER OF EDUCATION AND TRAINING: *Hansard 4/2/92*

(1) No

(a) The establishment of a fullscale educational television service to Black schools country-wide cannot be afforded by the Department at this stage.

The department is currently planning a project in co-operation with the SABC to assist standard 10 candidates with the aid of television broadcasts for two hours per day from 1 April 1992 to 30 September 1992.

Furthermore the Department and the SABC are jointly planning a pilot television programme project which will be directed at pupils from standard 5-7, parents and teachers. The programmes will be broadcast during 1992.

An interdepartmental committee is currently investigating all aspects of distance education. This includes, inter alia, educational radio and television.

(b) Falls away.

(2) Not at this stage.

Single health department *98*

*8. Mr M J ELLIS asked the Minister of National Health: *Hansard 4/2/92*

(1) Whether, since her reply to Question No 15 on 12 March 1991, her Department has taken any further steps to consider the administrative, financial and national health implications of a single department of health for South Africa; if so, what further steps; if not, why not; *cont'd*

HOUSE OF ASSEMBLY

HOUSE OF ASSEMBLY

(2) whether she will make a statement on the matter? **B26E**

THE MINISTER OF NATIONAL HEALTH:

- (1) The Department of National Health and Population Development has developed a model for the restructuring of health services in co-operation with the various role-players. The key aspects of the model constitute the following:
- Devolvement of primary health care services to local authorities. This implies that the functions rendered by the six authorities be rationalised to one authority.
 - Granting of maximal management autonomy to academic hospital complexes.
 - Transfer of academic hospitals to the Department of National Health and Population Development. This implies the financial and administrative consolidation of the function which at present vests with five authorities, under the control of the Department of National Health and Population Development.

Meaningful progress has already been made with the implementation of the new health dispensation.

Discussions are presently being conducted in respect of the rationalisation of the functioning of the Department and own affairs administrations within the terms of the Republic of South Africa Constitution Act, 1983 (Act 110 of 1983). It is envisaged that a model will be established within the near future;

- (2) various statements relating to the new health dispensation have already been made by the Minister.

Aids: free air-time

*9. Mr M J ELLIS asked the Minister of National Health: **B34E**

- (1) Whether she has approached the Minister of Home Affairs with a request for free air-time on radio and television for anti-Aids advertisements of any form and/or

HOUSE OF ASSEMBLY

Aids information or education programmes; if so, what was the response; if not.

- (2) whether she intends making such a request; if not, why not? **B27E**

THE MINISTER OF NATIONAL HEALTH:

(1) No.

- (2) an Interdepartmental AIDS Committee was established at the beginning of 1991 and consists of departments that are directly or indirectly involved in AIDS prevention. These departments are contributing to the National Strategy for AIDS Prevention, as well as to internal AIDS prevention activities within their respective departments. Each department was requested to indicate via the Interdepartmental AIDS Committee in what ways departments will utilise resources at their disposal in the prevention of AIDS.

The SABC is autonomous and decides for itself on its advertisement policy. The AIDS Unit approached the SABC for free transmissions but the request was not granted.

Van den Heever Commission: report

*10. Lt-Gen R H D ROGERS asked the Minister of Education and Training:

- (1) Whether, with reference to his reply to Question No 28 on 20 February 1991, the fourth report of the Van den Heever Commission has been received; if so, when;

- (2) whether any action is contemplated against persons named in that report; if so, (a) what action and (b) against whom? **B34E**

The MINISTER OF EDUCATION AND TRAINING:

- (1) The Fourth Report of the Van den Heever Commission, dated November 1991, was submitted to the Government and is at present being studied.

- (2) (a) and (b) fall away.

Pensions: widows of SADF members

*11. Lt-Gen R H D ROGERS asked the Minister of Finance:

Whether, with reference to the reply by the Minister of National Health and Population Development to Question No 280 on 26 April 1990 and his reply to Question No 140 on 13 March 1991, further consideration has been given to raising the pension of a widow of a deceased member of the South African Defence Force to 75 per cent of the pension paid to her late husband; if not, why not; if so, with what result? **B35E**

The MINISTER OF FINANCE:

No. As previously stated such a step is not affordable.

Police recruits

*12. Mr P H P GASTROW asked the Minister of Law and Order:

- (1) Whether, in comparison with 1991, there is to be any reduction during 1992 in the number of recruits being trained for the South African Police at police training colleges in the Republic of South Africa; if so, (a) why and (b) how many police recruits (i) will the South African Police train at such colleges during 1992 and (ii) were so trained in 1991;

- (2) whether he will make a statement on the matter? **B36E**

The MINISTER OF LAW AND ORDER:

(1) (a) and (b) (i)

It is not possible to reply to the question at this stage, as the number of students to be trained during 1992 depends on the amount of money approved to the post of Law and Order in the Main Budget by Parliament.

(b) (ii)

6 442 students were trained during 1991.

(2) No.

Additional teaching posts: Cape Peninsula

*13. Mr K M ANDREW asked the Minister of Education and Training:

Whether any additional teaching posts have been created at primary and secondary schools in the Cape Peninsula in 1992; if not, why not; if so, (a) how many were created at such (i) primary and (ii) secondary schools and (b) what are the names of the schools involved? **B41E**

The MINISTER OF EDUCATION AND TRAINING:

Yes.

(a) (i) 70

(ii) 43

(b) *Primary*

Posts

Nkazimlo	1 Principal
	1 Head of Department
	10 Teachers
Chuma	1 Principal
	1 Head of Department
	10 Teachers
Ilifa	1 Principal
	3 Teachers
Sosebenza	1 Deputy Principal
Emithini	1 Deputy Principal
	1 Teacher
Ebulunkweni	7 Teachers
Kukhanlyle	2 Teachers
Nwasahlobo	1 Teacher
Vuzamanzi	1 Teacher
Sobambisana	1 Teacher
Mkhangelili	1 Deputy Principal
	10 Teachers
Hlengisa	1 Head of Department
	1 Teacher
Mfuleni	1 Head of Department
	4 Teachers
Linge	1 Teacher
Langabuya	4 Teachers
Mkhanyseli	1 Teacher
Walter Teka	3 Teachers
<i>Secondary</i>	<i>Posts</i>
Inlanganiso	1 Principal
	1 Head of Department
	17 Teachers (new school)
Mvuzemvuzo	2 Heads of Department
	5 Teachers
Masyile	1 Head of Department
	1 Teacher
Luhlaza	1 Teacher
Malizo	1 Teacher
Thandokulu	1 Teacher

HOUSE OF ASSEMBLY

Educate parents to cut hospital costs

PARENTS should be taught how to recognise and deal with acute respiratory infections in children, thus avoiding unnecessary hospital visits. (48) (249)

Dr Karen Wolmarans, who won the Triomed Scholarship for Medical Research, says about 20 percent of the out-patients who visited the Red Cross Children's Hospital in Cape Town could have been managed at home without medication. (245) (58)

"Acute respiratory infections, particularly pneumonia, are very serious in children and the death rates in South Africa are up to 270 times higher than those recorded in Western Europe. Sowetan 7/2/92

"At the same time, many of the out-patient visits are for trivial infections which could be managed without antibiotics at home," Wolmarans said.

Managing director of Triomed Dr Pietman Botha said Wolmarans' suggestion was important to child health in the country. - Sowetan Reporter.

Hospitals forced to turn away patients

STAR 7/2/92

98

By Carina le Grange
and Gien Elsas

Ambulance services in the Johannesburg area claimed this week they had received instructions not to take patients to the JG Strijdom Hospital as it had no open beds.

An ambulance was also turned away from the Johannesburg Hospital for the same reason.

An ambulance chief, who did not want to be named, said a car accident victim with a suspected broken pelvis was turned away from the JG Strijdom Hospital and then also from the Johannesburg Hospital on Tuesday.

The patient was eventually admitted to a private clinic with emergency services.

A spokesman for the TPA yesterday denied that the hospitals were full and that any such instructions had been given.

But superintendent of JG Strijdom Hospital Dr Chris Visagie said there was a "critical shortage" of surgical beds, mostly due to the continued Reef violence.

Superintendent of the Johannesburg Hospital Dr JBM Botha said his hospital routinely gave reports to ambulance services with regard to the number of beds available so that ambulances could reroute patients to other hospitals when necessary.

UNIDEV/MEDI-CLINIC

Sticking plaster

FM 7/2/92

(98)

Simultaneous cautionary announcements from Medi-Clinic and Unidev, which controls Medicor, are almost certainly a precursor to a merger of the two private hospital groups. In all respects, that makes sense.

Rembrandt-controlled Medi-Clinic's capital and reserves were R161m at end-March. It controlled seven private hospitals, five in the Cape and two in the Transvaal. The aggregate number of beds was about 1 600.

Medicor, on the other hand is 50% controlled by Unidev and 50% by Horwitz family interests. It is not listed, so access to financial figures is restricted.

But, since Medicor runs 10 private hospitals, also five in the Cape, two in the Transvaal, two in Namibia and one in Natal, with about 900 beds, the capital involved is likely to be roughly 55% of Medi-Clinic's — but its financial structure is possibly very different. Medi-Clinic has virtually no debt and substantial cash resources.

Last year the Department of Health indicated that because there is an oversupply of private and State hospital beds, it would only grant licences for new facilities as the exception rather than the rule. If it sticks to its word, expansion possibilities for both groups are, therefore, restricted.

Economies of scale, especially in purchasing of supplies, equipment and medicines, but also in management, are important and could create meaningful efficiencies.

Unless the transaction is cash based, Unidev and the Horwitz interests will end up with a stake in a Rembrandt-controlled group which, in theory, has unfettered access to capital. They would almost certainly have board representation. It will be interesting to see whether Dave Horwitz, an MBA who founded and is MD of Medicor, will stay once a different culture is imposed.

In the main, the move should be welcomed by the privileged who face the prospect of using private hospitals because, though it is unlikely to make the service cheaper, a merger will help contain costs. Not least, shareholders all round stand to benefit in the long term.

If the deal is consummated, details should be released towards the end of the month.

Medi-Clinic's 1991 results showed healthy growth, constrained by its first tax payment. A merger could accelerate EPS growth. And Unidev shareholders should be pleased that rationalisation of that incompatibly diverse group continues.

Gerald Hirshon

New private hospital to

score a first

SiTimes [CM] 9/2/92

CONSTRUCTION starts this month on a R26-million private hospital at N1 City in Goodwood which is claimed to be the first in the Western Cape to provide a 24-hour casualty and trauma unit to cater for full-scale medical emergencies of any kind.

The N1 City Polyclinic is being financed by Syfrets and represents its first entry into the private health care industry.

The 80-bed hospital is scheduled for completion in December by Dura Construction, and development and management are being handled by Host Polyclinics, a private hospital development company.

Bernice Samuel Hospital,	46,8%	South Rand Hospital,	44,7%
Delmas	47,0%	Johannesburg	—
Bloemhof Hospital	67,2%	Sybrand van Niekerk Hos-	—
Brits Hospital	—	pital, Carletonville	49,2%
Cullinan Care and Reha-	104,0%	Tara H Moross Centre,	—
bitation Centre	—	Johannesburg	74,5%
Delareyville Hospital	22,3%	Van Velden Memorial	—
Duiwelskloof Hospital	49,3%	Hospital, Tzaneen	35,2%
Edenvale Hospital	53,8%	Ventersdorp Hospital	48,8%
Elsie Ballot Hospital,	—	Vereeniging Hospital	53,8%
Amerfoort	49,2%	Far East Rand Hospital,	—
Evander Hospital	39,1%	Springs	43,1%
F H Odendaal Hospital,	—	Voortrekker Hospital,	—
Nylstroom	52,8%	Potgietersrus	33,5%
Gen De la Rey Hospital,	—	Warmbad Hospital	45,6%
Lichtenburg	38,1%	Waterval Boven Hospital	—
Groblersdal Hospital	52,7%	Willem Cruywagen Hospi-	49,2%
H A Grove Hospital,	—	tal, Germiston	—
Belfast	55,2%	Witrand Care and Rehabi-	63,4%
Hendrik van der Bijl Hos-	—	litation Centre, Potchef-	—
pital, Vanderbijlpark	42,6%	stroom	89,0%
J G Strijdom Hospital,	—		
Johannesburg	59,1%		
Kempton Park Hospital	56,6%		
Louis Trichardt Memorial	—		
Hospital	43,3%		
Ontdekkers Memorial	—		
Hospital, Roodepoort	43,6%		
Paardekraal Hospital,	—		
Krugerdsdorp	45,9%		
Phalaborwa Hospital	41,5%		
Pretoria West Hospital	36,8%		
Sannieshof Hospital	20,1%		

Hospitals: number of patients

2. Mr M J ELLIS asked the Minister of Health Services and Welfare:

(98) How many (a) Black, (b) White, (c) Coloured and (d) Indian patients were admitted in 1991 to each hospital under her control in each of the provinces?

B24E

The MINISTER OF HEALTH SERVICES AND WELFARE:

Orange Free State:

Hospital	Whites	Blacks	Coloureds	Asians
Voortrekker, Kroonstad	5 299	0	0	0
Bethlehem	5 807	11	1	5
Sasolburg	663	59	0	0
Jagersfontein	224	0	0	0
Zastron	324	0	0	0

Natal
Statistics are not maintained for the different population groups and therefore the question cannot be answered.

Cape Province:

Hospital	Whites	Blacks	Coloureds	Asians
Alexandra, Cape Town	731	11	1	0
PE Provincial	19 372	1 051	1 605	256
Volks Hospital, Cape Town	1 275	15	190	0
William Slater, Cape Town	299	0	0	0
Walvis Bay	904	2 823	904	0

Transvaal: Hospital	Whites	Blacks	Coloureds	Asians
Andrew McColm, Pretoria	3 765	878	69	60
Bernice Samuel, Delmas	1 244	863	0	2
Bloemhof	328	1 235	263	3
Brits	3 110	33	7	11
Cullinan	310	0	0	0
Delareyville	270	0	0	0
Duiwelskloof	938	13	0	0
Edenvale	2 944	384	3	0
Elsie Ballot, Amerfoort	22	31	0	0
Evander	273	8	5	4
F H Odendaal, Nylstroom	1 557	4 030	3	4
Gen De la Rey, Lichtenburg	1 518	0	64	16
Groblersdal	906	52	0	4
H A Grove, Belfast	491	209	0	1
Hendrik van der Bijl, Vanderbijlpark	9 494	52	0	0
J G Strijdom, Johannesburg	5 172	3 699	3 456	760
Kempton Park	8 602	30	0	0
Louis Trichardt	1 432	2	2	42
Ontdekkers, Roodepoort	3 916	331	28	1
Paardekraal, Krugerdsdorp	6 659	255	40	11
Phalaborwa	218	0	0	0
Pretoria West	4 266	1	0	0
Sannieshof	217	0	0	0
South-Rand, Johannesburg	3 853	984	0	0
Sybrand van Niekerk, Carletonville	5 015	4 221	0	0
Tara H Moross Centre, Johannesburg	2 155	78	72	20
Van Velden, Tzaneen	1 286	0	0	0
Ventersdorp	452	355	0	0
Vereeniging	11 142	1 027	149	175
Far East Rand, Springs	6 330	367	0	0
Voortrekker, Potgietersrus	1 983	0	0	36
Warmbad	2 012	0	0	0
Waterval Boven	315	51	0	0
Willem Cruywagen, Germiston	635	109	0	0
Witrand Care and Rehabilitation Centre, Potchefstroom	1 167	239	7	0

Hospitals: beds/wards not utilised **(18)**

Elsie Ballot Hospital, Amersfoort 0 0
Evander Hospital 0 0
F H Odendaal Hospital, Nylstroom 0 0
Gen De la Rey Hospital, Lichtenburg 0 0
Groblersdal Hospital, H A Grove Hospital, Belfast 0 0
Hendrik van der Bijl Hospital, Vanderbijlpark 0 0
J G Strijdom Hospital, Johannesburg 0 0
Kempson Park Hospital 66 1
Louis Trichardt Memorial Hospital 0 0
Ondekkers Memorial Hospital, Roodepoort 20 1
Paardekraal Hospital, Krugersdorp 58 2
Phalaborwa Hospital 0 0
Pretoria West Hospital 70 1
Sannieshof Hospital 0 0
South Rand Hospital, Johannesburg 60 0
Sybrand van Niekerk Hospital, Carletonville 0 0
Tara H Moross Centre, Johannesburg 25 0
Van Velden Memorial Hospital, Tzaneen 0 0
Ventersdorp Hospital 26 0
Vereeniging Hospital 84 2
Far East Rand Hospital, Springs 66 2
Voortrekker Hospital, Potgietersrus 0 0
Warmbad Hospital 0 0
Waterval Boven Hospital 2 1
Willem Cruywagen Hospital, Germiston 0 0
Witrand Care and Rehabilitation Centre, Potchefstroom 82 0

3. Mr M J ELLIS asked the Minister of Health Services and Welfare:

How many (a) beds and (b) wards were not utilised in 1991 in each hospital falling under her control?

B25E

The MINISTER OF HEALTH SERVICES AND WELFARE:

Natal (a) Beds (b) Wards

Greys Hospital, Pietermaritzburg 10 0
Hillcrest Hospital 0 0
Greytown Hospital 0 0

Orange Free State (a) Beds (b) Wards

Voortrekker Hospital, Kroonstad 0 0
Bethlehem Hospital 12 1
Sasolburg Hospital 0 0
Lagersfontein Hospital 0 0
Zastron Hospital 0 0

Cape Province (a) Beds (b) Wards

Alexandra Hospital, Cape Town 0 0
PE Provincial 0 0
Volks Hospital, Cape Town 0 0
William Slater Hospital, Cape Town 0 0
Walvis Bay Hospital 6 0

Transvaal (a) Beds (b) Wards

Andrew McColm Hospital, Pretoria 18 1
Bernice Samuel Hospital, Delmas 8 1
Bloemhof Hospital 0 0
Bris Hospital 13 1
Cullinan Care and Rehabilitation Centre 15 0
Delareyville Hospital 0 0
Duiwelskloof Hospital 0 0
Edenvalle Hospital 0 0

HOUSE OF ASSEMBLY

Facilities for the aged: Hillbrow **(18)**

11. Mr L FUCHS asked the Minister of Health Services and Welfare:

Whether her Department is responsible for any (a) accommodation, (b) feeding, (c) health and (d) recreation facilities for the aged in Hillbrow; if so, what facilities in each case; if not, why not?

B75E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) The provision of housing for the elderly is the responsibility of the Department of Local Government, Housing and Works.

The said Department may provide funds to local authorities, welfare organisations and utility companies to establish affordable housing schemes for the aged. At present there are two housing schemes for the elderly in Hillbrow, namely Park Projects and Nederburgh. The Department of Health Services and Welfare, however, subsidises the El Kero Home in Hillbrow which makes provision for 160 frail aged persons.

(b) With regard to nutrition of the elderly, the Department is only responsible for a nutritional guidance service. I wish to point out, however, that there are two

service centres in the Hillbrow area, namely Soper Road Centre and Beehive Centre, which provide meals to the elderly. These meals are subsidised by the Department.

(c) Departmental nurses, doctors, physiotherapists and podiatrists offer community health services to housebound indigent elderly persons in Hillbrow. They are referred to the General Hospital or to community psychiatric clinics for specialised treatment. The General Hospital also provide community services to patients in the lower income groups, who are released from hospital, but still require nursing attention.

(d) No. The provision of recreation facilities is not the primary responsibility of the Department of Health Services and Welfare. The Johannesburg Municipality and the Department of Education and Culture provides facilities and programmes in this regard.

The Beehive and Soper Road Service Centres, run by the Johannesburg Association for the Aged, offer recreation programmes as part of their total service to the elderly. These services are subsidised by the Department.

HOUSE OF ASSEMBLY

SAP members: complaints

27. Mr L FUCHS asked the Minister of Law and Order: ~~951~~

Whether, with reference to the reply to Question No 15 on 14 May 1991, he will furnish particulars in regard to complaints laid against policemen and policewomen in 1991 arising out of incidents that occurred while they were on duty; if not, why not; if so, (a) how many such complaints were laid, (b) how many policemen and policewomen were prosecuted for crimes committed whilst on duty and (c) (i) how many policemen and policewomen faced disciplinary hearings and (ii) how many of those who faced such hearings were dismissed from the Police Force? B74E

The MINISTER OF LAW AND ORDER:

- (a) 10 597
- (b) 1 467
- (c) (i) 3 476
- (ii) 80

Crime statistics: Berea police station

28. Mr P H P GASTROW asked the Minister of Law and Order: ~~952~~

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) burglary of business premises, (g) burglary of residential premises, (h) robbery with aggravating circumstances, (i) robbery, (j) common theft, (k) theft of vehicles and cycles, (l) possession of drugs and (m) dealing in drugs were reported at the Berea police station in the Durban police district of the Natal Region in 1991? B90E

The MINISTER OF LAW AND ORDER:

- (a) 10
- (b) 15
- (c) 42
- (d) 189
- (e) 13
- (f) 3
- (g) 791
- (h) 123

Crime statistics: Point police station

30. Mr P H P GASTROW asked the Minister of Law and Order: ~~953~~

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) burglary of business premises, (g) burglary of residential premises, (h) robbery with aggravating circumstances, (i) robbery, (j) common theft, (k) theft of vehicles and cycles, (l) possession of drugs and (m) dealing in drugs were reported at the Point police station in the Durban police district of the Natal Region in 1991? B92E

The MINISTER OF LAW AND ORDER:

- (a) 15
- (b) 3
- (c) 107
- (d) 396
- (e) 21
- (f) 184
- (g) 62
- (h) 122
- (i) 117
- (j) 1 415
- (k1) 372
- (k2) 81
- (l) 427
- (m) 131

Crime statistics: Point police station

Note: k1—vehicles
k2—bicycles

Women: assault/battery complaints against husbands

50. Mr L FUCHS asked the Minister of Law and Order: ~~954~~

(1) How many women laid complaints against their husbands for assault and battery during the latest specified 12-month period for which information is available; (2) (a) how many of these complaints have been investigated, (b) how many of the

men involved have been (i) charged, (ii) brought to court, (iii) sentenced and (iv) imprisoned for assault and battery and (c) in respect of what date is this information furnished; ~~955~~

(3) whether any of these charges have been withdrawn; if so, how many? B102E

The MINISTER OF LAW AND ORDER:

(1), (2) and (3)
The South African Police does not keep statistics in respect of this question.

Own Affairs:

Hospitals: bed occupancy rate

1. Mr M J ELLIS asked the Minister of Health Services and Welfare: ~~98~~

What was the average bed occupancy rate in 1991 in each specified hospital falling under the control of her Department in (a) Natal, (b) the Orange Free State, (c) the Cape Province and (d) the Transvaal? B23E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) Natal	
Greys Hospital, Pietermaritzburg	63,13%
Hillcrest Hospital	92,72%
Greytown Hospital	36,33%

(b) Orange Free State	
Voorrekker Hospital, Kroonstad	61,95%
Bethlehem Hospital	58,06%
Saxelburg Hospital	38,43%
Jagersfontein Hospital	11,55%
Zastron Hospital	8,26%

(c) Cape Province	
Alexandra Hospital, Cape Town	104,00%
P E Provincial	53,06%
Volks Hospital, Cape Town	45,23%
William Slater Hospital, Cape Town	19,12%
Walvis Bay Hospital	48,40%

(d) Transvaal	
Andrew McCollm Hospital, Pretoria	32,7%

Cape polyclinic to be one of a kind

11 Syfrets, Timeprop and Cape-
based company Host are jointly
developing a R26-million clinic
in Goodwood, Cape Town in
which doctors will be able to
purchase suites under sectional
title and buy shares in the clin-
ic's operating and property
companies.

(98)
The 8 000-m2 polyclinic is de-
scribed as the brainchild of Dr J
Huisamen of Host. Demand for

STAR 12/2/72
its services is believed to be as-
sured because it will offer the
only private casualty polyclinic
facility in the Western Province
and will be open 24 hours a day.
It will consist of three floors
of doctors' or dentists' suites,
four theatres, four intensive
care and 60 general beds. It will
also have a pharmacy, radiolo-
gy, physiotherapy, optometry,
lab and pathology facilities.

'Ten hospitals still all white'

et 13/2/92 Political Staff (98)

DESPITE the formal scrapping of hospital apartheid last year, 10 hospitals in the Cape, Transvaal and Free State only admitted white patients last year.

This was revealed yesterday by the Minister of Health Services in the House of Assembly, Dr Rina Venter, who said that three hospitals in the Free State, one in the

Cape and six in the Transvaal only admitted white patients in 1991.

The other 35 hospitals in the three provinces admitted patients of all races, although at many the admissions were predominantly white.

Dr Venter, who was replying to questions which were tabled in Parliament by Mr Mike Ellis (DP Durban North), also said statistics were not compiled in Natal for the

different population groups and therefore questions about the admissions to hospitals in the province could not be admitted.

Most of the hospitals which only admitted white patients had low occupancy rates.

One such hospital, the William Slater Hospital in Cape Town, had an average occupancy rate of 19,12%, Dr Venter said.

HEALTH SERVICES SHAKEN-UP

984 CT 13/2/92

By GUY OLIVER and BRONWYN DAVIDS
PROVINCIAL hospitals in the city and surrounding areas are to be changed radically in a move to decentralise health services.

Documents leaked to the Cape Times ahead of tomorrow's announcement by the Cape Provincial Administration, outline the "first real planning done for the Health Services in the Cape Peninsula".

The "rationalisation strategy" aims at alleviating the heavy work load of academic hospitals and ensuring better coverage for the townships and outlying areas.

But the strategy without consultation has angered hospital workers, health worker unions and the ANC.

The decentralisation and streamlining of 15 hospitals over three years to attain "better service at lower cost per patient" included:

● The conversion of the present G F Jooste

convalescent hospital into the first township general hospital with operating theatre facilities and a trauma unit in the Manenberg-Nyanga area.

● Proposed sale of City and Eaton hospitals and the conversion of the semi-private Karl Bremer Hospital into an emergency facility.

● Extension of trauma unit facilities at city hospitals such as Somerset and Victoria hospitals, but also the curtailing of trauma facilities at Woodstock and Conradie.

'No retrenchments'

● Intensification of day-hospital services to operate on a 24-hour, seven-days-a-week basis in the townships — previously available only in Khayelitsha.

● The downgrading of several general hospitals, including Woodstock and Conradie, into long-term care facilities and rehabilitation.

● Mobile medical services to squatter communities.
CPA hospital and health services deputy di-

rector-general Dr George Watermeyer did not anticipate that the reorganisation would incur extra costs to the CPA's health budget which last year was 10% in the red.

He said the "enormous load" on academic hospitals would be lessened and "services will be utilised in an appropriate manner".

Dr Watermeyer declined to comment further ahead of tomorrow's scheduled press conference and emphasised that there would be no retrenchments in terms of a moratorium agreed between the CPA and health unions in September last year.

However, Health Workers' Union organiser Mr Dale Forbes feared that the moratorium which staved off a CPA decision to retrench 10% of the staff (6 700 workers) would fall away.

Mr Forbes said members would be balloted once the strategy had been unveiled and "industrial action was a possibility".

Western Cape ANC health department chief Dr Kamy Chetty said "restructuring should not take place without consultation on a national level".

'Severe shortages' at day hospitals ^{ART 14/292} 98

VUYO BAVUMA, Staff Reporter

DOCTORS at Khayelitsha and Guguletu day hospitals say severe shortages of equipment could lead to patients being infected with Aids and hepatitis.

The doctors say they cannot provide the best medical care for their patients because of the shortages.

Khayelitsha Hospital, which is open at night at weekends, has two stitching packs to treat the 24-hourly average of more than 40 patients for stab or gunshot wounds.

Nursing staff did not have time to sterilise the equipment properly because of the number of patients, they said.

A Khayelitsha doctor said: "At weekends we have many patients who have been stabbed or shot. We have two stitch packs to treat them."

Sometimes they had to use scissors that had not been properly sterilised, "just put into disinfectant for a few minutes".

This put patients at risk of contracting dangerous diseases such as Aids and hepatitis, he said.

He described the hospital's emergency service, especially at night, as being like "first aid in a Third World country".

The hospital had no facilities to cover patients when their wounds were being dressed.

"Sometimes this causes dirt to get into the wounds and within a few days some return with septic or swollen wounds," he said.

There were no sleep-over facilities at the hospital, so doctors could not observe patients.

"Some patients have acute asthma and need to be observed for a few hours. But because we don't have the facilities we either send them home or to Groote Schuur hospital," he said.

A source said the ambulance service to Groote Schuur was poor.

He said: "Some patients have to wait

for more than three hours for an ambulance. And patients taken to hospital have to find their own way home."

The doctors said other facilities lacking at Khayelitsha Hospital were examination couches, a ventilator and X-ray machines.

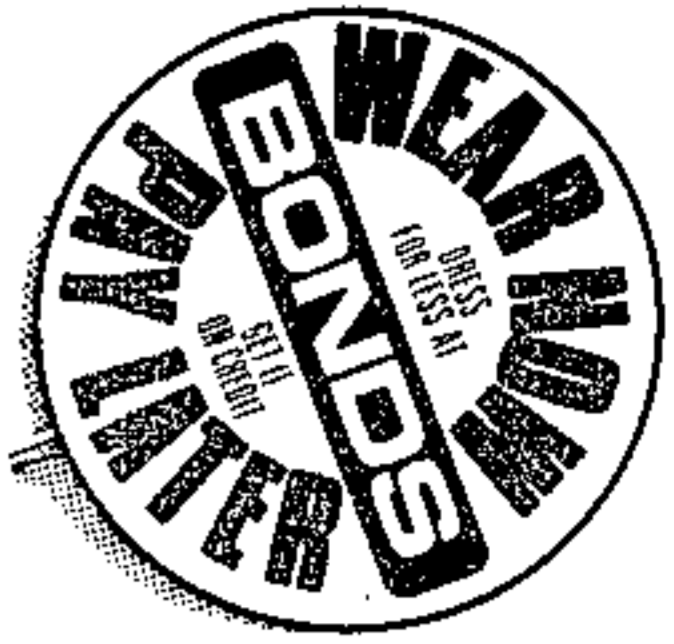
A doctor at Guguletu Hospital said the equipment was very old.

"The X-ray machine breaks down almost every month. We have only two sets of stitching equipment, which gets dipped in disinfectant for a few minutes before being used on the next patient," she said.

Other problems included a shortage of staff and the lack of a public address system.

Dr A Rosenberg, in charge of Cape Provincial Administration hospitals, denied there was a shortage of stitching equipment.

He said the X-ray machine at Khayelitsha was not used at night because the radiographer was off duty.



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The Cape's largest daily newspaper

CITY LATE

St Valentine's Day

98 Feb 14/2/92

Manhunt

ON THE RUN

11 'extremely dangerous' mental patients still on the run

ION HOLLIDAY and KARIN SCHIMKE
 Staff Reporters

ELEVEN "extremely dangerous" mental patients — including four awaiting trial prisoners — are still on the run after breaking out of the maximum security ward at Valkenberg Psychiatric Hospital. Patients overpowered staff about 4.10 pm yesterday and 34 escaped.

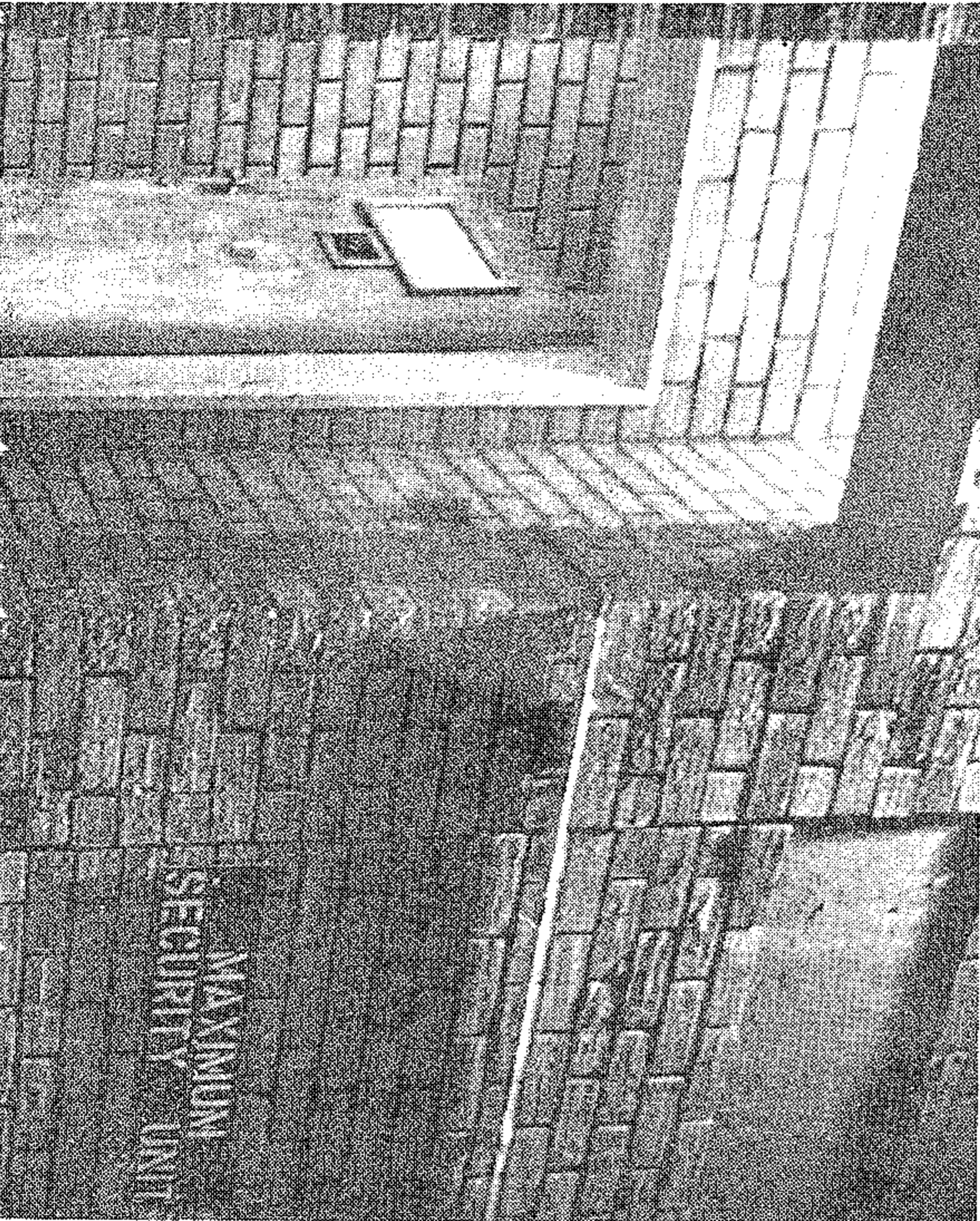
Authorities blame overcrowding, understaffing and lack of funds for the breakout. Most of the escapees were recaptured within hours, but senior superintendent Dr Geoffrey Garret said killers, robbers and patients being held in connection with violent assaults were still at large. Six have been declared criminally insane. Four of the others are awaiting trial prisoners admitted for psychiatric observation and one is an ex-Navy sailor who was admitted for psychiatric observation but has no charges against him.

Some of the prisoners were found naked near the Liesbeek River and others were found wandering on the Black River Parkway. One, believed to be a ringleader, ran amok on a train to Wetton about 4.35 pm yesterday. He threatened passengers with a sharpened spoon before being captured by police. Another was found in Paarl, two in Manenberg and one in Phillippi.

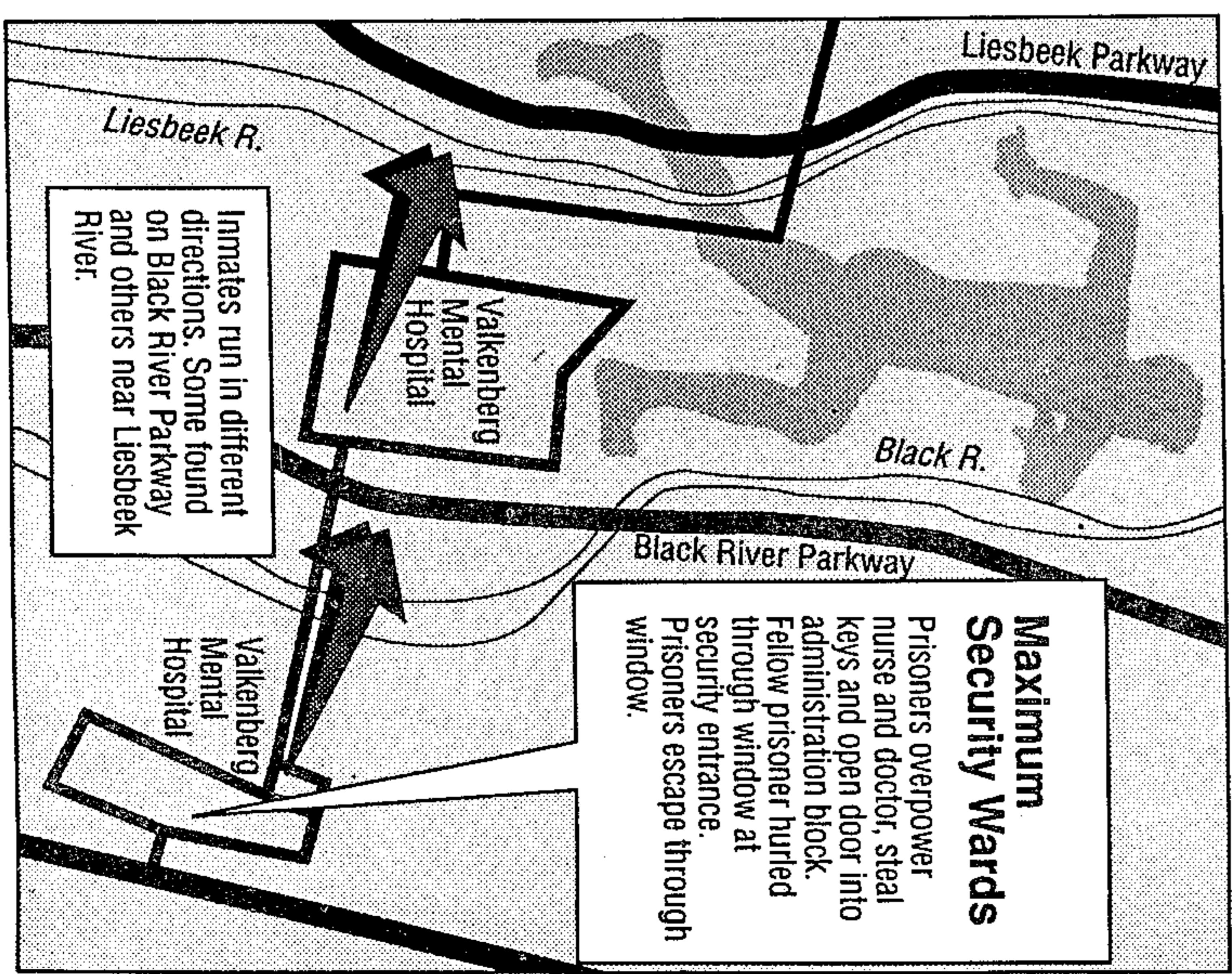
Stabbed in face

Woman chooses to die

Export ban on beer firms



Marthinus Swartz





MAXIMUM SECURITY: The entrance to the maximum security ward through which 35 patients escaped. Twelve are still on the run.

Picture: BRENTON GEACH, The Argus

Trump bids Tyson as partner in fund

The Argus Foreign Service

NEW YORK — Property mogul and casino owner Mr Donald Trump has come to the rescue of a down-and-out Mike Tyson with a sensational proposal to raise money for rape victims — including Desiree Washington, the attractive 18-year-old Miss Black America contestant the former world heavyweight champion raped.

The proposal today came after Tyson had turned to Mr Trump, who has previously offered the boxer financial and other advice.

He told a New York columnist he had suggested "a package that would be attractive and palatable to the young lady, as well as to the Indianapolis authorities".

This would be a fund to which contributions toward helping rape victims could be made and would include a percentage of any fight that could be arranged between Tyson and champion Evander Holyfield.

"If Mike Tyson sits in jail and his earning power is curtailed, it is punitive for him, but beneficial to nobody," said Mr Trump, one of the few people Tyson addresses as "Mr".

"I am willing to act as a go-between and persuade the State of Indiana to consider putting aside a substantial sum for victims of brutal rape."



Marius Scheffers



Rodney van Eeden



Simon Mochlaping



Johannes Simon



Johnny Scholtz



RAPE VICTIM: Beauty queen Desiree Washington who was raped by boxer Mike Tyson.

When a male nurse, Mr. [Name], was attacked with a sharpened spoon. He was stabbed in the face and the master key was taken from him. He is in a stable condition at Groote Schuur Hospital. Dr. Colin Watts, 35, was also attacked. His condition is satisfactory.

The patients broke the windows of a security room at the entrance to the ward and escaped.

"They ran in different directions," said Professor Tuviah Zabow, head of forensic psychiatry at Valkenberg.

Detective-Sergeant Andrew Norman said: "It was pandemonium. Some tried to attack the staff and others tried to defend the staff."

"They broke the window by picking up one of the prisoners and hurling him through it," he said.

Some of the patients were wearing civilian clothes while others had on blue standard-issue py-jamas and dressing gowns.

Staff battled to calm the remaining patients. By 8am today, 23 had been arrested. They are in police custody.

People have been warned not to apprehend anyone but to telephone the police if they spot any of the men because they are extremely dangerous.

"Most of them are here for violent crimes, such as rape and murder, and some are here for house-breaking," said Professor Zabow.

He said he did not think the attack had been planned. "There were probably one or two ring-leaders and the rest just fell in behind them."

There are no security fences surrounding the hospital outside the maximum security area.

Overcrowding a problem

Professor Zabow said: "There are no security guards inside maximum security. We have a serious problem with staffing and overcrowding. There is also a serious lack of facilities."

The ward had been built to accommodate 65. Yesterday there were 95 patients and at times there had been up to 120, patients, he said.

He said there was a serious lack of staff, particularly male nurses, and funds. "Caretakers" — the closest approximation to armed guards that the hospital had — had been removed from the ward because of staff shortages.

Dr George Watermeyer, Deputy Director General of Hospital and Health Services, said: "It is a most unfortunate business. But it is too early to comment. We have initiated an inquiry."

The men on the run are:

- Sipho Dlamini, 27, facing charges of attempted housebreaking and assaulting a policeman. Under psychiatric observation.
- Rashad Solomon, 22, possession of unlicensed gun. Observation.
- Bernard du Plessis, 41. Rape. Observation.
- Johnny Scholtz, 25. Two assaults and malicious damage to property. State President's patient.

● Rodney van Eeden, 29. One of the ring-leaders. Assault and malicious damage to property. State President's patient.

● Johannes Simon, 40. Murder of his wife. State President's patient.

● Marius Scheffers, 30. Housebreaking and theft. State President's patient.

● Anthony Benjamin, 28. Theft. Observation.

● Simon Mochlaping, 26. Assault. State President's patient.

● Marthinus Swartz, 39. Attempted rape. State President's patient.

● Thomas Tietjes, 24. Former SA Navy sailor. Psychiatric observation. No charges against him. Anyone seeing the men should contact Detective-Sergeant Norman of the Maitland detective branch, 51 15/6 (work) or 516 005 (home).

The legal fight last month to halt medical treatment has died after being disconnected from a respirator. She had the rare degenerative Guillain-Barre syndrome. — Sapa-Reuter.

their products after finding glass, hair, a treatment has died after being disconnected from a respirator. She had the rare degenerative Guillain-Barre syndrome. — Sapa-Reuter.

"GOOD SPEECH" IS GOOD BUSINESS

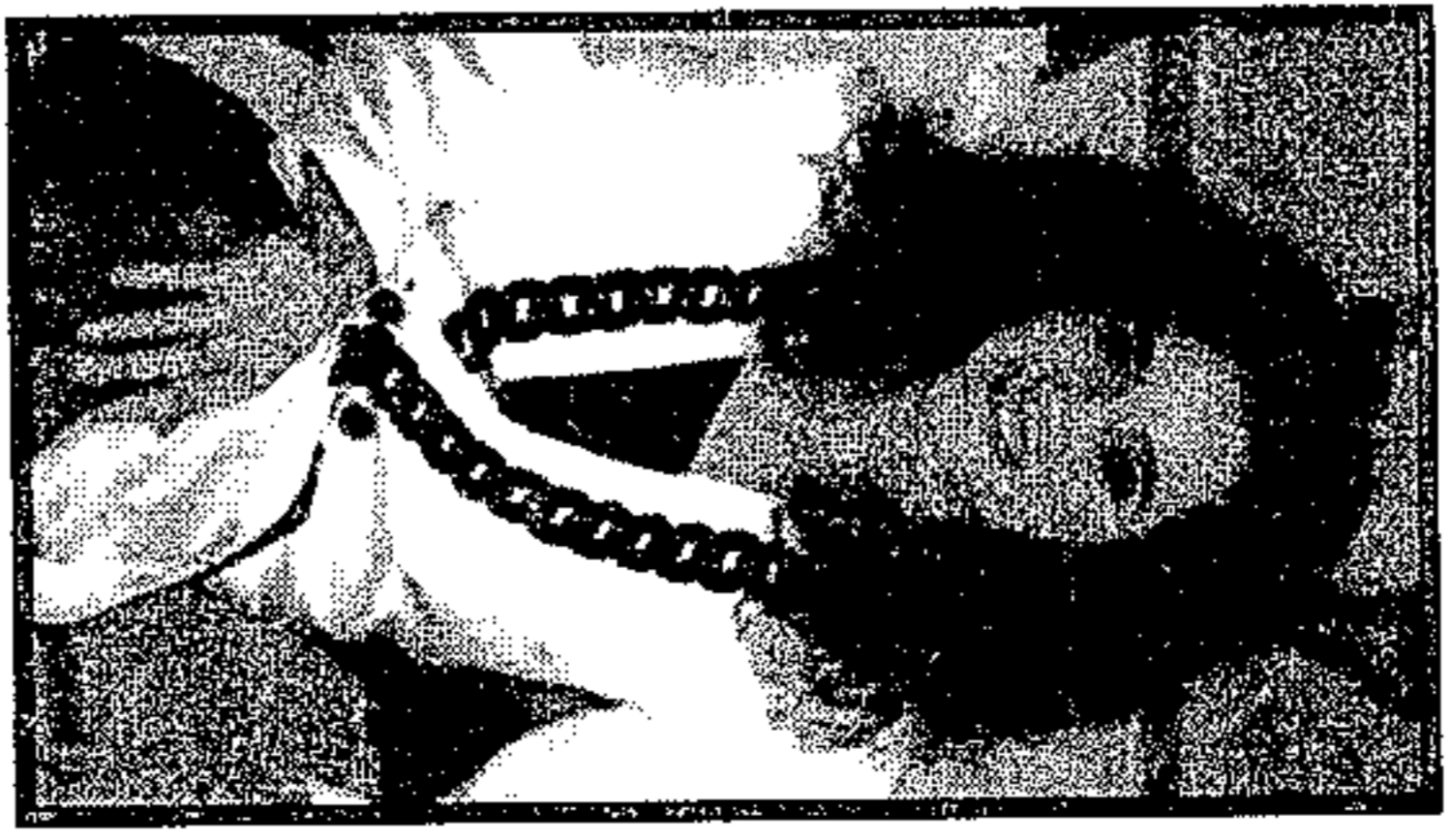
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Tomorrow's weather
Cloudy and mild

Moshoeshoe did not deserve to die, inquest told

AN anaesthetist yesterday told a Johannesburg inquest that he believed Miss Amelia "Pinkie" Moshoeshoe, who died after a liposuction operation in 1989, did not get the necessary care during and after the procedure.

Professor David Morrel, head of the Witwaterstrand University's anaesthesiology department, told prosecutor A Niell: "That's the basic criticism. This patient didn't deserve to die".

Professor Andre Coetzee, head of Stellenbosch University's anaesthesiology department, earlier told the court that he did not believe that Dr Sydney Cohen, who had conducted the operation, had been negligent or had

breached any accepted medical practice.

He had followed a procedure that had worked many times in the past and had no reason to believe that this operation demanded a different approach.

Morrel said that with more specific post-operative instructions, nursing staff at Rand Clinic might have discovered Moshoeshoe's deterioration earlier. (98)

The instructions told staff to phone Cohen if the systolic blood pressure fell below 90. (242)

The nursing staff should have become suspicious about stable and normal blood pressure readings in a patient who had been showing other abnormal signs, Morrel said.

14/2/92

JAIL BREAK

Valkenberg prisoners on run

98
CT 14/2/92

By ANDRE KOOPMAN
and GUY OLVER

TWELVE criminally insane patients, detained for offences including rape and murder, are loose in the city streets after a violent mass breakout by 32 inmates from the maximum-security section of Valkenberg Hospital yesterday.

Police stations throughout the Peninsula have been placed on alert and more than 100 policemen fine-combed the area around Valkenberg last night for the men.

They were described as "extremely dangerous" by local police spokesman Major Gys Boonzaaier.

The hospital is enclosed by a six-metre-high security wall and has thick steel bars on windows and gates.

It houses criminally insane who have been found unfit to stand trial and not responsible for their actions.

Another two patients who had been sent to the hospital for observation were also still at large last night.

Sharpened spoon

The patients escaped after assaulting a nurse and a doctor, but most of them were apprehended by members of a large police task force who cordoned off the area soon after the breakout.

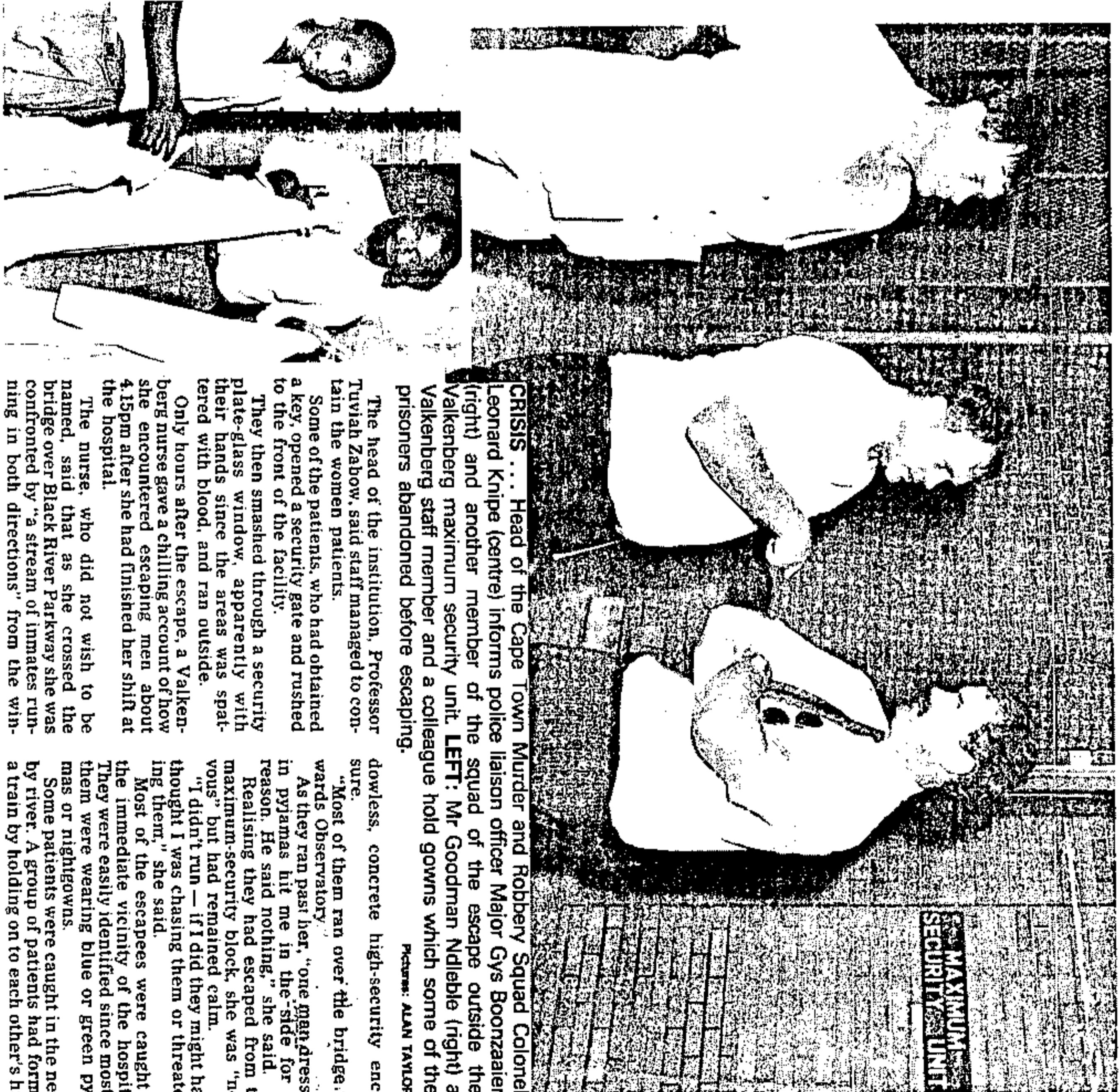
Some of those who had been at large were committed for particularly gruesome crimes, police said.

One of the patients had slit his daughter's throat with a razor blade, another had killed his mother and a third had killed his wife and daughter.

The escape started just before 4pm when a group of patients attacked a medical orderly, Mr Benjamin Ball, 35, and stabbed him in the face with a sharpened spoon. Mr Ball had been dispensing medicine.

They then attacked and overpowered Dr Colin Watts, 35, kicking and hitting him till he apparently fell to the floor.

The entire maximum-security ward then erupted in chaos as more than 90 patients ran amok, breaking down a security fence. Some of the staff took refuge as the inmates went on the rampage while others tried to contain them.



CRISIS . . . Head of the Cape Town Murder and Robbery Squad Colonel Leonard Knipe (centre) informs police liaison officer Major Gys Boonzaaier (right) and another member of the squad of the escape outside the Valkenberg maximum security unit. **LEFT:** Mr Goodman Ndllele (right) a Valkenberg staff member and a colleague hold gowns which some of the prisoners abandoned before escaping.

Pictures: ALAN TAYLOR

The head of the institution, Professor Tuviah Zabow, said staff managed to contain the women patients.

Some of the patients, who had obtained a key, opened a security gate and rushed to the front of the facility.

They then smashed through a security plate-glass window, apparently with their hands since the areas was splattered with blood, and ran outside.

Only hours after the escape, a Valkenberg nurse gave a chilling account of how she encountered escaping men about 4.15pm after she had finished her shift at the hospital.

The nurse, who did not wish to be named, said that as she crossed the bridge over Black River Parkway she was confronted by "a stream of inmates running in both directions" from the win-

dowless, concrete high-security enclosure. "Most of them ran over the bridge, towards Observatory."

As they ran past her, "one man, dressed in pyjamas hit me in the side for no reason. He said nothing," she said.

Realising they had escaped from the maximum-security block, she was "nervous" but had remained calm.

"I didn't run - if I did they might have thought I was chasing them or threatening them," she said.

Most of the escapees were caught in the immediate vicinity of the hospital. They were easily identified since most of them were wearing blue or green pyjamas or nightgowns.

Some patients were caught in the near-by river. A group of patients had formed a train by holding on to each other's hips

and went wandering down the road but were soon spotted by police, police said. Several were found at their homes. Some of those on the loose are "obviously insane", Prof Zabow said.

He said 12 of those patients at large had been found to be "mentally ill" and had been confined for crimes ranging from "murder, rape, assault and house-breaking".

Of the 12, some had been in hospital "for a very long time".

"They are potentially dangerous by virtue of being held in the maximum security section."

He said one or two inmates could have planned the escape and the rest simply followed.

He attributed the incident to overcrowding and understaffing.

Prof Zabow said the situation at the hospital needed to be reviewed as a matter of urgency since it had been hard hit by hospital cutbacks.

The incident could have been avoided if there had been adequate facilities, he said.

The hospital had no security personnel inside the maximum-security wing.

Cape Provincial Administration director Mr Andries Visser in October last year identified staffing problems at Valkenberg resulting from insufficient funding.

Don't try to apprehend

At the time Professor Brian Robertson, head of UCT's department of Psychiatry and responsible for the treatment of patients, said that when civil servants were voted an increase by the Treasury last year, the R3 million which should have been allocated to Valkenberg was overbooked.

The chief of of the Peninsula murder and robbery unit, Colonel Leonard Knipe, who is heading the investigation, emphasised last night that no member of the public should try to apprehend any of the escapees.

The two injured staff members were last night treated and discharged from Groote Schuur Hospital.

● Last year, multiple child rapist Jimmy Cunningham escaped from Valkenberg using a ladder to reach the barbed-wire security fence which he breached by putting clothing on top of it.

He then used sheets to climb down the other side of the six-metre-high security wall.

Peninsula in grip of fear as mental patients scatter

SHARKEY ISAACS and KARIN SCHIMKE
Weekend Argus Reporters

98 ARGUS 15/2/92

FEAR gripped many parts of the Peninsula last night as the intensive police dragnet widened for 11 "extremely dangerous" mental patients who broke out of the maximum security ward at Valkenberg Hospital.

The men, said to be more intelligent than their fellow escapers, have scattered into various communities, evading the search that continued unabated through the night.

Dozens of concerned senior citizens and housewives called Weekend Argus last night, jamming the switchboard to express fears for their safety.

Observatory residents said they were caught in a grip of fear.

Police have issued urgent warnings for people to be on the alert.

And, in the wake of the breakout, Valkenberg Hospital will not admit any new patients to its maximum security unit for observation, senior officials of Hospital and Health Services and Valkenberg management have decided.

A statement released by Mr DET le Roux MEC and Dr G S Watermeyer, chief director of Hospital and Health Services, said: "We want to emphasise that the CPA has, for some time, been concerned about the fact that considerably more patients have had to be accommodated in this unit than provided for by the facilities."

The facilities in the unit cater for 65 patients, but have had to accommodate up to 120. At the time of the escape, there were 90 patients.

"The hospital — in particular with regard to this unit — also has to cope with a serious staff shortage. This complicates the situation even further."

As an emergency measure, other government departments have offered to make personnel available for service in the unit.

"We are keenly aware of the seriousness of the situation and are already trying to solve it speedily and efficiently."

■ To Page 3

People have been warned not to apprehend anyone, but to phone the police if they spot any of the men, who are extremely dangerous. Anyone seeing the men should contact Detective-Sergeant Norman of the Maitland detective branch, 51 14576 (work) or 516 005 (home).

The Democratic Party last night endorsed a warning by Professor Brian Robertson, head of UCT's Department of Psychiatry and responsible for the treatment of patients, on the hospital's understaffing.

A former employee of Valkenberg Hospital said the escapes were "not surprising".

"The security there is laughable," said the man who asked not to be named. "I often had to run around the grounds looking for escaped patients."

Residents wait in fear

■ From Page 1

Events in the hospital are believed to have escalated after a patient escaped about a fortnight ago and threw himself in front of an approaching train at Observatory station. Police have opened an inquest docket into the death of a 23-year-old man.

Authorities blame overcrowding, understaffing and lack of funds for the breakout.

Patients overpowered staff about 4.10 pm on Thursday and 34 escaped.

Most of the escapers were recaptured within hours, but senior superintendent Dr Geoffrey Garrett said killers, robbers and patients being held in connection with violent assaults were still at large.

Six have been declared criminally insane. Four of the others are awaiting-trial prisoners admitted for psychiatric observation and one is an ex-Navy sailor admitted for psychiatric observation, but with no charges against him.

The men still on the run are:

- Sipho Dlamini, 27, facing charges of attempted house-breaking and assaulting a policeman. Under psychiatric observation.

- Rashaad Solomon, 22, possession of unlicensed gun. Observation.

- Bernard du Plessis, 41, rape. Observation.

- Johnny Scholtz, 25, two assaults and malicious damage to property. State President's patient.

- Rodney van Eeden, 29, one of the ringleaders. Assault and malicious damage to property. State President's patient.

- Johannes Simon, 40, murder of his wife. State President's patient.

- Marius Scheffers, 30, housebreaking and theft. State President's patient.

- Anthony Benjamin, 28, theft. Observation.

- Simon Mothlaping, 26, assault. State President's patient.

- Marthinus Swartz, 39, attempted rape. State President's patient.

- Thomas Tieties, 24, former Navy sailor. Psychiatric observation. No charges against him.

16 escapees ⁽⁹⁸⁾ in court — ARG 15/2/92 request bail

ANDRÉ MARTIN
Weekend Argus Reporter

SIXTEEN of 34 men said to have broken out of Valkenberg Psychiatric Hospital appeared in the Cape Town Magistrate's Court yesterday in connection with a charge of escaping from custody.

Police recaptured most of the men hours after they had allegedly broken out of the hospital.

Five men in the first group in court included one in his underpants and one naked from the waist down.

Later, 11 more men arrived at Court 13. By this time, the public hallways were empty and the men were seen only by a few Justice Department employees.

One of the new batch wore a blood-stained shirt, a few were barefoot, one wore light blue pyjamas and three just pyjama pants.

The remainder were in ordinary street clothes.

Their arrival was signalled by an unusual volume of noise from the holding cells below the court.

Some of the men laughed as they pushed and shoved each other around in trying to stand in a straight line.

One of them smiled continuously at the people around him.

When magistrate Mr H L Muller entered, the men all crowded into the dock. Some of them jostled for a better view of the magistrate.

The men were told to appear again on February 27. Before leaving they began raising their voices, asking Mr Muller in Afrikaans if they were to be granted bail.

Valkenberg mental patients' second breakout bid

98 CT 15/2/92

Inmates revolt

By JIM FREEMAN,
DANIEL SIMON and
BRONWYN DAVIDS

MORE mental patients tried to break out of Valkenberg Hospital's maximum-security section yesterday — a day after 34 escaped on Thursday.

While a police search was continuing outside for 11 inmates still on the run, a second revolt — in the hospital's grim Ward 20 — was put down by staff under police protection. Staff fled Ward 20 when inmates became threatening, the medical superintendent, Dr Geoffrey Garrett, said.

Police were called in to restore order and following an appeal to the Department of Correctional Services, 10 Pollsmoor Prison warders were deployed in the ward to provide security.

Patrols stepped up

There is great concern for those patients who have not been recaptured because the effects of their daily anti-psychotic medication or major tranquillisers will soon start to wear off.

The public has been warned not to approach them but to call the police should any of the inmates be recognised.

Investigating officer Detective Sergeant Andrew Norman said they expected to make more arrests "within the night as most of the 11 inmates' families and friends in the Peninsula. Police patrols were stepped up on the Cape Flats yesterday, as they had to get to their homes to get a change of clothes, and also one of the patients had been seen in Manenberg on Thursday night, Sergeant Norman said.

He said 16 of the 23 inmates who were caught hours after the breakout had appeared in Cape Town Magistrate's Court yesterday afternoon.

Among the inmates still at large are: Marthinus Swartz, 39, in for attempted rape; Rashad Solomon, 22, for posses-



IN DRIVER'S SEAT . . . Valkenberg Hospital chief Professor Tuviah Zabow arrives at the institution yesterday.

sion of unlicensed firearm; Johnny Scholtz, 25, for assault and malicious damage to property; Rodney van Eeden, 28, for assault and malicious damage to property; Johannes Simon, 40, for murdering his wife in 1976; Marius Scheffers, 30, for housebreaking and theft; Simon Moutlaping, 26, for assault, and Sipho Dhlamini, 27, for housebreaking and assault.

The other three are awaiting trial: prisoners Betsa-Du Plessis, in connection with rape; Anthony Benjamin, 28, in connection with theft, and ex-navy sailor Thomas Tietes, 24, in for observation.

Yesterday Dr Garrett said the hospital had no security of its own and Ward 20 relied on a two-man shift supplied by the Matieland police station.

He said the absence of security at the hospital was a direct result of cutbacks

in medical funding.

A team of Cape Provincial Administration hospital heads and two Department of Correctional Services clinical psychiatrists have met to discuss the drastic overcrowding in the ward which in recent months has housed up to 120 inmates.

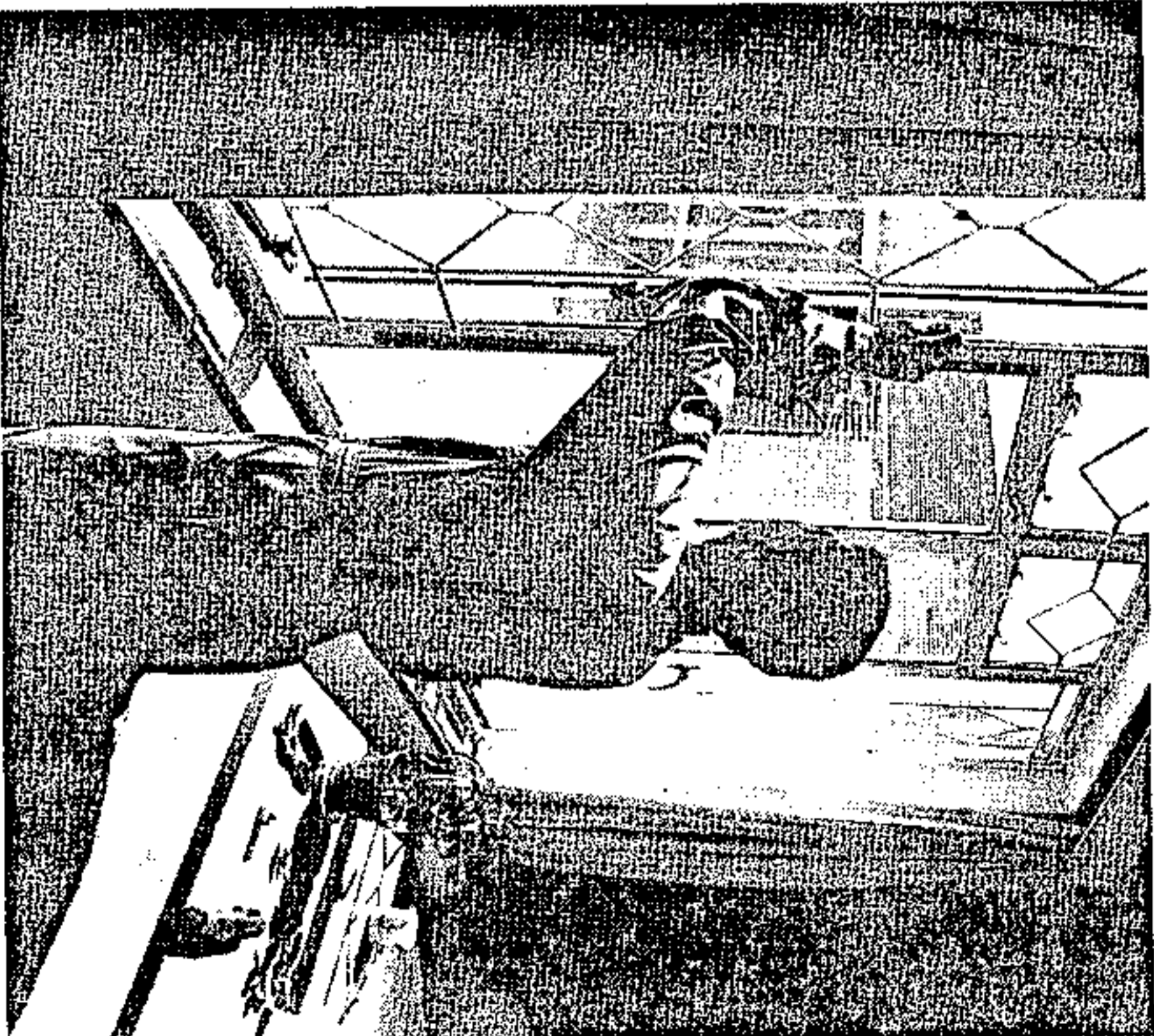
The ward, which is marked by prison-gang hierarchy, was intended to hold 65.

The chief director of hospital and health services, Dr George Watermeyer, said that in view of the "escapes and related violence", the hospital would admit "no new patients to the maximum-security unit for observation."

It was also decided to take all civilian clothes away from inmates, who would wear olive-green institution-type clothing similar to that worn by prisoners. Dr Watermeyer said: "We want to

Picture: BENNY GOOL

DAMAGE . . . A handyman repairs a window, broken by inmates, in a security room at Valkenberg.



stress that the CPA has, for some time, been concerned about the fact that considerably more patients have had to be accommodated in this unit than provided for by the facilities.

"Moreover, the hospital in particular with regard to this unit also has to cope with a serious staff shortage. The circumstances under which they work make it difficult to recruit people to work there."

"We are keenly aware of the seriousness of the situation and are already attempting to solve it speedily and efficiently with in-depth discussions at a top government level."

Yesterday, shaken staff members said the escape was apparently masterminded by Rodney van Eeden, who has tried often to escape from Ward 20, since being sent there in 1989 for malicious damage to property.

Senior Valkenberg sources describe him as "terribly psychotic", having used violence on most of his nearly 10 escape attempts.

The sources say Van Eeden instigated Thursday's mass breakout with two other prisoners. Another ringleader, Johnny Schultz, described as being extremely dangerous, is still at large.

Police said one of the inmates, who by midday had not yet been recaptured, spent yesterday morning going from door to door in Pinelands, allegedly seeking gardening work.

Even before nervous residents opened their doors fully to him, he broached the subject of the previous night's flight, expressing his alarm and dismay that such a thing could have happened.

● Valkenberg security boost urged — Page 2

Security staff were switched to clerical duties due to budget cuts

S/ Times 16/2/92
DOCTORS at a mental hospital predicted over a year ago, when security staff were moved into clerical posts because of budget cuts, that maximum security prisoners would attempt to escape.

Now, as police comb through the Western Cape for eight dangerous, mentally-ill prisoners who are on the run, the doctors have the grim satisfaction of knowing they were right.

The eight were among 34 patients held in a maximum security building at the Valkenberg Hospital in Pinelands, Cape Town, who broke out of the hospital on Thursday afternoon.

Ten escapees were caught by "pure chance" by two policemen driving past the hospital.

A police spokesman said: "They saw the men pouring over the wall, some in their blue hospital pyjamas and others in their underwear, and arrested them without too much trouble."

Afterwards, one of the escapees, still in hospital pyjamas, tried to attack commuters on a Cape suburban train before he was arrested. One was re-arrested in Paarl after boarding a train, another was arrested in Philippi and two in Manenberg.

Police suspect one patient is trying to make his way to Kimberley, while another is probably heading for Citrusdal in the Western Cape. Escapee Johannes Simon, 40, was caught "hungry and tired" in Steenberg near Cape Town early yesterday.

Late yesterday two others, Simon Mthlaping, 26, and Siphó Dlamini, 27, returned to Valkenberg Hospital.

Scary

Yesterday, Valkenberg trainee psychiatrists (registrars) said they were not surprised by the escape.

One said: "We take our lives into our hands every time we go into the maximum security wing. It's very scary, especially since the security staff were given clerical jobs over a year ago."

By EVELYN HOLTZHAUSEN



JOHNNY SCHOLZ
Behind escapees?

Last October, Professor Brian Robertson, head of the Department of Psychiatry at the University of Cape Town and the doctor responsible for the treatment of patients at Valkenberg, threatened to close down the hospital unless funds were provided to replace registrars.

He said domestic staff

were left in charge of wards at night and that registrars and nursing staff had been assaulted by patients.

Early this year additional, but limited, funds were provided to replace registrars, but not for the employment of security staff.

Said one intern: "Patient frustration caused by overcrowding, the lack of staff to administer proper care and red tape causing long, frustrating delays before patients can be released, have escalated tension at the hospital."

Thursday's escape was apparently led by long-term patient, Johnny Scholz, 28, who has been described as extremely dangerous.

He overpowered a medical orderly who was dispensing medicines.

Professor Robertson warned that the patients were dangerous. He could not predict how they would react once their daily medication, an anti-psychotic drug, wears off.

A team of Cape Provincial administration heads, officers from the Department of Correctional Services and clinical psychiatrists have met to discuss the escape.

Valkenberg Hospital Medical superintendent Dr Geoffrey Garrett confirmed that doctors at the hospital had been "scared" to go into the maximum security wing since the reassignment of security staff.

"I am scared myself. I never turn my back on a patient in there," he said. "Sometimes I ask a male nurse to accompany me."

One of the men on the run, Rashaad Solomon, 22, was spotted in Cape Town's Lavender Hill area early last night, according to a police spokesman.

Apart from Solomon and Scholz, the men at large are: Bernard du Plessis, 41, Rodney van Eeden, 29, Marius Scheffers, 30, Anthony Benjamin, 28, Marthinus Swartz, 39, and Thomas Tieties, 24.

We warned of an escape years ago, claim doctors

Family not told of death

By THEMBA KHUMALO

CIP news 16/2/92
98

A FAMILY from Leslie in the Eastern Transvaal is angry with hospital authorities at Phola Park, in Springs, for not telling them their son died earlier this month.

Former township major Peter Mahlangu said his brother-in-law, Amos Nkosi, died at the hospital on February 7, but the family only knew about it two days later when they went to visit him.

Hospital superintendent Dr JP Barnard said: "Nkosi died at 5.30 pm on February 7 and we phoned Evander police at 6.10 pm. It's therefore not our fault that the message was not passed to the family."

Eastern Transvaal police spokesman Capt Van Niekerk, denied that his men ever received the message from the hospital.

Hansard

Hansard

Middelburg (TVI) 71,0
(The erection of a new prison at Witbank will also alleviate this situation.)

Piet Relief 6,8

Witbank 1,2
(The erection of a new prison has been included in the major works services programme.)

Wolmaransstad 27,2
(Modernisation is included in the building programme of the Department of Correctional Services.)

Apart from the new prisons and alterations to existing prisons as mentioned above, the erection of a new prison at Secunda is included in the major works services programme.

Apart from the prisons mentioned above, the erection of new prisons at Lichtenburg and Zeerust are included in the major works services programme.

Northern Transvaal

% over-populated

Bavianspoort Maximum 42,5

Bavianspoort Medium 38,9

(The erection of a new prison at Bavianspoort has been included in the building programme. Civil engineering works have been completed.)

Louis Trichardt 48,8

(Re-building of the prison will commence during the 1992/1993 book year.)

Nylstroom 42,2

Pietersburg 63,1

(The erection of a new prison has been included in the major works services programme.)

Tzaneen 53,7

(Possibility of a new prison is being investigated by the Regional Commissioner.)

Apart from the new prisons and alterations to existing prisons as mentioned above, a prison farm at Alldays as well as the modernisation/extension of the existing prison at Louis Trichardt is included in the major works services programme.

Western Transvaal

% over-populated

Christiana 9,7

(Modernisation is included in the building programme of the Department of Correctional Services.)

Klerksdorp 41,7

Potchefstroom 28,9

Rustenburg 7,6

Natal % over-populated

Bergville 22,6

(Modernisation is included in the building programme of the Department of Correctional Services.)

Bulwer 65,8

(Modernisation is included in the building programme of the Department of Correctional Services.)

Dundee 28,7

Durban Medium B 12,9

Empangeni 52,7

(The erection of a new prison at Richards Bay which is being planned, will replace this prison.)

Eshowe 23,6

(The erection of a new prison has been included in the major works services programme.)

Estcourt 18,7

(The erection of a new prison has been included in the major works services programme.)

Greytown 6,6

(The erection of a new prison has been included in the major works services programme.)

Ixopo 30,4

(The erection of a new prison has been included in the major works services programme.)

Kokstad 38,6

(The erection of a new prison has been included in the major works services programme.)

Matatiele 45,9

Melmoth 25,0

Munzini 9,7

Hansard

Hansard

Pietmaritzburg 43,2

Port Shepstone 23,4

(The erection of a new prison has been included in the major works services programme.)

Seventein 13,9

Stanger 13,2

(Modernisation is included in the building programme of the Department of Correctional Services.)

Umzinto 54,8

(Civil engineering works for a new prison have been completed. Tenders for the erection of the prison will be requested during the 1992/93 book year if funds are available.)

Utrecht 30,0

Waterval Medium A 18,2

Waterval Medium B 18,8

Apart from the new prisons and alterations to existing prisons as mentioned above, new prisons at Bergville, Estcourt, Greytown, Ixopo and Pongola are included in the major works services programme. Extensions, alterations and improvements at Nongoma prison is also being planned.

The Department of Correctional Services annually provides a priority list of identified building projects to the Department of Public Works with a view to incorporating them in the Department of Public Works' five year building programme according to which building work is programmed for a term of five (5) years.

This programme is revised annually according to the availability of funds. The fact that a specific project appears on the major works services programme does not imply that it will be executed within five (5) years.

The average rate of over-population in South African prisons on 31 December 1991 was 15,67% in comparison with 8,8% on 31 December 1990.

ANNEXURE A

Analysis of the prison population as on 31 December 1991

Sentenced	1991-12-31
Up to and including 6 months	5 254
More than 6 months to under 2 years	9 360

2 years to 5 years	25 758
Longer than 5 years to 10 years	20 026
Indeterminate sentences	4 081
Longer than 10 years to 20 years	7 059
Longer than 20 years and imprisonment for life	1 350
Unsentenced	23 694
Others	326
(Psychopaths, periodic, corporal punishment, persons sentenced to death)	
TOTAL	96 908

Pietmaritzburg: autopsies

40. Mr M A TARR asked the Minister of National Health:

- (1) (a) How many persons are qualified to perform autopsies at the Pietmaritzburg medico-legal laboratory and mortuary and (b) what are their names;
- (2) how many autopsies on victims of political violence were performed by each of these qualified persons in 1990;
- (3) in how many such autopsies (a) was death attributed to (i) assault wounds and (ii) stabbing and (b) were no abnormalities found?

B126E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) Two and (b) Dr R J Ingles and Dr DE Maney;
- (2) separate statistics with regard to victims of political violence are not kept by the Natal Provincial Administration;
- (3) falls away.

National Health: budget

45. Mr M J ELLIS asked the Minister of National Health:

- (1) What amount of her Department's Budget was spent by (a) her Department itself and (b) (i) local authorities and (ii) other agencies for the period 1 April 1990 to 31 March 1991;
- (2) what are the estimated figures for the period 1 April 1991 to 31 March 1992?

B86E

HOUSE OF ASSEMBLY

Five Valkenberg men still on run

①98 CF17/2/92
TWENTY-NINE of the original 34 mental patients who escaped from Valkenberg Hospital last Thursday are back in hospital or behind prison bars, leaving only five still on the run, police said yesterday.

Police spokesman Colonel Anthony Dewhurst said that since Friday night, police had arrested six of the 11 patients who were still on the loose following the breakout.

One of those apprehended yesterday was Rodney van Eeden, 28, who apparently led the hospital breakout, during which a medical orderly was stabbed in the face.

He was arrested early yesterday morning while trying to secure a job at Saldanha Bay.

The two other escapees recaptured yesterday are Rashaad Solomon, 22, who was arrested in a house in Steenberg and, Marius Scheffers, 30, who was arrested at a house in Kraaifontein.

Colonel Dewhurst said that all the patients who were regarded as dangerous had been caught.

Those still on the run are Bernard du Plessis, 41, Johnny Scholtz, 25, Anthony Benjamin, 28, Marthinus Swartz, 39, and Thomas Tieties, 24.

A leg up for gym industry

LINDEN BIRNS

A DURBAN-based non-profit foundation to uplift SA's gym industry will be officially launched next month.

The body will be known as the KFI Foundation, and already has the support of 90% of gyms across the country, a KFI statement said.

This follows last year's gym industry pricing war which forced many operations off the market. It also led to overcrowding at surviving gyms.

The organisation aims to communicate to the private, business, medical and media sectors that its gyms will provide professional services commanding a professional fee.

An awareness campaign, promoting fitness, and assuring the public that member gyms will adhere to high standards, will also be launched to coincide with the launch of the organisation.

The foundation will attempt to impose regulations on the industry to protect it from exploitation by "unscrupulous operators".

Services revamped to offset health cuts

LINDA ENSOR

CAPE TOWN — Cutbacks in government allocations to provincial administrations for hospitals at a time of accelerated urbanisation has led the Cape Provincial Administration (CPA) to devise a plan to rationalise and better utilise its resources in greater Cape Town.

Announcing the plan at the weekend, CPA Hospital Services MEC Dawie le Roux said the aim was to make health services more accessible to the estimated 2,5-million people living in Cape Town. He said the plan had been thoroughly canvassed among hospital authorities and workers and had met with universal support in principle.

Le Roux said the plan — the product of three years' research — was formulated on the assumption that

there would be no additions to the existing stock of hospitals for the foreseeable future. Planning had begun when the province learnt there was no hope of a hospital being built in the Cape Flats.

The proposals would reduce the "overwhelming" burden placed on the academic hospitals — Groote Schuur, Red Cross Children's and Tygerberg — which were currently handling too many patients who should be treated at hospitals at a lower level. A survey of the hospital network in greater Cape Town found patients were being treated at clinically inappropriate levels.

For instance about 50% of the approximately 250 000 trauma cases handled annually were treated at an inappropriately high level.

A survey of Cape Town hospitals found some were constantly underutilised and others overutilised and in terms of the proposals certain hospitals would

change the nature of their services.

The services of day hospitals and community health centres would be intensified through extended hours of operation and enhanced service, and satellite and mobile clinics would be introduced. A community health centre in Khayelitsha would be complete in 18 months' time.

The G F Jooste Hospital in Mannenberg, currently a convalescent facility, would become a secondary, acute general hospital equipped at a cost of R1,8m to R2,2m to handle all emergencies. This would enable it to cater for trauma cases from surrounding areas.

The Karl Bremer would revert to a second level general and referral hospital. The status of the Conradie and Woodstock hospitals would be changed from general hospitals with the Conradie being used for rehabilitation. The services offered at some of the other major hospitals would also change.



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Sauvignon Blanc 1991

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La Motte

Wool up on keen demand

PAUL ASH

THE continuing upward trend in wool prices raised the SA Wool Board's market indicator by a further 1% at last week's auction, a board spokesman said in a statement.

The market indicator rose to R13,24/kg from R13,12/kg the previous week on the back of "keen" demand. More than 87% of the 17 686 bales of Merino and other wool was cleared to the trade.

Some 16 700 bales will be offered at this week's auction in Port Elizabeth.

The Australian market also performed well, with the Australian Wool Corporation reporting an eight-point price increase.

The Australian market indicator rose to A\$5,97/kg with percentages of over 90% realised at most sales.

Changes in hospital services

(98)

27/5/2/92

Staff Reporter

INCREASING demand for health services — caused by rapid urbanisation and cutbacks in government spending — had made the rationalisation of hospital services essential, CPA health authorities said yesterday.

Mr Dawie le Roux, MEC Hospital Services for the CPA, unveiling a strategy to revamp hospital services in the greater Cape Town metropolitan area, said the CPA had recommended that some day hospitals be open 24 hours, seven days a week, and another day hospital be built in Khayelitsha, which should be completed in 18 months.

These moves would relieve the pressure on teaching hospitals and the overstretched ambulance service, he said.

Dr George Watermeyer, the deputy director general of hospital and health services, said no health staff would be retrenched through the rationalisation plan.

2 give up: 3 patients on loose

CT 8/2/92

Staff Reporter

98

TWO Valkenberg Hospital patients have given themselves up, leaving only three of the original 34 patients who broke out last Thursday still free.

Police spokesman Colonel Anthony Dewhurst said Johnny Scoltz, 25, and Thomas Tieties, 24, gave themselves up to Valkenberg Hospital staff yesterday.

He said police expected the remaining three to be recaptured soon. They are Bernard du Plessis, 41, Anthony Benjamin, 28, and Marthinus Swartz, 39.

noted the hon the Leader of the Official Opposition's suggestion, but this will be the case after 1 April of this year.

The hon member for Springfield said that we should not sit back and that we should take note of what is happening. That is exactly what we did and that is why I announced on 27 January that I had referred the release policy of my department *in toto* to the present Advisory Release Board. They will submit a report to me and then we will decide on what to do in this regard. I will make a further announcement on this matter as soon as possible.

I would also like to point out to the hon member that we do not simply release a prisoner without taking many factors into account. I would like to point out some of the factors taken into account before a prisoner is considered for release. Recommendations for parole are not made lightly by the Central Release Board at headquarters. Cases are considered carefully and on an individual basis. Factors taken into account are the following: the nature and seriousness of the crime; the age of the victims; the age of the offender; previous convictions, in other words his crime history; the interests of the prisoner and his family; the interests of the community; the sentence imposed; the prisoner's prognosis, his adaptation in prison, his successful re-integration into society and other factors. [Time expired.]

Mr M F CASSIM: Mr Chairman, the hon the Minister is in a very difficult position. Newspapers have indicated that the department he controlled previously put people in prison, but now that he is in this new position he is letting those very people out.

The hon the Minister cannot be doing this for the obvious fun as there are difficulties indeed. The difficulty arises out of the fact that we are taking the symptom as being the problem. The fact that so many prisoners are being released is of necessity a fact and that is happening on account of the pressures that have been exerted on our prisons which are overflowing. Our prisons are overflowing and yet, as the hon member for Springfield pointed out, we are living in a jungle. If we were to take the entire jungle and put it in the prisons, then I contend we would have to turn the whole of South Africa into a huge prison and in that way protect society. We cannot do that.

find alternative measures to solve the problem, but it is a very complex problem and will not be solved overnight. We need the support of the community, we need the support of all the role-players—the courts, the police, other people in the community, and hon members inside this House can also help us in this regard.

The hon member for Springfield referred to the question of parole, and I would like to give some figures in this regard merely to prove to him that the result of releasing people on parole is not that bad after all. During 1990 we released 53 748 prisoners on parole. Of these 53 748 prisoners, 9 005 either did not adhere to the parole conditions, committed further crimes or were wanted in connection with certain crimes. Here the percentages for those released on parole were 16,75% unsuccessful and 83,25% successful. They would have remained in prison if we had not released them on parole. In 1991 a total of 47 349 prisoners were released on parole, and 5 608 prisoners either did not adhere to the parole conditions, committed further crimes or were wanted in connection with certain other crimes. The percentages here were: 11,84% unsuccessful and 88,16% successful. In other words, I think it is a good figure, and I want to assure hon members that we regard the problem in an extremely serious light and are doing our utmost, with the assistance of experts in this field, to find the best solution to this very complex problem. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Death of patient: R K Khan Hospital

*1. Mr M ABRAHAM asked the Minister of National Health:

(1) Whether an investigation is taking or has taken place into the death of a certain patient, whose name has been furnished to the Minister's Department for the purpose of her reply, at the R K Khan Hospital in January 1992; if so, (a) by whom is the investigation being con-

ducted or was it conducted and (b) what is the name of the patient in question;

- (2) whether the investigation is being or was conducted in public; if not, why not;
- (3) whether the results of the investigation will be made public; if not, why not?

D13E

The DEPUTY MINISTER OF NATIONAL HEALTH:

- (1) Yes, (a) officials of the Health Services Branch of the Provincial Administration of Natal and (b) Mr Vincent van Schaalkwyk;
- (2) no, this is an internal matter which is being investigated by the Provincial Administration of Natal;
- (3) a final report is being prepared for submission to the Deputy Director-General of the Health Services Branch of the Provincial Administration of Natal. The matter will then be assessed and a decision will only then be made whether any detail will be released.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the hon the Deputy Minister's reply, in the light of the seriousness of the allegation, will his Department consider having such an investigation conducted in public?

The DEPUTY MINISTER OF NATIONAL HEALTH: Mr Chairman, as I have pointed out, a final report is being prepared and depending on the outcome of the report, an assessment will be made as to whether it is in the public interest to make its contents public.

Mr M RAJAB: Mr Chairman, further arising out of the hon the Deputy Minister's reply, will he not concede that, in view of the wide media coverage that this matter has attracted, it will in fact be in the public interest to have the matter cleared up in public or, if certain regulations prohibit that, at least to release that report to the press?

The DEPUTY MINISTER: Mr Chairman, it is not for me to tell the hon member at this stage whether it will be in the public interest, but as I have indicated, this matter is being investigated. We regard it in a very serious light. When this report has been completed, a decision will be made.

New shigella case at old-age home

(98) CF 19/2/92

Staff Reporter

ANOTHER resident of a Kalk Bay old-age home, New Kings, has tested positive to a contagious disease which killed nine people at Lentegeur Psychiatric Hospital last year.

And another seven people at the home in Main Road — which has 234 residents — are suspected of being infected by shigella dysentery, leading to fears of another outbreak.

A spokesman from Life Care — a health group which owns the New Kings — said yesterday that one of the patients who caught shigella last Friday had recovered and was due to be discharged from False Bay Hospital.

The latest victim was also much

better, but was still being kept in isolation.

Dr Michael Popkiss, the city council's Medical Officer of Health, said health authorities were awaiting the results of laboratory tests to determine if seven patients had contracted the disease after they had shown symptoms associated with it.

Prompt action by the staff and owners of the New Kings who alerted health authorities to the threat of the infection may have prevented an outbreak, Dr Popkiss said.

Dr Rob Hawke, the district surgeon for the House of Assembly, had been treating patients on a daily basis. He had inspected the building and was satisfied that the old-age home did not constitute a health risk.

JOHN YELD
Staff Reporter

REC 20/2/92
98
THE yellow brick walls are seven metres high and topped with razor wire.

From inside the bare, paved exercise yard, there's a tantalising view of Devil's Peak, but there are at least five locked doors — one a solid metal grille — to negotiate before you're out in the open.

This is Valkenberg Hospital's maximum security section — Ward 20 — from which 34 mental patients escaped last week, including 11 described as "highly dangerous".

Nearly all are now back behind bars, either in the hospital or in Pollsmoor Prison, and life in Ward 20 is slowly returning to normal after the break-out.

Senior medical superintendent Dr Geoffrey Garrett acknowledges that Ward 20 is "grim and forbidding".

"It is like a prison and not a hospital ward, but the nature of the clientele demands it," he said.

Ward 20 accommodates all the hospital's male forensic (anything to do with law) patients. There are few female forensic patients — often only two or three — and they are all housed separately in the hospital's general section.

There are two main categories of patient in the ward:

- Observation cases — people who have appeared in court where there is some doubt about their mental condition, and who are sent for 30 days' observation; and

- State patients (previously known as State President's patients) — those who have been found to be mentally ill after having committed a crime and are sent for treatment as a forensic case.

Dr Garrett said at times individual patients from the general section of the hospital were transferred to Ward 20 for an indefinite period after being declared dangerous by two psychiatrists.

"And occasionally we have a criminal patient, a committed prisoner, who becomes mentally ill.

"We prefer the majority of them to be kept in a prison hospital to be treated there, but sometimes their behaviour is such that they have to be sent to a mental hospital."

Ward 20 had been built about 14 years ago, he said.

"It was handed over to us to house 80 patients, but after taking over we found the living accommodation was only really suitable for 65 and the

number was officially reduced.

"Since then, we've had on occasions anything up to 120 patients. On the day of the break-out, there were 90 patients."

Over-crowding was tackled quickly by opening another ward and shuffling patients, so that maximum over-crowding had usually been limited to between seven and 10 days, Dr Garrett added.

"But there are seldom fewer than 80 patients and the demand for this accommodation is never-ending. On some days we have up to seven or eight admissions."

The hospital management had warned that security staff were needed, Dr Garrett said.

"We expect psychiatric nurses to be responsible for the security of their patients but it is different in Ward 20 — it's not just security of mentally ill patients but of criminally mentally ill patients. And that is the big factor — you're dealing with criminality."

There were two types of patient — the criminally insane, and the insane criminal, Dr Garrett pointed out.

"When the insane criminal recovers from his illness, you are still left with the basic criminal personality and he's the difficult guy.

"Otherwise (the criminally insane) you can be left with a normal personality and they don't give us anything like that trouble."

Dr Garrett said that in spite of its prison-like nature, they had attempted to make Ward 20 as much like a hospital as possible.

"For example, there are television sets, video recorders, a tuckshop, a very active occupational therapy section and musical instruments.

"When staff are available and the demand is not too great on them, they do physical exercises with the patients in the yard.

"Unfortunately the nature of the building precludes any ball games, although an area of land between the ward and the Black River was recently ceded to the hospital and there are plans to fence this for a games area for this ward."

Dr Garrett said Ward 20 did not usually look as bad and dirty as it did at present. "Cleanliness is an important part of nursing and usually it is much nicer than it is now."

The ward had been painted six months ago but there were already drawings on the wall.

"It is simply impossible to keep it clean — we would have to paint every week," he said.

The view from Ward 20

Valkenberg's security wing more prison than hospital

Snakes, animals and naked women...

98 ARG 20/2/92

Staff Reporter

THERE are metal grilles over the tiny windows, peepholes in the doors and no taps on the basins.

"They put them in socks and use them as weapons," explains senior nursing service manager Mr Jan Witbooi.

The atmosphere in Ward 20 is prison-like, although the hospital authorities have made obvious efforts to relieve the starkness — for example, in the dining area there are colourful posters on the wall and cloths on the tables.

The patients have their own ideas about decoration. Pin-ups and magazine illustrations are stuck on the walls and several dormitories have been adorned with murals.

Snakes, naked women and odd animal-like figures dominate.

"You look at these drawings and you can see the dark, evil side — it's Satanism," a male nurse suggests.

The beds in the eight-man dormitories are mostly made up neatly, with towels hanging over the ends. The steel bedside cabinets are unattractive but functional.

There's a strong smell of stale smoke; in some places also that of sweat and urine.

There are single cells for observation patients — gloomy rooms with just a covered mattress and blankets.

In the occupational therapy block, patients work on various sub-contracts: they assemble electrical extension leads, punch holes in medical tags, glue and fold, pierce and pack for small printing orders.

"We urgently need more work," says occupational therapist Mrs Diane Fairhead, who has spent 13 years working in Ward 20.

Patients are paid weekly for their work, earning up to R9 which they spend at the tuckshop or save to buy radios or clothing.

"If we don't get enough work to keep them occupied and help with rehabilitation, we reach the stage where there's no money and then we're really in trouble," she said.

Mrs Fairhead has also noticed a rise in the level of tension and frustration in the ward.

"Our biggest problem is our lack of facilities for sport. Any sport where they can get rid of their frustrations is good — I'm on my third punch bag."

● Anyone who can help with offers of work or by giving television sets and radios can contact Mrs Fairhead at 470050.

Hospice Care is a free service to patients with terminal illnesses

STAR 20/2/92 (98)

(198) (198)

I have been disturbed by bits of "disinformation" and incorrect perceptions of Hospice Care that reach my ears. It is important that these be dispelled.

The most important one to dispel concerns the costs of Hospice Care. There is no charge for Hospice Care unless the patient is a member of a medical aid, in which case the medical aid will be billed for professional services rendered.

Religion

Families that can afford to pay are offered the opportunity to do so. They may choose to make a donation to offset the costs of providing Hospice Care. However, Hospice Care is provided on the basis of "NEED ONLY" AND NOT "ABILITY TO PAY". No one is denied Hospice Care because they cannot pay for it.

Hospices are not religious, neither do they deny religion or spirituality. The religious and spiritual needs of

In a recent issue of **Pharmacy Today** Stan Henen, vice-chairman of the Hospice Association of Southern Africa, describes the functions of a hospice.

the patient and family are met as, and when, they arise. The Hospice Association of Southern Africa sets standards of care which are adhered to by all member Hospices.

Requests for Hospice Care will be accepted when the call comes from the patient and immediate nuclear family, the patient's attending medical practitioner, the hospital or social worker. In all cases it is important that, if the request comes from a non-medical source, the patient's doctor supports the request and provides a medical report.

When the call does not come from the family, the request for Hospice Care must be supported by the family. It is the responsibility of the referring officer to discuss this with the family and obtain their permis-

sion to call for Hospice Care.

Hospice Care is for those people who have a terminal illness, ie any disease which is progressive and most likely to cause the death of the patient. (There are, however, one or two Hospices which do not care for terminally ill Aids sufferers).

The best time to introduce a patient to Hospice Care is at the time when the curative option is no longer the most viable option.

Hospice is NOT a service of last resort. The Hospice team can make a meaningful contribution to the quality of life of the patient and the family through the facilitation of intro-family dynamics, supportive Hospice-at-Home nursing services, alleviation of symptoms and Day Care and out-patient facilities.

Rather call Hospice too soon than wait until all the wheels come off! It is particularly distressing to receive calls from family members desperate for the help, support and guidance that Hospice can give only to be told that "It's not time yet!"

Nurse

Hospice Care is primarily a community outreach programme. Hospice-at-Home services are co-ordinated by a fully trained professional nurse who is under direction of the patient's medical practitioner.

The nurse co-ordinates the Hospice team which includes other care-givers, who together strive to meet the needs of the patient and family. The Hospice medical officer is available as a consultant to the attending physician and will provide direct medical care, if and when called upon to do so.

For details on Hospice in your area, telephone (011) 884-4636.

Shigella: Nine now suspect

Staff Reporter

48 20/2/92

NINE residents of the New Kings home for the physically and mentally handicapped in Kalk Bay are now suspected of having caught the deadly shigella dysentery.

Dr Michael Popkiss, Medical Officer of Health for the Cape Town City Council, said yesterday that the results of laboratory tests were being awaited.

Referring to the particularly virulent strain of the virus which caused an epidemic at Lentegeur Psychiatric Hospital last year, Dr Popkiss said the minor outbreak at the New Kings was

under control because the health authorities knew what they were dealing with.

Of the two patients who had contracted the disease, one was due to be released from False Bay Hospital today after recovering, while the other was being treated at the New Kings.

Everyone who was suspected of being infected was being kept in strict isolation, he said.

The shigella organism — which is highly contagious — was always present in the community and tended to be especially prevalent in institutions.

Patient gives himself up

Staff Reporter

ANOTHER Valkenberg Hospital patient gave himself up to the police yesterday morning, leaving only two still on the run. (18) CT 20/2/92

Marthinus Swartz, 39, walked into Muizenberg police station and was taken back to the hospital.

The two patients still missing are Bernard du Plessis, 41, and Anthony Benjamin, 28.

Thirty-two patients escaped from the hospital's maximum security wing on Thursday.

CI 2012/92

Private guards for (98) Valkenberg Hospital

VALKENBERG HOSPITAL has been allowed to fill 22 frozen nursing posts and to hire private security guards to watch over the hospital and still-volatile maximum security ward.

Hospital superintendent Dr Ethel Hacking said yesterday the posts would — as far as possible — be filled with Xhosa-speaking male nurses.

“At the time of the break-out last Thursday, the maximum security ward, which was built to house 65 patients, housed 90 patients, and 22 nursing posts were vacant due to a freeze on staff.

“The Cape Provincial Administration has now given us permission to fill those nursing posts and to hire private security guards as there is no security whatsoever at Valkenberg,” she said.

New hours for hospitals as building funds run out

So will (South side)

98

NO NEW hospitals are to be built in the Western Cape in the foreseeable future — there just isn't the money. This has prompted a new strategic plan for hospitals in greater Cape Town, released by the Cape Provincial Administration. 20/2-26/2/92

In terms of the plan, day hospitals and community health care centres on the Cape Flats will be open for longer hours, in some cases around the clock, in order to cope with the large number of cases requiring treatment at this level.

It is hoped that this will take the pressure off overextended facilities such as Groote Schuur and Tygerberg hospitals.

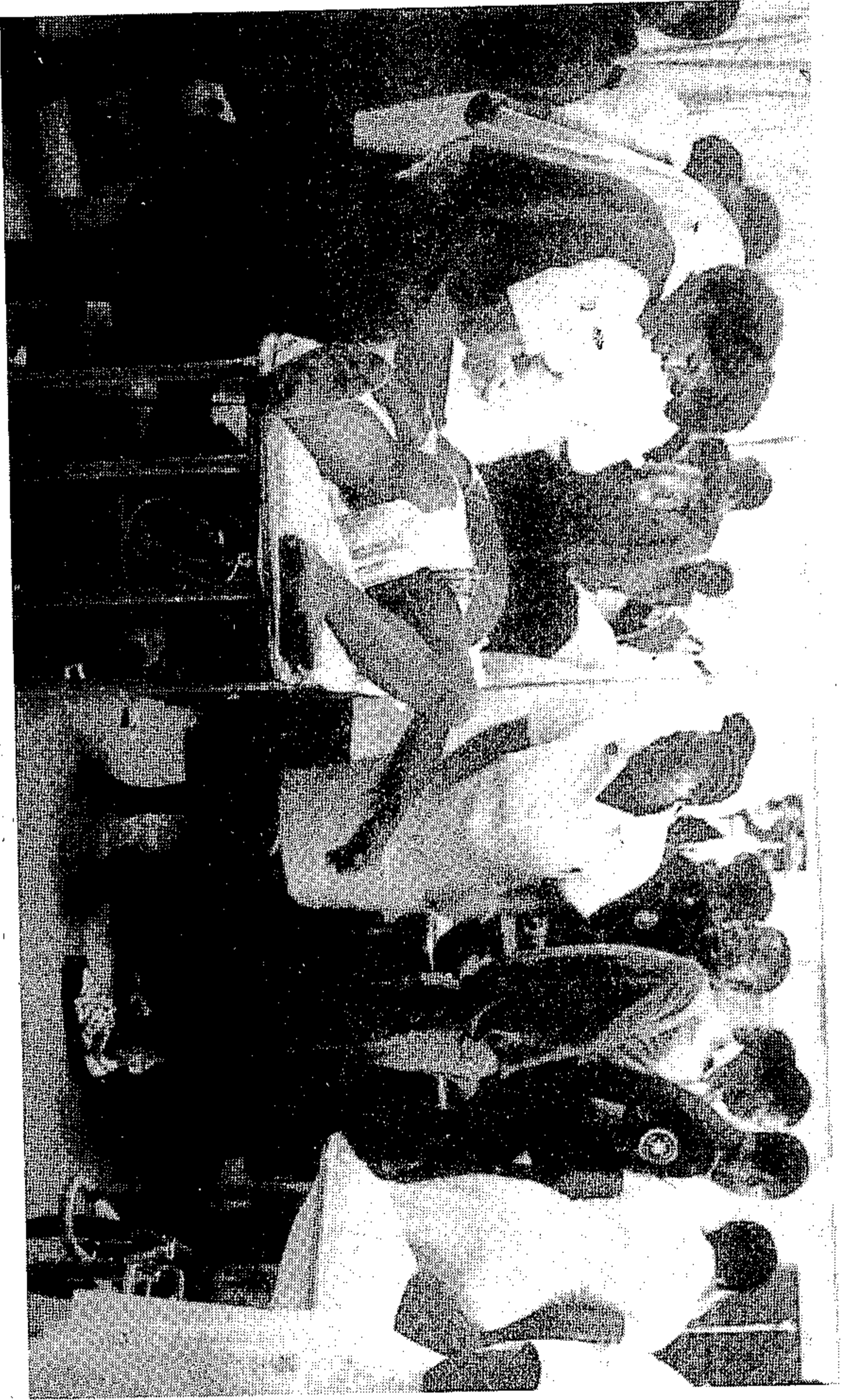
Most of Cape Town's hospitals are in the largely white-occupied areas of the Peninsula and Tygerberg, with few in the more recently settled, black-occupied areas of the central and southern Cape Flats.

The lack of emergency facilities in this area is to be redressed by the upgrading of the GF Jooste Hospital in Manenberg, which will treat cases at secondary level.

Many of the hospitals in the Peninsula will be assigned a catchment area extending into the Cape Flats.

But with no funding envisaged for new buildings, it could be a long time before the fastest-growing region of the city has its full complement of hospital facilities. □

JUSTIN PEARCE



CROWDED CASUALTY: A scene that typifies most trauma wards in South Africa's hospitals.

Killer disease: 5 new cases

Staff Reporter

98 CF 21/2/92

THE number of people suspected of having caught shigella dysentery at the New Kings home for the physically and mentally handicapped in Kalk Bay has now risen to 14.

Dr Michael Popkiss, Medical Officer of Health for the Cape Town City Council, said yesterday that an additional five people are now suspected of having shigella dysentery. Of the 14

people three are staff members at New Kings and the others are patients.

He said health authorities were awaiting the results of laboratory tests to determine when the 14 people had contracted the disease.

Dr Popkiss further said that the outbreak was not as serious as the one that killed nine people at Lentegour Psychiatric Hospital last year.

MS DB BREY

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03

Valkenberg doors open on

By EUNICE RIDER

THE heavy metal doors to Valkenberg Hospital's forbidding maximum security ward — from which 34 dangerous patients escaped last week — swung open for members of the press for the first time yesterday.

A Cape Times team was overwhelmed by the pungent smell of stale smoke, sweat, urine and faeces as they entered the ward dormitories, but more shocking was the derelict state of the walls and furnishings.

Inside the grimy dormitories — some of which were designed to sleep six but held up to 10 patients each at the time of the breakout — one is greeted by the unpleasant sight of unmade beds and dirty, uncovered pillows, as well as walls decorated with murals showing naked men and women and stylised animal forms of snakes, eagles, tortoises and dogs.

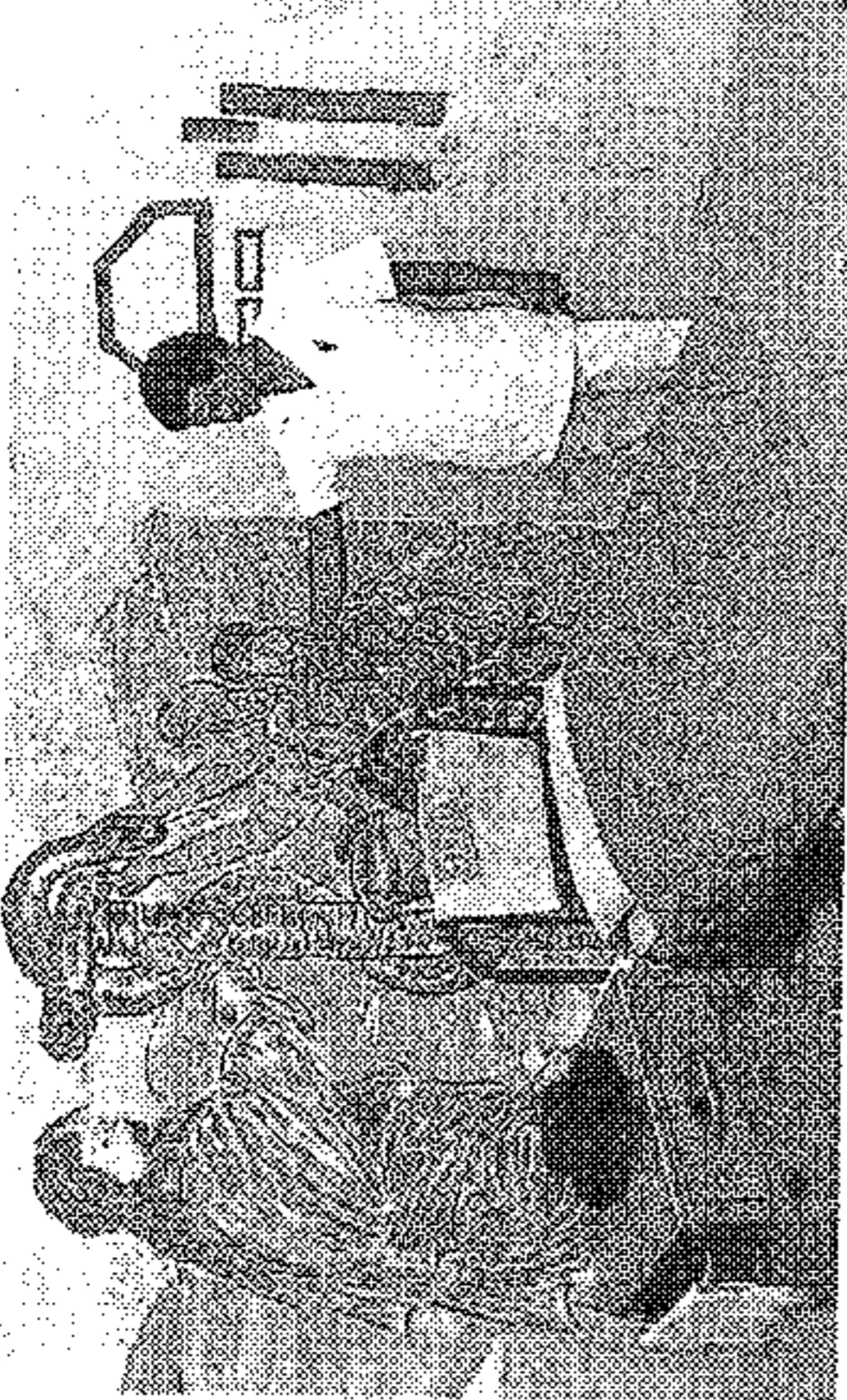
"Some of the guys here express themselves — their darker sides — in these paintings," administrative clerk Mr Granville van Wyk said.

The now-vacant room of the alleged breakout leader, Mr Elroy Valharte, bears a forbidding warning — scrawled on the door with a koki pen — for other "dirty" inmates to stay clear of the dormitory.

Inside are garish and evil-looking drawings of an eagle with its wings spread, and of a woman holding a tortoise to her mouth.

Stripped beds and swept floors give a haunting impression of desolation.

"These were the most dangerous of the guys," said Mr



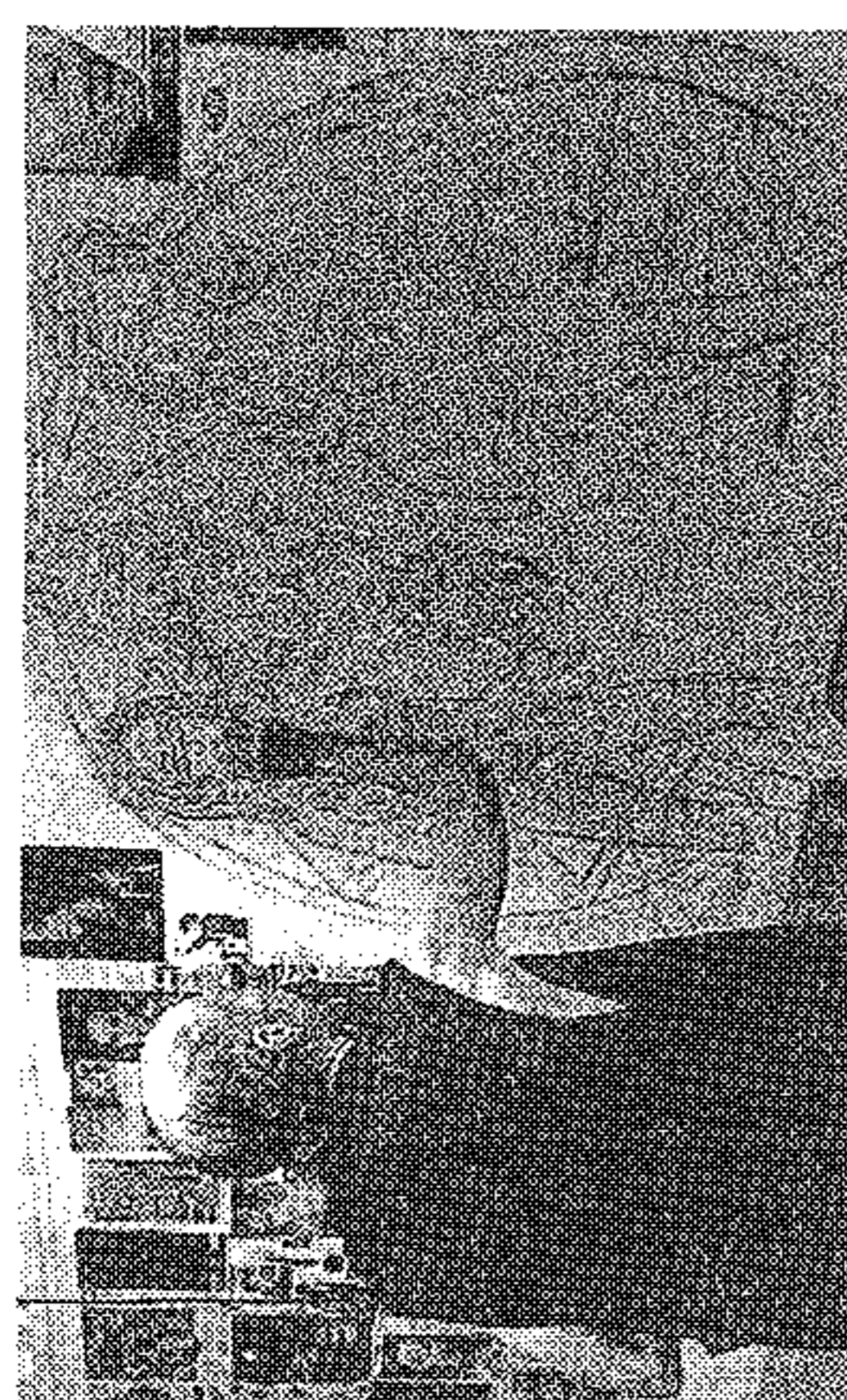
DARKER SIDE ... The now-vacant dormitory of Valkenberg escapee Mr Glen Fray, who is now in Pollsmoor Prison.

Van Wyk, pointing to the four-bed dormitory Mr Valharte shared with his mates.

An eerie single dormitory covered with religious drawings of Christ and the Virgin Mary, and a snake coiled around a topless wooden cross, also stands vacant after the breakout of the occupant, Mr Glen Fray.

"He is at Pollsmoor now," said nursing services manager Mr Jan Witbooi.

In another room, which is adorned with the figures of naked men and women, the artist — said to be a "harmless



AT WORK ... A patient, described as a "harmless drug addict", works on a drawing in his six-bed dormitory.

drug addict" — was prepared to touch up one of his works and pose for a photograph. But only after a lengthy hunt for the precious pencil crayons he had carefully hidden in a cigarette box.

"Which paper's this going to be in ... so I can smoke it ... I'll roll a zol with it, and one for you too," he quipped.

The airless bathrooms are dark and dingy. Although a cleaner was seen mopping the floor, the toilets and showers have no doors, and several of the taps have no handles.

Bare, low-wattage light bulbs and tiny ventilation windows covered with metal grilles are the only source of light in the dank room.

"That window — where they've cut out the grill — is right beside the road. They have managed to smuggle dagga into this ward by that route," said Mr Van Wyk, pointing to one of two 30 X 5cm ventilation windows.

We saw two cleaners mopping floors and removing bed sheets, but most beds are left permanently unmade, and the rooms are littered with an assortment of dirty clothing and blankets and large ashtrays overflowing with the butts of hand-rolled cigarettes.

In the day-room, with tables, chairs and a television set, the inmates are given occupational therapy and perform odd jobs that earn them money for tobacco and sweets from the institution's tuck shop.

Occupational therapist Mrs Diane Fairhead has worked in the ward for the past 13 years.

She sat down with a group of inmates and punched holes into hospital identification bracelets with the inmates in front of the television set playing at full volume.

A barren, concrete courtyard, surrounded by two-metre high brick wall, topped with razor wire, is where the men are kept during the day.

Some choose shady spots beside walls and on benches to take naps, while others sit staring lethargically at scattered kitchen chairs.

Several curious inmates ushered one another forward to touch and ask the Cape Times reporter and photographer for their names.

Panic as bullets fly in busy Alex Clinic

By Guy Jepson
Crime Staff

STAR 25/2/92

(98) (98)

Pandemonium broke out at the Alexandra Clinic yesterday as gunmen opened fire in the crowded outpatient reception area, injuring two patients.

David Robb, a senior manager at the clinic, said the attack, which "appeared to be crime-related", took place shortly after 8.30 am in front of about 200 people.

"Three guys just calmly walked in, looked for this guy, shot him with a .45 (Magnum) in the chest — very close to the heart — and walked out again."

Clinic authorities believe the other man, who was hit in the foot, was caught in the cross-fire.

Outreach officer Willy Lekoloane said he was sitting in his office when he heard two shots.

"I just moved as fast as I could to outpatients reception to help the patients. One guy was lying flat on his back, covered in blood.

"The other injured guy was coming in the door — he must have panicked and run outside after being shot.



After the drama . . . Alexandra Clinic outreach officer Willy Lekoloane in the outpatient reception area where two patients were shot yesterday.
Picture: Jacob Rykliff

"There was a great panic — people were running helter-skelter. About 10 minutes later, things were back to normal," said Mr Lekoloane.

Mr Robb said the seriously injured man had been shot and slightly injured in Alexandra on Saturday night during a car hijacking.

He had been treated at the

clinic and returned there yesterday for a check-up.

"It appears that they (the gunmen) came to finish him off," Mr Robb said.

The seriously injured man was stabilised at the clinic before being rushed to another undisclosed hospital in Johannesburg.

Aftercare for stroke victims needs some rehabilitation

STAL 27/2/92

HARSH STROKES

Local authorities should supply a rehabilitation service for stroke patients, but they do not, says a physiotherapist. **MARIKA SBOROS** reports.

STROKE patients need intensive rehabilitation if they are to return to work and an independent life. Many don't get it because provincial hospitals lack facilities and qualified staff, says a physiotherapist.

Local authorities are supposed to supply a rehabilitation service but do not, says Anna Bizos, of the SA Society of Physiotherapy. Apart from a unit at Edenvale Hospital, there are no provincial rehabilitation units for stroke patients, and little hospital transport is provided for outpatient appointments.

Strokes are caused by the rupture of a blood vessel in the brain resulting in loss of consciousness which is often followed by varying degrees and severity of paralysis.

Strokes affect an economically active section of the population and rehabilitation is vital

in getting them back to work.

The rehabilitation process is a long one, requiring input from physiotherapy, occupational and speech therapy, as well as from social workers and psychologists. A 1990 survey showed that 70 percent of stroke patients were discharged from provincial hospitals before rehabilitation was complete.

"Patients are discharged from hospital far too early, because of hospital pressure on beds for 'ill patients', Mrs Bizos says.

Only 20 percent of physiotherapists work for the TPA, handling 80 percent of the population, and earning low salaries. The rest have opted for the more lucrative area of private practice, says Mrs Bizos.

She says a physiotherapy graduate, with a BSc degree earned over four years, receives R1 100 a month from the public sector. In private practice, this

is tripled, she says. (★ See TPA comment at end).

The provincial authorities could learn from the Israelis. Physiotherapy senior lecturer Elia Panturin, of Tel Aviv University, is in the country conducting basic and advanced courses in rehabilitation of neurologically injured or ill patients, based on the internationally successful Bobath method.

REHABILITATION of the neurological patient in Israel is aimed at quality of function, and begins intensively from the onset of illness or injury. Once rehabilitation is deemed to be complete at suitably equipped and staffed centres, the patient is supervised at home or as an out patient.

Supervision will continue for

the rest of that patient's life, says Mrs Panturin. This may be once every six months, or once a year, if the patient responds well, she says.

★ A TPA spokesman says that except for the smaller community hospitals, physiotherapy facilities are available at the larger provincial hospitals.

A more specialised physiotherapy service is available at larger hospitals and teaching hospitals, says the TPA's Jan van Wyk. Once patients have been discharged, physiotherapy can continue on an out-patient basis, or in the community, he says, for example by local authorities or private physiotherapists.

The quoted salary for a physiotherapy graduate is incorrect, he says, and should take into account benefits such as pension fund contributions, medical aid, housing subsidy, maternity and sick leave.

Mental patients' charges dropped

(98) ARC 28/2/92

ANDRE MARTIN
Staff Reporter

CHARGES against nine of the 32 mental patients who escaped from Valkenberg Hospital 15 days ago have been withdrawn in the Cape Town Magistrate's Court.

Yesterday 24 men appeared in court in separate groups to face charges of escaping from custody.

Charges against State President's patients Peter Madikini, Thomas Tieties, Manelisi Gabeni, Micheal Jack, Andries Hlappe, Jan Louw, Johnny Scholtz, Johannes Simon and Marius Scheffers were withdrawn and magistrate Mr J Odendaal ordered that they be taken back to Valkenberg.

As they turned to go back to the cells, two patients became rowdy and waved their arms at people in the gallery.

Three patients who are still under mental observation, Rashad Solomons, Bernard du Plessis and Alfred Nxembisi, were told by Mr Odendaal they were being taken back to Pollsmoor Prison and had to appear on March 5.

The third group, Marthinus Swartz, Rodney van Eden, Richard Prins, Glen Vrey, Frikkie Joubert, Peter du Toit, Johannes Smith, Nelson Nda-beni, Mbuti Hoyi, Ganyimzi Mahle, Jakob Jantjies and Patrick Dyambekize, were sent back to Pollsmoor.

24 Valkenberg men on escape charges ⁹⁸

Staff Reporter CT 28/2/92

TWENTY-FOUR Valkenberg Hospital patients appeared in the Cape Town Magistrate's Court yesterday charged with escaping from the psychiatric hospital on February 13.

The patients, wearing blue hospital uniforms and green and brown prison outfits, appeared in the dock in separate groups of four.

The charges against all the State President's patients were withdrawn but 14 of the men, who were at the hospital under observation at the time of the alleged breakout, were remanded in custody at Pollsmoor Prison and their trial was postponed to March 13.

Mr Johannes Smith, Mr Nelson Ndabeni, Mr Mbuthe Mahle, Mr Jakob Jantjes, Mr Patrick Dyambek, Mr Rashaad Solomons, Mr Bernard du Plessis, Mr Alfred Nxembisi, Mr Marthinus Swartz, Mr Rodney van Eden, Mr Richard Prins, Mr Glen Vrey, Mr Peter du Toit and Mr Frikkie Joubert were remanded in custody.

Own Affairs:

Certain school: undiplomaed teachers

*1. Mr S S OOSTHUIZEN asked the Minister of Education and Culture:†

- (1) Whether any undiplomaed teachers are currently employed at a certain primary school, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) how many and (b) what is the name of this school;
- (2) whether any diplomaed teachers applied for the posts concerned; if so, for what reason were they not appointed;
- (3) whether he will make a statement on the matter?

C9E

†The MINISTER OF EDUCATION AND CULTURE:

- (1) (a) One.

(b) Meining Primary School

- (2) The application of the first nominated teacher was incomplete and the second nominated teacher was already appointed in a post to which he allocated a higher personal preference.
- (3) No. A statement is not deemed necessary.

†Mr S S OOSTHUIZEN: Mr Chairman, is the hon the Minister prepared to reply to a supplementary question?

†The MINISTER: I am quite prepared to reply to a question, but I would advise him to address his colleague. It was in his colleague's time that these problems existed. However, I shall still try to help the teacher if there is a problem.

†The CHAIRMAN OF COMMITTEES: Order! The hon the Minister is not prepared to reply to a question.

†Mr T ABRAHAM: Mr Chairman, may I put a question arising out of the hon the Minister's reply?

HOUSE OF DELEGATES

INTERPELLATION

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

University of Natal: Medical Faculty

Mr M RAJAB asked the Minister of National Health:

- (1) Whether a task group has been set up by her Department to determine whether the facilities available at the Medical Faculty of the University of Natal comply with international requirements for the training of medical personnel; if not, why not; if so, what are its findings and recommendations;
- (2) whether she will make a statement on the matter?

D106E:INT

The MINISTER OF NATIONAL HEALTH: Mr Chairman, the answer is yes. As a background I should like briefly to outline the present situation and the reasons for it.

The Cabinet decided recently that all planning regarding three new academic hospitals—Pretoria, Durban and Medunsa—should be suspended immediately due to a lack of funds. In view of the proved need for academic hospitals of a high standard, it was decided as an alternative to appoint a task group, firstly, to determine whether the present training facilities could be upgraded meaningfully; secondly, to determine whether additional facilities were needed; thirdly, to examine the possibility of employing alternative facilities in Durban and fourthly, to determine the manpower and financial implications of the recommendations.

The following people have been appointed to investigate the matter: the Director-General of the Department of National Health and Population Development or his representative; the Directors-General of the provincial administrations or their representatives; the deans of the faculties of medicine at the universities; persons, including members of the supervisory boards,

deemed necessary due to their expertise, and members of the KwaZulu health department.

It is fair to ask why the Cabinet decided to investigate the upgrading of these hospitals instead of building new academic hospitals, especially in view of the fact that the need for new academic hospitals in Durban and Pretoria was recognised as early as 1981. The answer is simply a lack of funds.

Mr M RAJAB: Mr Chairman, I am pleased to hear the hon the Minister say the task group has in fact been appointed. We welcome the fact that the people appointed to the task group are widely representative of all interested parties. I am also pleased to hear the hon the Minister tell us very bluntly that the problem with this particular issue is one of funding. That is really the perspective from which we should view this matter.

However, there are two questions that arise out of this. The first question is: Would sufficient funds be available once this task group has completed its task for a massive upgrading and redevelopment programme at King Edward VIII to take place? I will explain to this House just now why I believe this is important. The other question that arises naturally is: Has the hon the Minister given this task group a time frame within which to operate? In other words, will this task group report back to her after a short period of time has elapsed? We believe it is important that the task group completes its work as quickly as possible.

In so far as the King Edward VIII medical school is concerned, let me say immediately that the decision by the Cabinet not to go ahead with the building of that academic hospital was shocking in the extreme, as far as we are concerned. We believe the region deserves priority in order for it to overcome its disadvantage in relation to the other academic hospitals that exist elsewhere in the country. The implications for the Natal-KwaZulu region would be grave and far-reaching, were that hospital not to be built in the near future.

I want to take the opportunity this afternoon to appeal to the hon the Minister. Firstly, because of the excellent record of the medical school in South Africa generally and, secondly, in the interest of justice and health care in the Natal-

COA4 - - 12

HOUSE OF DELEGATES

KwaZulu region, I urge the Government and the Cabinet to rescind their decision immediately and allow this academic hospital project to proceed without any further delay.

As an academic hospital, the King Edward VIII Hospital requires a massive amount of money, to upgrade the hospital not just to proper standards, but to ordinary standards. It is essential that this is done as quickly as possible. We believe that the King Edward VIII Hospital and the medical school require radical surgery, and not just cosmetic surgery. [Time expired.]

THE LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, what we would like to know from the hon the Minister is whether there was not an extensive investigation prior to the Cabinet's decision to proceed with the provision of an academic hospital for Natal in Durban. Was this not as a result of investigation by experts? If so, does the Government not believe that the decision to provide this facility was the result of sound expert advice?

For a considerable period of time the provision of medical facilities in the country, especially training facilities, was based on political, rather than professional or need considerations. By uttering the last few words of her reply, the hon the Minister really let the cat out of the bag. She stated that the true reason for stopping this particular task was a lack of funds. If a lack of funds is going to be the excuse, it means that that decision was not taken on the basis of sound professional advice.

I agree with the hon member for Springfield that, compared to other areas, Natal has been treated very, very shabbily by the present as well as the previous Government. For example, Natal is the only province in this country that does not have training facilities for dentists. There is discrimination as a result of the limited facilities.

I want to place on record that we do not need any investigation as far as the quality of our training is concerned. The very fact that medical personnel in South Africa were responsible for historical developments in that field, and that our trained medical personnel have performed excellently in other countries. . . . [Time expired.]

THE MINISTER OF NATIONAL HEALTH: Mr Chairman, a proper investigation was conducted and I believe it is important for me to say that the hon member should consider the deci-

HOUSE OF DELEGATES

sion against the background that, according to a rough estimate, we need approximately R1 billion more for our health services system in South Africa. It is estimated that in practice today we need a staff of approximately 8 000 and an additional annual amount of more than R1 billion to operate the three new academic hospitals. The building of these hospitals alone would require more than R2 billion in capital expenditure.

In view of the present economic and financial constraints, it is in my view a practical and wise decision to explore every possible alternative in order to upgrade these hospitals as soon as possible without adding significantly to current State expenditure. It is gratifying to see how concerned hon members are about this issue. The Government is extremely concerned and it is for this reason that we have appointed a specific task group to investigate what we can do under the difficult circumstances in which we find ourselves.

There are no arguments about the need for these hospitals. We know that we need a new academic complex in Durban. We do not dispute that. The question is how we can afford it.

It is clear to me that the correct manner in which to approach the problem at this stage, if we look at State expenditure, is to try to utilise the facilities we have to the best of our ability. This is what the task group's responsibility is at this stage, namely to consider all avenues and to explore every single avenue to find an answer as to how the upgrading of the facilities can best be accomplished. [Time expired.]

MR NARANJEE: Mr Chairman, I, too, want to join other hon members in welcoming and supporting the establishment of a task group for the reasons set out. I believe its main task will be to determine whether the existing facilities meet with acceptable standards. I believe standards are one thing and needs are another. However, I also believe that emphasis must be placed on upgrading these facilities, because this is long overdue. Financially it has not been possible to do these things in the past, but as time passes the cost becomes even greater, so that there may come a time when it will be beyond our reach to do this.

I also hope that the task group's terms of reference will include the establishment of a

usage and demand programme of priorities, so that we may urgently upgrade these facilities according to our financial abilities, and that there may be a programme for upward mobilisation.

Finally, I want to stress that the department should ensure that it takes the necessary urgent steps to bring about upliftment where the need has reached crisis proportions.

MR RAJAB: Mr Chairman, there is no doubt that when one considers the position very carefully, Natal has, in fact, been short-changed and discriminated against. There is no doubt about it when one considers that a sixth of the population of this country lives and works in Natal, and that Natal is at present the growth point. There is no doubt that something needs to be done about this situation very urgently.

When one considers that the conditions at this medical school are, in my view, so far below the required standards that, as I said, they require radical surgery rather than just cosmetic surgery, and that we believe it will cost a lot of money, the question is simply this: Is it not better in the longer term to plan for the provision of a new academic hospital rather than to patch up an existing one? That is the simple issue, and it is our belief that in the long term it is far better to find out how we can get that money and spend it now on the provision of a new academic hospital, than to patch up the existing one which is bad. [Time expired.]

THE MINISTER OF NATIONAL HEALTH: Mr Chairman, with respect, the hon member for Springfield will realise that that is exactly the question the task group will have to answer, namely what will be the most practical way to solve the problem, as it stands, with each university. There will be a separate investigation for each complex.

I think it is also important that the hon member asked me how much could be spent, and I think this will have to be done within affordable terms. That is why I have asked the task group to face the problem and to come back with recommendations as soon as possible, because I want to approach the Cabinet in this financial year, and come up with some sort of solution to negotiate for funds, so that we will have a definite answer this year as to how this problem could be solved.

I will be meeting with the University of Natal to address the specific situation of Natal in the near

future to find out what they have found as a result of their investigation.

I would also like to mention that if the hon member looks at the formula for the allocation of funds, he will find that the allocation for the province of Natal is well within the formula. It is the KwaZulu government that has been underfunded over many years, and that is where the backlog developed. We will be looking at the region as one unit in future to re-evaluate the allocation of funds to that region.

I want to face reality, and it is not my policy to live on promises. I would rather face reality, and find practical solutions to the problems we have to deal with.

Débaté concluded.

QUESTIONS

Indicates translated version.

For oral reply:

General Affairs:

SAP: non-police staff

* 1. Mr M RAJAB asked the Minister of Law and Order:

Whether any non-police staff occupy posts in the South African Police Force which can be filled by members of the Police Force; if so, (a) how many and (b) why?



D80E

THE MINISTER OF LAW AND ORDER:

Yes.

(a) 13 866 on 25 March 1992.

(b) Civilian posts were primarily created for office and other administration duties in order to release permanent members for functional Police work.

SAP: promotions

* 2. Mr M RAJAB asked the Minister of Law and Order:

How many (a) commissioned and (b) non-commissioned officers were promoted in the South African Police Force solely on the strength of obtaining the relevant graduation

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uals in the Olympic committee and the ANC have played in bringing South Africa back into international sport.

In fact, I would tend to guess that many of the 800 000 No-voters in the recent referendum would have thanked goodness for the work the ANC has done to get South Africa back into international sport.

To return to the question, I too am pleased that Nocsa will receive consideration when a fully motivated, formal request for funds is received by the hon the Minister. I hope the hon the Minister will not just leave it there. He had begun to say that he had made personal contact and was in the process of activating that.

I would urge him to pursue not only the personal contact, but, if necessary, to use a facilitator, a middle-person, in order to get this written motivation in so as to get the funds through, so that there can be an immediate and satisfactory solution to this question.

That there needs to be funding for South African sports persons chosen on merit, I do not think anybody would disagree about. We need to see the best of South African sports persons—athletes, boxers and others—at Barcelona and other Olympic Games. As my colleague, the hon member for Simon's Town has said, there needs to be State funding in this instance.

So, let us get to it. Let us get the difficulties out of the way, and there are bureaucratic difficulties on both sides. Let us get the team on its way; let us unite, as we did around the cricket team, and get the people to Barcelona.

*Mr J H MOMBBERG: Mr Speaker, if the speech of the hon member for Delmas had appeared in this morning's newspapers, everyone would have thought it was an April Fool's speech. It was a silly speech to drag in here. The hon member for Delmas knows better than that.

I should like to say to the hon the Minister that I accept his assurance. For my part, and for our part, we will communicate it to the right organisations. It is important that we get the most and the best participants there.

Mr S P BARNARD: [Inaudible.]

*Mr J H MOMBBERG: The hon member for Hercules looks like an old man who is about to fall over.

HOUSE OF ASSEMBLY

We should like to give our best young people the chance to participate and if the State can help, we say thank you very much.

The MINISTER OF NATIONAL EDUCATION: Mr Speaker, in reply to the hon member for Pinetown I want to reiterate that I have said that we regard the sending of a national team to Barcelona as a national priority, and we shall go out of our way to make it possible.

He accepts that I have invited these people personally, and in fact we have personal contact. They were my guests yesterday when I received the IOC. So there is that sort of personal contact.

*All of us are really looking forward to this participation in Barcelona. I think it will make us just as excited as the cricket team made us.

The only point that worries one at this stage is the fact that it could be alleged that the team is not being selected entirely on merit. [Interjections.] On behalf of this side of the House I want to say that merit and merit alone should be the basis on which that team is selected. [Interjections.] We sincerely hope that the sporting bodies responsible for the selection of the team will really bear this fact in mind. If not, we may be dealing with apartheid in reverse. [Interjections.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Medical waste: provincial hospitals

*1. Mr M J ELLIS asked the Minister of National Health:

Whether any changes were introduced in the 1991-92 financial year by hospitals under the control of the provincial administrations in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details? B441E

†The DEPUTY MINISTER OF NATIONAL HEALTH:

Yes, in specific cases, eg. in Cape Town and the Greater Peninsula area, as well as in the

Durban area. Although the disposal of hospital waste (medical and clinical waste) is considered to be reasonably satisfactory, the provincial administrations endeavour to improve these services where necessary on a continual basis, by the introduction of uniform methods of disposal and increased use of standardized containers. Although privatization is considered in other sentra, the increased cost of such a service is hampering the introduction thereof.

Mr R M BURROWS: Mr Speaker, arising from the hon the Deputy Minister's reply, may I ask whether there have been incidents which have led to medical waste being distributed publicly or found in public places?

†The DEPUTY MINISTER: Mr Speaker, not as far as I am aware.

*2. Mr B B Goodall—Trade and Industry. [Question standing over.]

Support to two bodies: sport

*3. Mr J H MOMBBERG asked the Minister of National Education:

- (1) Whether his Department has lent any support in regard to any sport-related activities of two bodies, the names of which have been furnished to the Minister's Department for the purpose of his reply; if not, why not; if so, what support;
- (2) what are the names of the bodies in question;
- (3) whether he will make a statement on the matter? B443E

†The MINISTER OF NATIONAL EDUCATION:

- (1) Yes. Financial support has been granted to the National and Olympic Sports Congress (NOSC). R20 300 has been granted for Unity talks.
- No. No support has been lent to the National Olympic Committee of South Africa because they have not yet requested a grant-in-aid.

(2) The names of the two sporting bodies are as named above.

(3) No.

Two bodies: functions

*4. Mr J H MOMBBERG asked the Minister of National Education:

- (1) Whether he will furnish particulars in regard to the functions of two bodies, the names of which have been furnished to the Minister's Department for the purpose of his reply; if not, why not; if so, what are the functions of these bodies;
- (2) what are the names of the bodies in question? B444E

†The MINISTER OF NATIONAL EDUCATION:

(1) Yes. The functions of the two bodies as determined by themselves are:

- (a) The South African Council on Sport (SACOS) is a national umbrella sports organization to which a number of sport bodies are affiliated. Although double affiliation occurs, these bodies are not in general affiliated to other larger umbrella bodies such as COSAS (Confederation of South African Sport), NOSC (National and Olympic Sports Congress) and SANOC (South African National Olympic Committee).

It strives to:

- establish completely non-racial sports structures (from school to the highest level);
- to oppose discrimination in sport and sport sponsorships;
- to promote equal facilities, irrespective of race or colour; and
- to establish a national non-racial sports organization;

(b) The South African National Olympic Committee (SANOC) is a national umbrella sports organization to which olympic sport codes are affiliated.

It aims to:

- establish international liaison with the IOC and its members;

HOUSE OF ASSEMBLY

Council wants a say in False Bay Hospital future

98 CT12/3/92

By CLAUDIA CAVANAGH

FISH HOEK Town Council this week resolved unanimously to submit a number of recommendations and comments to the provincial director-general of hospital services, regarding the future of False Bay Hospital.

Commenting on the province's new strategic plan for the Greater Cape Town metropolitan area, the councillor for protective services, library and cultural affairs, Dr George Paterson, said the hospital should ideally become a filter general hospital for the southern Peninsula.

Assault cases

Existing clinics in these areas should take on primary health care as well as their normal duties to avoid staff duplication and to be more cost-effective.

He said: "The distribution of drugs to these areas should be dispensed

from a central enlarged pharmacy at False Bay Hospital.

"The hospital itself should have two fully equipped casualty theatres in the east wing operating on a 24-hour basis so as to prevent minor assault cases being sent many kilometres to Victoria or Groote Schuur hospitals, causing increased costs and load on these.

Bed occupancy

He said increased bed occupancy would be possible if patients from nearby old age homes were accommodated in hospital instead of in the homes' sick bays.

He added: "No more hospital land should be sold without prior consultation with the Fish Hoek council in order to raise financial resources, and the False Bay hospital board should be enlarged by having members elected from various areas and not merely by the Administrator."

Eaton Hospital to close?

By **CLAUDIA
CAVANAGH**

THE Eaton Rehabilitation Hospital in Diep River will probably be closed soon because it is in a poor state of repair and is not being fully used.

According to proposals in the Cape Provincial Administration's recently released Strategic Plan for hospitals in the greater Cape Town Metropolitan areas, staff will be transferred to make up for shortages elsewhere.

The report states: "By closing the facility, considerable savings may be effected. The capital realisation would then

be available for essential capital schemes in terms of the overall proposals."

Transfer

A total of 30 of the hospital's cardio-vascular accident or stroke patients will be transferred to False Bay Hospital in Fish Hoek.

This transfer will be done after consultation with the appropriate department at Groote Schuur Hospital.

The hospital — previously the Eaton Convalescent Home — is in an historic building, the main part built during the late 18th century as an inn and halfway

house in the days of the Dutch East India Company.

Team

According to figures released last year, 39 of the 120 beds were allocated to the surgical department, 33 to paediatrics, 34 to the rehabilitation unit and 14 to the minimal care ward.

All departments are treated by a team consisting of a consultant, a doctor, two physiotherapists, a social worker, a part-time psychologist, a speech therapist and nursing staff.

Patients recuperating may spend as long as necessary in the hospital.

98
CT 12/3/92

200 treated in Alex

Sandton 13/3/92

(28) (98)

IN JUST four days nearly 200 people have been treated at the Alexandra Health Centre and University Clinic in Wynberg, Sandton, for wounds related to violence, a clinic spokesman said yesterday.

Figures released by the clinic show that from March 7 to 11, 43 people were treated for gunshot wounds, 70 for stab wounds, four for lacerations and 82 for assault. Six died. There are 40 women and 27 children taking refuge at the clinic. - Sapa.

C

Valkenberg breakout. ⁹⁸ More charges withdrawn

Staff Reporter

CHARGES against a further 12 of the 32 mental patients who escaped from Valkenberg Hospital last month have been withdrawn in the Cape Town Magistrate's Court.

Yesterday the men appeared in separate groups on a charge of escaping from custody. It was their third appearance since escaping.

The men, who are all State President's patients, are Marthinus Swartz, Rodney van Eeden, Patrick Dyambekize, Ganyimzi Mahle, Nelson Ndabeni, Jakob Jantjies, Jo-

^{105/13/1972}
hannes Smit, Peter du Toit, Frikkie Joubert, Richard Prins, Mbuthi Hoyi and Glen Vrey.

Magistrate Mr J. Odendaal ordered that all except Vrey be taken back to Valkenberg. Vrey was taken back to Pollsmoor Prison.

Before the men were led to the cells below the court, they all said loudly, "thank you, thank you" to Mr Odendaal.

Last month nine others were taken back to Valkenberg after their charges were also withdrawn.

Mr P Burger prosecuted. The men were not represented.

She lives to help people

Sowetan 16/3/92

NURSING sister Emily Dintwe performs tasks that women with less resilience would not dare to do.

Based in a rural shanty *dorpie* of Kgakala, near Leeudoringstad, in the Western Transvaal, she is regarded as a biblical Modacai - giving her life freely to the destitute people.

She is a midwife, day and night, vaccinates children - many of whom suffer from preventable diseases like hepatitis-B, kwashiokor, scabies and pellegra - conducts family planning clinics and home visits for the aged to check on tuberculosis.

Fridays are post-natal clinic days when Dintwe checks on women who have new-born babies.

Her greatest handicap is that she is overworked, having to provide medical care to a population of more than 10 000. She also does menial work, cleaning and scrubbing floors of her ramshackle clinic.

But Sister Dintwe is not complaining.

"For me doing what I do is normal, even though I am overworked," she said.

She disclosed that the district surgeon makes two visits a week, on Tuesdays and Thursdays.

On these days he sees patients for just an hour, said Dintwe.

The nearest hospital is 63km away in Klerksdorp. In many ways this is a luxury most residents of this village can ill afford.

Most of the village folk are unemployed, and those who have jobs are so underpaid they cannot afford medical

Women

By MOKGADI PELA



Emily Dintwe - shoulders a heavy burden.

bills, let alone travelling costs to the hospital.

A spokesman for the Transvaal Provincial Administration Laetitia de Villiers said the TPA had a mobile clinic in Leeudoringstad. The TPA said a nursing sister, an assistant nurse and one guidance councillor provided care to about 200 patients in an eight-week cycle.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Valkenberg hospital

117. Miss M SMUTS asked the Minister of National Health:

- (1) (a) How many psychiatric patients escaped from the maximum security unit at the Valkenberg Hospital during February 1992, (b) for how long was each of them at large, (c) how many patients (i) is this unit intended to accommodate and (ii) were accommodated there at the time and (d) how many (i) medical and (ii) nursing posts at this hospital were vacant at the time of the escape;
- (2) whether any patients escaped from this hospital during the preceding 12-month period; if so, (a) how many, (b) when and (c) for how long was each of them at large;
- (3) whether, during the 12-month period preceding this incident, there was any increase in the number of persons referred by the courts to this hospital for observation; if so, to what extent?

98

B303E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) 32 escaped on 17 February 1992, (b) by 18 February 1992, 30 patients were recaptured while two awaiting trial are still at large, (c) (i) 65 and (ii) 90 and (d) (i) 4 and (ii) 22;
- (2) yes, (a) 1, (b) middle 1991 and (c) less than 24 hours;
- (3) yes, from an average of 33 to 43 per month.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Number of persons without legal representation

44. Mr L FUCHS asked the Minister of Justice: How many persons appeared in (a) (i) district and (ii) regional courts and (b) the Supreme Court in each province in 1991 without legal representation?

B77E

The MINISTER OF JUSTICE:

The statistics hereunder are only with regard to more serious criminal offences. Statistics with regard to minor offences, for example stationary traffic offences, are not included in the data. The required information regarding the Supreme Court is not readily available. To obtain the information all court records will have to be scrutinized which is not economically feasible.

Transvaal:

- (a) (i) District Courts—215 135 persons
(ii) Regional Courts—11 130 persons

Orange Free State:

- (a) (i) District Courts—61 148 persons
(ii) Regional Courts—5 110 persons

Natal:

- (a) (i) District Courts—120 031 persons
(ii) Regional Courts—7 152 persons

Cape Province:

- (a) (i) District Courts—242 217 persons
(ii) Regional Courts—21 718 persons

It is important to take cognizance of the fact that our system of adjudication of criminal matters provides for various intrinsic safeguards to prevent miscarriages of justice and this means that accused appearing in courts are

not necessarily prejudiced by a lack of legal representation. Consequently only approximately 20 percent of the large number of accused which appeared in the courts without legal representation were convicted and committed to prison.

Assault complaints: prisoners against prison warders

100. Mr L FUCHS asked the Minister of Correctional Services:

- (1) (a) How many complaints relating to assault were made by prisoners against prison warders in 1989, 1990 and 1991, respectively, and (b) how many prison warders were (i) charged with and (ii) convicted of assault on a prisoner in each of these years;
- (2) in respect of 1989, 1990 and 1991, respectively, (a) how many prison warders faced disciplinary hearings arising out of an assault on a prisoner, (b) how many prison warders were dismissed for assaulting prisoners and (c) what other forms of disciplinary action was taken against such prison warders?

B260E

The MINISTER OF CORRECTIONAL SERVICES:

With reference to the information for 1989 and 1990 respectively, I refer the hon member to my written reply of 9 April 1991 to question number 180 in the House of Assembly (Hansard col 902-904). Regarding 1991, the information is as follows:

- (1) (a) A total of 1 426 complaints of alleged assault were received and registered.

The Department of Correctional Services regards every complaint of alleged assault on a prisoner by a member of the Service, no matter how petty, in a very serious light. In terms of the Departmental Orders, every complaint of alleged assault is registered in the appropriate register and properly investigated by the Commanding Officer.

Likewise, assaults on personnel by

the deceased is Mr Malatuidi Lebatha alias Lawadi.

- (2) (a), (b) and (c)

No. Mr K Findlay and Mrs F Findlay were summonsed and appeared in the Verereing court on 11 March 1992 on a charge of murder. The case was remanded until 10 April 1992.

Repealing of legislation from the Press

*7. Mr P G SOAL asked the Minister of Home Affairs:

- (1) Whether, with reference to each of the 11 Acts particulars of which have been furnished to the Minister's Department for the purpose of his reply, it is the Government's intention to repeal legislation which detracts from the free flow of information and restricts the Press from reporting; if not, why not; if so, what are the relevant details;
- (2) whether he will make a statement on the matter?

B294E

The MINISTER OF HOME AFFAIRS:

- (1) and (2)

Of the 11 Acts referred to by the hon member, the Department of Home Affairs administers only the Electoral Act, 1979 (Act 45 of 1979). Since section 143 of the Electoral Act, which is at issue here, has it in view to prevent unjustifiable influencing of voters, it is not this Department's intention to repeal it at this stage.

However, in view of more recent developments, such as, *inter alia* discussions at Codesa, renewed discussions regarding the respective acts are now the proper course which will be formulated in more concrete form in due course and hopefully progress could be reported in course of time.

Mr P G SOAL: Mr Chairman, arising out of the reply of the hon the Minister, I want to say that I originally formulated this question to be addressed to the hon the State President, but it was obviously felt that this hon Minister had great influence with his colleagues in the Cabinet, and that he would be able to influence them to have these pieces of legislation repealed. May I ask if he would please undertake to talk to his colleagues in the Cabinet who are responsible for the 11 pieces of legislation that I outlined in my question with a view to having them repealed as soon as possible in order that there may be a free flow of information before we get to the situation at Codesa in which that is required.

The MINISTER: Mr Chairman, the hon member will have concluded from my reply that discussions were in fact taking place in this regard. Naturally I cannot give any undertaking on behalf of my colleagues as to whether they will repeal the legislation of not, but this is the process and I think my reply has been very clear in this regard.

Pretoria Regional Services Council: personal loans

*8. Mr F J LE ROUX asked the Minister of Local Government and National Housing:†

Whether the Pretoria Regional Services Council has granted any personal loans of money to any person or body in the year ending 31 March 1992; if so, (a) to whom or what body, (b) how much money was lent to this person or body, (c) at what rate of interest was it lent and (d) when does the loan have to be paid back? B295E

The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

No.

(a)-(d) Fall away.

Proposed structure: single education authority

*9. Mr R M BURROWS asked the Minister of National Education:

- (1) Whether a proposed structure for a single education authority, together with non-racial, geographic departments of education, has been devised by or for his Department; if not, why not; if so, (a) (i) by whom and (ii) when was this structure devised and (b) to whom has it been propagated;
- (2) whether he will make a statement on the matter?

B299E

The MINISTER OF NATIONAL EDUCATION:

- (1) No. In the Education Renewal Strategy (ERS) developed by the Committee of

Heads of Education Departments (CHED), and not by the Department of National Education, broad proposals in this regard were made. Comments on these broad proposals have been sought nationally and final recommendations on a future educational structure could be submitted by the CHED, as part of the ERS, to the Education Ministers. Devising an acceptable future education structure is, however, a process which is closely linked to future constitutional structures at present being negotiated.

- (a) (i) Falls away.
(ii) Falls away.

(b) Falls away.

- (2) No.

Archival material: restrictions

*10. Mr R M BURROWS asked the Minister of National Education:

- (1) Whether any restrictions are imposed on the public scrutiny of archival material derived from South African State Departments; if so, (a) what are these restrictions and (b) by whom were they imposed;
- (2) whether the Government proposes to relax the current restrictions on the scrutiny of State archival material; if not, why not; if so, to what extent;
- (3) whether he will make a statement on the matter? B300E

The MINISTER OF NATIONAL EDUCATION:

- (1) Yes.

(a) The making available of archives from Government departments to members of the public for research purposes is controlled by section 9 of the Archives Act (Act 6 of 1962). According to this section a so-called "closed period" of about 30-years is maintained as a general principle and documents dating from the period before 1961 are at present available. Individual applications to consult documents in archives deposes which

still fall in the closed period are considered on merit.

(b) The Archives Act, 1962 (Act 6 of 1962).

(2) No. The present arrangements are in accordance with international standards and no problems are experienced with these in practice.

- (3) No.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Valkenberg Hospital: security staff

*11. Miss M SMUTS asked the Minister of National Health:

- (1) Whether, at the time of the escape of a number of psychiatric patients from the maximum security unit at the Valkenberg Hospital during February 1992, there were any security staff in the employ of this hospital; if so, where were they at the time; if not, why not;
- (2) whether security staff have been introduced since; if so, (a) what staff and (b) for how long;
- (3) whether any further steps are being contemplated in respect of improving security; if not, why not; if so, what steps? B301E

The MINISTER OF NATIONAL HEALTH:

(1) No, the hospital does not have posts for security personnel on its establishment;

- (2) yes,

(a) security personnel of the Department of Corrective Services and

(b) from 17 February 1992 till 1 March 1992.

- (3) yes,

(i) the obtaining of quotations from private security companies with a view to the implementation of a security service from 2 March 1992;

(ii) the limiting of patients to 65 for which the maximum security unit makes provision;

(iii) the filling of vacant nursing posts;

HOUSE OF ASSEMBLY

- (iv) the implementation of a direct radio link between the Medical Emergency Service Unit and the Valkenberg Hospital; (15) (15)
- (v) the launching of an investigation into the effective safeguarding of the Hospital.

Maximum security psychiatric facilities

*12. Miss M SMUTS asked the Minister of National Health: (98) (98)

- (1) Whether there are any maximum security psychiatric facilities available in the Cape Peninsula at institutions other than the Valkenberg Hospital; if so, what are the relevant details; if not, why not;
- (2) whether any funds have been allocated to any administration for the erection of maximum security facilities; if so, (a) to which administration, (b) how much and (c) when?

B302E

The MINISTER OF NATIONAL HEALTH:

- (1) No, planning was undertaken and completed in January 1991 for the building of a maximum security unit on the grounds of Lentegeur Hospital, Mitchells Plain, Cape Town. No funds were specifically allocated to the Administration: House of Representatives, Department of Health Services and Welfare for the building of a maximum security unit and secondly, since the total budget for the financial years 1990/1991 and 1991/1992 were significantly reduced, the project could not be proceeded with;
- (2) no, (a), (b) and (c) fall away.

Codesa: assistance of public servants

*13. Mr D J DALLING asked the Minister of Constitutional Development: (13) (13)

Whether any public servants have been re-leased temporarily or permanently from their normal duties to assist any political parties in their work at Codesa; if so, (a) what are their names, (b) what positions do they hold, (c) which political parties are they assisting and (d) what is the cost to the State of this assistance?

B304E

HOUSE OF ASSEMBLY

The MINISTER OF CONSTITUTIONAL DEVELOPMENT: (13) (13)

(a), (b), (c) and (d)

No, no officials of the Constitutional Development Service have been relieved of their normal duties to assist any political party involved in Codesa.

Commuters killed/injured: two persons

*14. Mr D J DALLING asked the Minister of Law and Order: (14) (14)

- (1) Whether, with reference to an incident in which two persons allegedly killed three commuters and injured ten others on a train between Kathlehong and Waderville on the East Rand on or about 9 October 1991, the two persons in question were overpowered by passengers and handed over to the Police; if so, what are their names;
- (2) whether these persons were arrested; if not, why not; if so,
- (3) whether they have been charged; if not, why not; if so, (a) with what offences and (b) what stage has their trial reached?

B305E

The MINISTER OF LAW AND ORDER:

- (1) Yes, one of the assailants, Albert Dlamini, was arrested at the Natalaspruit Hospital after being pointed out to the South African Police by witnesses. A second assailant was arrested at the Waderville railway station after he too had been pointed out to the South African Police.
- (2) Yes.
- (3) (a) Only Albert Dlamini was charged on 2 counts of murder and 9 counts of attempted murder. The case against the second assailant was withdrawn by the State Prosecutor because of insufficient evidence.
- (b) On 19 December 1991 Albert Dlamini pleaded not guilty to all the charges. The case remanded to 8 April 1992.

State funds for political parties: Namibia

*15. Mr F J LE ROUX asked the Minister of Foreign Affairs:†

Arising from his reply to Interpellation No 1 on 19 February 1992, (a) to which political parties or groupings of political parties in South West Africa did the South African Government make funds available with a view to the election of members of the Constituent Assembly in South West Africa/Namibia in November 1989 and (b) what amounts were made available to these parties or groupings of parties?

B306E

The MINISTER OF FOREIGN AFFAIRS:

- (a) and (b)
- This matter was conclusively dealt with in my reply to Question No 29 of 27 March 1990 as well as in my reply to Interpellation No 1 of 19 February 1992.

Black local authorities: quorums

*16. Mr J CHIOLE asked the Minister of Local Government and National Housing:†

How many Black local authorities in the (a) Transvaal and (b) Orange Free State still had quorums as at 31 January 1992?

B307E

The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

- (a) Transvaal
36 out of 85.
- (b) Orange Free State
19 out of 73.

Questions standing over from Wednesday, 11 March 1992.

SAP: examination fees

*1. Mr A J LEON asked the Minister of Law and Order: (1) (1)

- (1) Whether the South African Police will no longer be required to pay the examination fees for policemen studying for the National Diploma in Police Administration; if so, why; if not, what is the position in this regard;
- (2) whether he will make a statement on the matter

B288E

The MINISTER OF LAW AND ORDER:

- (1) and (2)

It was never required from the South African Police to pay the examination fees for policemen studying for the National Diploma (Police Administration) nor was it a condition of service.

The amount was approved by the Treasury on condition that funds were available. As a result of the reduction in state expenditure, funds have been withdrawn and expenses that were paid to members for obtaining the National Diploma (Police Administration) were recently suspended.

Since January 1992 a new dispensation has come into effect, whereby a cash amount of R3 740,00 for the three year study course is allocated to students after successful completion of the course.

Theft of medicines

*2. Mr M J ELLIS asked the Minister of National Health: (2) (2)

- (1) Whether any instances of theft of medicines from the State hospitals and clinics occurred during the course of 1991; if so, (a) from which hospitals and clinics and (b) what is the value of the medicines stolen;
- (2) whether her Department is investigating these thefts; if not, why not; if so, with what result;
- (3) whether she will make a statement on the matter?

B313E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope (CPA)

- (1) Yes,
- (a) Eben Dönges Hospital, Worcester and
- (b) R15 000,00;
- (2) yes, in accordance with regulations all investigations by the CPA are undertaken in conjunction with the South African Police and the Department of Justice. The above-mentioned case is still to be finalized; the accused has been brought to trial;

- (3) no.

HOUSE OF ASSEMBLY

- (iv) the implementation of a direct radio link between the Medical Emergency Service Unit and the Valkenberg Hospital; ~~and~~
- (v) the launching of an investigation into the effective safeguarding of the Hospital.

Maximum security psychiatric facilities

*12. Miss M SMUTS asked the Minister of National Health: ~~and~~

- (1) Whether there are any maximum security psychiatric facilities available in the Cape Peninsula at institutions other than the Valkenberg Hospital; if so, what are the relevant details; if not, why not;
- (2) whether any funds have been allocated to any administration for the erection of maximum security facilities; if so, (a) to which administration, (b) how much and (c) when?

B302E

The MINISTER OF NATIONAL HEALTH:

- (1) No, planning was undertaken and completed in January 1991 for the building of a maximum security unit on the grounds of Lenteguur Hospital, Mitchell's Plain, Cape Town. No funds were specifically allocated to the Administration; House of Representatives, Department of Health Services and Welfare for the building of a maximum security unit and secondly, since the total budget for the financial years 1990/1991 and 1991/1992 were significantly reduced, the project could not be proceeded with;
- (2) no, (a), (b) and (c) fall away.

Codesa: assistance of public servants

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- Whether any public servants have been released temporarily or permanently from their normal duties to assist any political parties in their work at Codesa; if so, (a) what are their names, (b) what positions do they hold, (c) which political parties are they assisting and (d) what is the cost to the State of this assistance?

B304E

HOUSE OF ASSEMBLY

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B306E

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- (a) Transvaal
36 out of 85.
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19 out of 73.

Questions standing over from Wednesday, 11 March 1992:

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B288E

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*2. Mr M J ELLIS asked the Minister of National Health: ~~and~~

- (1) Whether any instances of theft of medicines from the State hospitals and clinics occurred during the course of 1991; if so, (a) from which hospitals and clinics and (b) what is the value of the medicines stolen;
- (2) whether her Department is investigating these thefts; if not, why not; if so, with what result;
- (3) whether she will make a statement on the matter?

B313E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope (CPA)

- (1) Yes,
- (a) Eben Dönges Hospital, Worcester and
- (b) R15 000,00;
- (2) yes, in accordance with regulations all investigations by the CPA are undertaken in conjunction with the South African Police and the Department of Justice. The above-mentioned case is still to be finalized; the accused has been brought to trial;
- (3) no.

HOUSE OF ASSEMBLY

Provincial Administration of Natal

- (1) Yes, ~~98~~ ~~95~~
- (a) (i) Provincial Medical Supply Centre
- (ii) Port Shepstone Hospital
- (iii) St Andrews Hospital and
- (b) R2 292,45. (Excluding losses routinely written off during annual stocktaking);
- (2) yes, the Health Services Branch of the Natal Provincial Administration investigates all cases of reported theft and these are also referred to the South African Police for investigation. Losses are written off under delegated authority if the South African Police are unable to resolve the case;
- (3) no.

Aids: educational programmes

*3. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether her Department has drawn up any Aids education programmes for use in schools; if so, (a) (i) for which standards and (ii) in which education departments are these programmes available and (b) what has been the response of the above departments to these programmes;
- (2) whether she will make a statement on the matter?

B315E

The MINISTER OF NATIONAL HEALTH:

- (1) Yes,
- (a) (i) an Aids and Life Style Education Programme for pupils in secondary schools, has been compiled after extensive research during 1991. Research is also being undertaken during this year for the development of programmes for children of primary school age as well as for pre-school children and (ii) the programme will be made available to all education departments, including those of the TBVC States and Self-governing Territories and

HOUSE OF ASSEMBLY

(b) extensive liaison with the education departments took place during the period of research and establishing of the programme. They all accepted in principle that children should be Aids literate by standard five. The programme will be made available in a draft format to incorporate feedback from users;

(2) yes, the programme will be introduced by myself and Mr L. A. Prenar, Minister of National Education and of Environment Affairs, on 30 March 1992 in Cape Town. The package will then be available for distribution.

Gambling legislation: casinos

*4. Mr A J LEON asked the Minister of Justice:

- (1) Whether the Government is considering changes to the gambling legislation governing the operation of casinos within the borders of South Africa; if not, why not; if so, what are the relevant details;
- (2) whether he will make a statement on the matter?

B323E

The MINISTER OF JUSTICE:

- (1) and (2)
- Yes. In a press statement released on 27 February 1992 I pointed out that the Government's policy on gambling and lotteries is embodied in the Gambling Act, 1965 (Act No 51 of 1965), which prohibits participation in, or allowing games of chance.

During a Parliamentary debate on State Lotteries in 1991 the Deputy Minister of Justice pointed out the following:

- * Gambling and lotteries purely for personal material gain is unacceptable and remains illegal.
- * There is reason, however, for an investigation into the legalisation of games of chance with which funds are raised for health, welfare and educational institutions.
- * The case for fund raising competitions in which chance plays a role, controlled by the State, has however not been made out yet.

The Government would approach this matter very carefully and would not take steps before having available all the facts and before having consulted the churches. This process has not yet been concluded.

The Departments of Justice and National Health and Population Development are jointly in a process of preparing a Green Paper wherein certain proposals will be made in regard to amendments to the Gambling Act. The Green Paper will be published for comment and all interested parties will be afforded an opportunity to comment thereon.

Telephone services/private post boxes: Pretoria

*5. Mr P G SOAL asked the Minister of Posts and Telecommunications:

- Whether any applications for (a) telephone services and (b) private post boxes were outstanding in the Pretoria area 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?

B340E

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

(a) yes;

- (i) 6 497 as at 29 February 1992; and
- (ii) approximately 3 440 of the waiting applicants will be provided with telephone service during the 1992/93 financial year. It is at this stage not possible to indicate when the requirements of the remaining applicants, whose applications are being deferred owing to a shortage of cable leads and insufficient capacity in certain exchanges, will be met.

(b) Yes;

- (i) 2 668 as at 29 February 1992 (Alkantarant 50, Bon Accord 50, Brooklyn 200, Faerie Glen 200, Laudium 200, Lynn East 50, Totiusdal 50, Menlo Park 200, Onderstepoort 50, Pretoria 200, Pretoria West 100, Pyramid 100, Rosslyn 300, Silverton 300, Sinoville 200, Valhalla 50, Waterkloof 100, Olfantfontein 30, Pierre van Ryneveld 38, Hennopsmeer 200)

(ii) *Alkantarant*—Negotiations are in progress to procure a suitable site for the provision of additional boxes for allocation to applicants residing mainly in Ashlea Gardens, De Beers, Lynnwood, Lynnwood Manor and Newlands. Some 600 vacant boxes are available at the Lynnwood Ridge Post Office which is situated approximately 2,5 km from the Alkantarant Post Office.

Bon Accord—Additional boxes will be installed during 1992/93.

Brooklyn—Space is not available for the installation of additional boxes at this office but 3 000 boxes will be installed during 1993/94 at the Hatfield Post Office, only 2 km away.

Faerie Glen—Additional boxes will be provided during 1992/93.

Laudium—A new post office with 2 400 boxes is being planned for completion during April 1993.

Lynn East and Totiusdal—450 additional boxes have been installed at the Villiera Post Office which should relieve the demand at both Lynn East and Totiusdal.

Menlo Park—Additional boxes will be installed during 1992/93.

Onderstepoort—Space is not available for the installation of additional boxes at this office but additional boxes will be installed at the Pretoria North Post Office during 1992/93 which should relieve the demand at Onderstepoort.

Pretoria—The possibility of installing additional boxes is being investigated.

Pretoria West—Additional boxes will be installed during 1993/94.

Pyramid—Additional boxes will be installed during 1992/93.

Rosslyn—Additional boxes will be installed during 1992/93.

Silverton—1 150 additional boxes will be installed during 1992/93.

Sinoville—A new post office with

HOUSE OF ASSEMBLY

Questions standing over from Wednesday, 11 March 1992:

Hospitals/clinics: theft of medicines
*1. Mr M J ELLIS asked the Minister of Health Services and Welfare:

- (1) Whether any instances of theft of medicines from hospitals and clinics under the control of her Department occurred during the course of 1991; if so, (a) from which hospitals and clinics and (b) what is the value of the medicines stolen;
- (2) whether her Department is investigating these thefts; if not, why not; if so, with what result;
- (3) whether she will make a statement on the matter? **(98)**

B314E
The MINISTER OF HEALTH SERVICES AND WELFARE:

- (1) Yes.
 - (a) Parowmed Pharmacy in Parow Day Hospital.
 - (b) R1 680,00.
- (2) Yes, the theft was reported to the South African Police on 24 July 1991, reference number MR331/07/1991. No arrest has been made yet and no stock has been recovered.
- (3) No.

Business interrupted in accordance with Rule 180C (3) of the Standing Rule of Parliament.

New Question:

*1. Mr R M BURROWS—Health Services and Welfare. [Question standing over.]

For written reply:

General Affairs:

Certain security firm
106. Mr M J ELLIS asked the Minister of Law and Order:

- (1) Whether a certain security firm, the name of which has been furnished to the South African Police for the purpose of the Minister's reply, has at any stage been

HOUSE OF ASSEMBLY

under investigation by the Police; if so, for what reasons;

- (2) whether this firm has at any stage been reported to the South African Police; if so, (a) by whom and (b) for what reasons;
- (3) whether the managing director of this firm, whose name has also been furnished to the South African Police, has a criminal record; if so, what are the details;
- (4) whether the said managing director (a) has any criminal case pending, and/or (b) has had any restraining orders issued, against him; if so, what are the details in each case;
- (5) whether he will disclose the name of the (a) security firm and (b) managing director in question; if not, why not; if so, what are their names?

B266E

The MINISTER OF LAW AND ORDER:

- (1) Yes, information was received that the firm was in possession of unlicensed firearms.
- (2) Yes.
 - (a) A previous employee of the firm.
 - (b) Because the firm was in possession of unlicensed firearms.
- (3) No.
- (4) (a) Yes.
- (b) No.
- (5) No, the decision of the Senior State Prosecutor is not yet known.

Crime prevention unit: Sandton

113. Mr D J DALLING asked the Minister of Law and Order:

How many arrests in respect of each specified offence were effected in 1991 by the special crime prevention unit stationed in Sandton?

Crime	Arrests
Murder	4
Armed robbery	70
Attempted armed robbery	3
Housebreaking with intent to steal and theft	494

The MINISTER OF LAW AND ORDER:

HOUSE OF ASSEMBLY

Crime	Arrests
Attempted housebreaking	33
Possession of suspected stolen property	70
Possession of housebreaking implements	11
Theft	2
Robbery of vehicles	62
Theft of vehicles	31
Possession of unlicensed firearms	3

Norwood police station: establishment

116. Mr A J LEON asked the Minister of Law and Order:

- (1) Whether he will furnish the (a) total allocated and (b) actual strength of each rank in the current establishment of the Norwood police station situated in the Johannesburg North police district; if not, why not; if so, (i) what are the relevant details; (ii) how many temporary members are there on the current establishment of this police station and (iii) in respect of what date is this information furnished;
- (2) whether any steps have been and/or are to be taken specifically to increase the strength of this police station; if not, why not; if so, (a) what steps and (b) when?

B280E

The MINISTER OF LAW AND ORDER:

(1) (a) and (b)

No, it is not in the interest of the members at the relevant police station, and policing in general, to furnish information of this nature. I am, however, prepared to inform the honourable member personally and confidentially in this regard.

(2) (a) and (b)

An additional 15 members have been appointed at Norwood since 15 May 1991. The expansion of the establishment of the South African Police, which has already been announced, will be utilized in order to expand the establishment of Norwood during the next placement from the training colleges.

Hillbrow police station

130. Mr L FUCHS asked the Minister of Law and Order:

- (1) What is the estimated population served by the Hillbrow police station over the latest specified period of five years for which information is available;
- (2) whether he will furnish details on the staff and vehicle complement at the Hillbrow police station; if not, why not; if so, (a) what was the (i) staff and (ii) vehicle complement at this police station as at the latest specified date for which information is available; (b) (i) how many of these policemen were (aa) White, (bb) Coloured, (cc) Indian and (dd) Black and (ii) what were their ranks in each case and (c) how many policemen are on foot patrol in Hillbrow (i) by day and (ii) at night;
- (3) whether it is envisaged to increase the complement of policemen at the Hillbrow police station in 1992; if so, what percentage increase is envisaged?

B331E

The MINISTER OF LAW AND ORDER:

- (1) Dec '87 Dec '88 Dec '89 Dec '90 Dec '91
136 974 138 482 140 026 141 608 143 227
- Statistics are kept only in respect of the month of December.

(2) (a), (b) and (c)

No, it is not in the interest of the Force in general and the members at the relevant police station, to furnish information of this nature. I am, however, prepared to inform the honourable member personally and confidentially in this regard.

- (3) An increase of personnel at police stations is subject to investigations by the Division: Efficiency Services of the South African Police. Such investigations are at present in an advanced stage, but figures and percentages are not yet available. The recently announced expansion of the Force will not only supplement Hillbrow's strength, but will also ensure greater visible policing in the entire Witwatersrand area.

Murder: 16 persons

131. Mr P G SOAL asked the Minister of Law and Order:

HOUSE OF ASSEMBLY

all adjustments to existing service benefits are subject to inclusion in the improvement plan for service conditions which is, on the basis of the availability of funds, negotiated annually with recognized personnel and trade associations.

- (2) no;
 (3) no;
 (4) falls away.

Reply substituting reply to Question No 102 on 12 March 1992, put by Mr L Fuchs (col 377):

Trade unions: legislation

102. Mr L FUCHS asked the Minister of Manpower:

- (1) Whether it is envisaged to introduce legislation to make trade unions vicariously liable for the acts of their members, if not, why not; if so, when;
 (2) whether it is envisaged that the rules of the Industrial Court will be amended so as to allow costs orders to be given in certain circumstances; if not, why not; if so, when? B262E

The MINISTER OF MANPOWER:

- (1) No. The common law situation applies as supplemented by section 79 of the Labour Relations Act, Act 28 of 1956.
 (2) No. The powers of the Industrial Court to grant cost orders in specific circumstances are governed by sections 17(12)(a) and 43(4)(c) of the Labour Relations Act, 1956.

Own Affairs:

Theft from departmental hospitals

32. Mr M J ELLIS asked the Minister of Health Services and Welfare: (98)

- (1) Whether any instances of theft of supplies and equipment other than medicines from hospitals under the control of her Department occurred during the course of 1991; if so, (a) what supplies and equipment form the bulk of these thefts, (b) at which hospitals in each province did these thefts occur and (c) what is the value of the supplies and equipment stolen;

HOUSE OF ASSEMBLY

- (2) whether her Department is investigating the theft of such supplies and equipment; if not, why not; if so, with what result;
 (3) whether she will make a statement on the matter? B312E

The MINISTER OF HEALTH SERVICES AND WELFARE:

- (1) Yes. (98)
 (a) Electrical equipment.
 (b) *Transvaal:*

Evander Hospital
 Hendrik van der Bijl Hospital
 J G Strijdom Hospital
 Kempton Park Hospital
 Ontdekkers Memorial Hospital
 Paardekraal Hospital
 Phalaborwa Hospital
 South Rand Hospital
 Willem Cruywagen Hospital
Cape Provincial Administration:
 Port Elizabeth Provincial Hospital
Natal:
 Greys Hospital
Orange Free State:
 None.

Departmental Mental Health Hospitals:

Witrand Hospital
 Tara: die H Moross centre
 Alexandra Hospital

(c) R92 334

- (2) Yes, the South African Police are notified of all thefts. The success rate in terms of transgressors located and stolen property repossessed is, however, low.
 (3) No.

Patients turned away from hospitals

51. Mr M J ELLIS asked the Minister of Health Services and Welfare: (98)

Whether, during the latest specified 12-month period for which information is available, any hospitals under her control turned patients away because they were members of a race group other than White; if so, (a) which hospitals and (b) for what reasons? B402E

The MINISTER OF HEALTH SERVICES AND WELFARE:

- (a) No
 (b) Not applicable.

INTERPELLATIONS UNDER NAME OF MEMBER

Barrows, Mr R M—

Own Affairs:

Education and Culture, 185, 436

Paulus, Mr P J—

General Affairs:

National Health, 267

Gerber, Mr A—

Own Affairs:

Education and Culture, 291

Pienaar, Mr C H—

Own Affairs:

Agricultural Development, 33

Haswell, Mr R F—

General Affairs:

Law and Order, 272

Rajah, Mr M—

General Affairs:

Correctional Services, 211

Langley, Mr T—

General Affairs:

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Rajbansi, Mr A—

Own Affairs:

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Leon, Mr A J—

General Affairs:

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Housing, 45, 220

Le Roux, Mr F J—

General Affairs:

Foreign Affairs, 123

Van der Merwe, Mr H D K—

General Affairs:

Constitutional Development, 399

Momberg, Mr J H—

General Affairs:

Mineral and Energy Affairs, 7

Van Eck, Mr J—

General Affairs:

Law and Order, 405

Valkenberg had no security staff

Political Staff

VALKENBERG Hospital had no security personnel when 32 psychiatric patients escaped from the maximum security unit in February, the Minister of National Health, Dr Rina Venter, disclosed yesterday.

She also revealed that

the plans for a second maximum security unit in Cape Town, at Lentegeur Hospital in Mitchell's Plain, had been scrapped. (98) CF 20/3/92

Last week Dr Venter said 30 of the 32 psychiatric patients were recaptured by February 18, the day after their escape,

but two were still at large.

She also said 90 patients were accommodated in the maximum security unit at Valkenberg although it was meant to accommodate a maximum of 65, and that there were four medical and 22 nursing posts vacant at the hospital.

...dies arrested by the drought to join Zambia and SA in a regional plan to distribute imported grains. Picture: ROBERT BOUMA

Luxury hospital opens in Bop

KATHRYN STRACHAN

98
A R25m luxury private hospital, financed by the Sefalana Employees Benefit Organisation (Sebo), opened earlier this week in Bophuthatswana, near Rustenburg.

Hospital director Gavin Stassen said the Ferncrest Hospital at Tlabane was built in Bophuthatswana because it was "impossible" to get a licence in SA for a private hospital.

According to MD Dr Jack Shevel, 230 000 people in the immediate vicinity of the Ferncrest were serviced by one state hospital and a small private clinic in Rustenburg.

Another reason for siting the 120-bed hospital in the area was to tap the substantial pool of local skills.

"Most of the 140 nursing posts have gone to trained staff from Rustenburg. All wage-paying jobs in ancillary sections went to locals.

"Our policy at all times is to give local job-creation top priority," said Shevel. *B1 Day 20/3/92*

The venture had also provided investment opportunities, Shevel said, with 43 local doctors of all races taking a total 60% shareholding in Ferncrest.

Although the present occupancy was mostly white, Stassen believed the hospital would attract black patients as many people in the area were covered by medical aid.

He said Bophuthatswana's largest medical aid society, Bopmed, had grown by 300% in the last six months.

Local authorities to rule on Sunday films

B1 Day 20/3/92
CAPE TOWN — Local authorities will soon be able to decide whether cinemas may show films on Sundays, according to Justice Minister Kobie Coetsee.

Replying to a question from Houghton MP Tony Leon yesterday, the Minister said it had been accepted in principle that the power to regulate on this issue should be devolved to provincial or local level.

He said consideration was now being given to a framework for this.

Discussion

The Minister said he had conducted "numerous discussions" with members of the industry on the issue of showing films commercially on Sundays and the possibility of devolving authority for this to local level had been raised.

This was already happening with various other Sunday activities, which were regulated by provincial and or local enactments.

Replying to a supplementary question from Leon who noted that there was a cinema in Goodwood, Cape Town which was already showing films on Sundays, the Minister said that this supported his approach "that a local authority was in the best position to gauge the sentiments of a local community".

Replying to a second question from

Political Staff

Leon, the Minister confirmed government was considering changes to gambling legislation governing operation of casinos in SA.

He said it had been pointed out last year that:

Gambling and lotteries purely for material gain were unacceptable and remained illegal;

There was cause to investigate the legalisation of games of chance as funds were raised for health, welfare and educational institutions this way, and

The case for fund-raising competitions in which chance played a role and which is controlled by the state had not been made yet.

The Minister said government would approach the matter very carefully and would not take any steps before having all the available facts, and having consulted the churches.

He said his department, and that of National Health and Population Development, were in the process of preparing a Green Paper, in which proposals for amendments to the Gambling Act would be made.

The Green Paper would be published and interested parties would be afforded the opportunity to comment.

HOUSE OF DELEGATES

QUESTIONS

+Indicates translated version.

For written reply:

General Affairs:

New police station: Lenasia South/Fordsburg area

14. Mr D K PADIAACHEY asked the Minister of Law and Order:

- (1) Whether the South African Police are considering building a new police station in the Lenasia South/Fordsburg area; if not, why not; if so, (a) when and (b) where will it be built;
- (2) whether consideration will be given to introducing a mobile police unit into this

area in the meantime; if not, why not; if so, when will it be introduced?

D60E

The MINISTER OF LAW AND ORDER:

- (1) Yes, a satellite police station at Lenasia South in terms of Project Nonquai 1992.
 - (a) During the 1992/93 financial year.
 - (b) A section of Lot 8745, Lenasia South.
- (2) No, mobile units are not available at present. However, the manufacture of these units form part of Project Nonquai 1992 and will most probably be supplied to the South African Police by January 1993. By this time the satellite police station will already be completed.

Lenasia X10 as well as Lenasia South has been identified as a burning-point and has been policed from a mobile unit on premises identified in consultation with the member from Central Rand.

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Local authorities: clinics/community hospitals

*1. Dr W J SNYMAN asked the Minister of National Health:

Whether, in terms of the Government's announcement in 1991 with regard to health services, any clinics or community hospitals have been transferred to local authorities; if not, why not; if so, which clinics or hospitals have been transferred?

B414E.INT

*The MINISTER OF NATIONAL HEALTH: Mr Chairman, when I read the hon member for Pietersburg's interpellation, I wondered whether he was aware of the extent of the reconstruction process on which we are engaged and what it comprises when a primary health clinic devolves on a local authority. [Interjections.] I intend giving him full details this afternoon. [Interjections.] I think it is important for me first to explain the steps which are taken in carrying out this process and I also consider it important for the hon member to understand that we have been engaged in this process for only seven months. [Interjections.]

After this decision was agreed to by the Cabinet in May last year, we had to start on a process to ensure that the various concepts and the existing concepts on primary health services were interpreted in exactly the same way by six different authorities. It took a considerable time to compile a proper policy document which could serve as a manual to use on a national basis, on the basis of which primary health services could be rendered in future.

Each of the various authorities had its own interpretation of what primary health services were. Consequently discussions had to be held with each of these authorities and in the coordinating committees detailed attention was

paid to the development of such a national policy document. This policy document has just been completed and I hope that I shall be able to table it very soon. [Interjections.]

The next important step was for us to identify resources existing in each local authority. This includes our knowing what the manpower is at every clinic, what clinics are available, what functions are carried out by each clinic and that the phasing-in plan should be developed to rationalise all these facilities. This meant that we also had to create a management mechanism to get the phasing-in of this plan on the table. It therefore comprised a considerable number of steps. In addition, we had to hold discussions at regional level with various associations of local authorities and their treasurers and accountants on the financing of these services. [Time expired.]

*Dr W J SNYMAN: Mr Chairman, the hon the Minister has actually told me after much circumlocution that the established policy of the department has not yet been put into effect.

I want to devote some time in particular to one third-tier authority function which is being envisaged, namely the handling, organising and management of community hospitals by local authorities. I am pleased that the hon the State President is here because I want to remind him and the Government that during the referendum campaign they again specifically mentioned that a community life of their own would be protected and permitted for communities that desired it.

I want to ask the hon the Minister now whether this is to be the case at these community hospitals. Can a local authority therefore determine the character of this hospital? If there is a sphere in which our people want to lay claim to a community life of our own, it is especially in the sphere of hospitals, the place where patients are really dependent on their fellow men. In such a case the vast majority of peoples choose to be cared for by their own people and to be among their own people, people with the same values, traditions, customs and social behaviour. Surely it is a scientific fact that this creates the atmosphere, the milieu, in which optimal rehabilitation and healing results can be obtained.

What is happening at provincial hospitals now, however, where enforced integration will soon become mandatory? Superintendents of Transvaal hospitals have said that hospitals, in all departments, will have been integrated bed for bed by June. What is happening? Nowadays patients choose to go to private institutions where there are small wards with only four beds because the management of these institutions can place people together there for very sound considerations. This is not only true in the case of white patients but also as regards Black people. Let me give one example. The hon member for Soulspansberg last week asked me to visit his farm foreman, Jan Gqoba, in the non-white section of the Pietersburg hospital.

Jan is a Venda and a Christian who is very happy to have been admitted where he is and is pleased to see a visitor. He is happy there, and I can imagine that it would be an uncomfortable situation for him, that it would even cause him embarrassment if he should be admitted amongst strangers and find himself in the milieu of strange cultures. [Interjections.] [Time expired.]

Mr M J ELLIS: Mr Chairman, clearly the subject at hand is much broader than the way the CP are looking at it. The hon the Minister has pointed out today that although this question ostensibly has to do with the transfer of clinics and community hospitals to local authorities, really at the heart of the matter lies the control of primary health care. Should it be controlled by, as we believe, regional governments or should it be controlled by local authorities? This is how we would see the question.

The hon the Minister made it clear last year that she sees primary health care as a local authority function. Today she has spoken about her policy document. I should like to say to her that there has been—an ongoing debate, since her announcement last year, about where the control of primary health care should in fact lie. However, I believe it is generally accepted in health circles that primary health care should be devolved to the lowest possible authority to make it acceptable and accessible to the people that it is meant to serve.

The hon the Minister has made it clear in the past that in order for local authorities to carry out this service properly, clinics and community hospitals

that can and do provide primary health care should be transferred to the control of local authorities, and this does make sense. However, the DP has indicated its concern in the past, not with the concept of primary health care being transferred to the control of local authorities, but with the State undertaking this transfer at a time when the future of the control of health services in general is, in fact, not clear.

I am glad to hear that the hon the Minister is having ongoing discussions about this. It would seem, in terms of the negotiations taking place at Codesa, that strong regional government is likely in terms of any new constitution for this country. [Time expired.]

*THE MINISTER OF NATIONAL HEALTH: Mr Chairman, I shall give attention to comments by the hon member for Durban North in a moment. I first want to deal with a matter raised here by the hon member for Pietersburg. It is very clear to me that he is not really interested in the progress that we are making in the devolution of primary health care services. [Interjections.] The matter that he actually raised here was the real integration in hospitals. The question that I want to put is why the hon member did not bring an interpellation on this specific subject.

The devolution of community hospitals and clinics is part of the policy according to which we want to transfer functions to the lowest possible level to involve the community in the carrying out of the functions and even to shoulder responsibility for them. Consequently there is nothing here that conflicts with what the hon member has already said. What he said therefore corresponds with what we are doing. [Interjections.]

What is at issue here is therefore not integration or segregation in hospitals. What is at issue is the increase in efficiency and the rendering of service in our hospitals. It is aimed at optimising the facilities which we already have at our disposal.

I want to thank the hon member for Durban North for his support, and I think that it is important to point out that there is no longer any argument about the issue of primary health care as a function of local authorities. We have accepted that principle. What we need to clarify is the definition of the broad policy which we have to implement in the future.

*We have never really had a policy document on primary health care in South Africa. [Time expired.]

*Dr F H PAUW: Mr Chairman, the hon the Minister has referred here to an increase in efficiency, and once again she is on the wrong track.

A few matters arise from this interpellation. Firstly, on 13 May last year the hon the Minister said that our medical services and the training of health service workers were among the best in the world. She added that money for health services was exhausted. She wanted to apply corrective measures. Among other things she wanted, and I quote her—

... the delegation of the greatest number of functions to local authorities.

She said at the same time that there was a problem, and I quote her again—

... with the ability of local authorities to carry out these functions.

In August last year she said that local authorities would organise and manage clinics and community hospitals inter alia. These are the people whose abilities are problematic.

We are well aware what these new local authorities will look like. The bankrupt Black councils will dominate the excellent White councils in the new joint councils. [Interjections.] The bankruptcy and the administrative incompetence will be transferred to the new local authorities which will be elected in a so-called democratic way and will be managed by the Civics on the principal of one-city-one-tax-base. [Interjections.]

We also know only too well that the provinces are the bodies which have the expertise, experience and administrative machinery to provide health services. Once again this is an example of this Government's obsession with substituting a service which can never work for one of high quality.

*Dr W J SNEYMAN: Mr Chairman, it is certainly the case that we are concerned about the quality of medical services and the protection of our people's community life in the milieu of hospitals. For instance, a report appeared about the False Bay hospital under the headline "Doctors oppose forced integration of wards". Hon members know about this. In other words it is not

conservative people from the Northern Transvaal who are speaking here; this happened in Cape Town where an integrated hospital situation is found unacceptable even by so-called liberal Capetonians.

We receive letters like this one daily—let me read an extract:

Ons het my moeder besoek in sat 18 van die betrokke hospitaal en die toestand is absoluut onaantoonbaar. Daar is ongeveer 70 Swart vrouens en sewe Wit dames, wat twee gemeenskaplike sale deel. Die hele dag word daar Radio Bantoe gespeel of Bantoe-TV gekyk...

This is unacceptable behaviour between one patient and another. I request the hon the Minister on behalf of the Whites of South Africa... [Interjections.]... please give them an opportunity... [Interjections.] The NP do not care about the Whites anymore; they do not care a scrap! [Time expired.]

*THE MINISTER OF NATIONAL HEALTH: Mr Chairman, if the hon member for Pietersburg sees a strategy to establish apartheid again in what we are doing, I should like to tell him that he is on the wrong track. What we are doing is to optimise the efficiency of our services. [Interjections.]

Every superintendent of every hospital knows that we have supplied a management plan with guidelines on how he is to manage his hospital and that he should act in the interests of every patient. Due attention will be paid to what every patient requires. The hon member should really not read apartheid into this strategy which is occupying us because the involvement of the community in the providing of services is aimed at allowing the community to participate because it has its needs and should itself express how these services should be provided.

*Mr S C JACOBS: Of course, that is cheque book apartheid! [Interjections.]

*THE MINISTER: A further important matter... Perhaps I had better just give the information. The hon member asked what progress we had made. I had started telling the hon member what steps we were taking.

The Kempton Park hospital, which is a community hospital, is in the final phase of negotiation for handing over to the town council of Kempton

Park. The House of Representatives already has agreements with local authorities on seven of its facilities and is in the process of negotiating with local authorities in the case of 17 further facilities. The House of Delegates already has agreements with local authorities on 10 of its facilities.

The important point is that we are drawing up a proper management plan. We are ensuring that a proper network of services is made available in every local community. [Time expired.]

*The CHAIRMAN OF THE HOUSE: Order! With that the time for this interpellation has expired. Before we proceed to the second interpellation, I want to draw hon members' attention to the fact that the speaking time of every hon member who takes part in an interpellation is extremely limited. If hon members through their behaviour compel me to restore order first, some of the speaking time of hon members is lost. Consequently I shall not hesitate to take strict action. If an hon member persists in interrupting proceedings, I shall not hesitate to ask him to withdraw from the Chamber.

Debate concluded.

Single cities: legislation to be amended

2. Mr R F HASWELL asked the Minister of Local Government and National Housing:

- (1) Whether, in view of the alleged lack of progress in the creation of so-called single cities by means of the Interim Measures for Local Government Act, No 128 of 1991, he intends amending the said Act to enable more inclusive and equitable negotiations to take place, especially at metropolitan level; if not, why not; if so, what are the relevant details;

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

B440E.INT

The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING: Mr Chairman, progress with the negotiations regarding the options contained in the Interim Measures for Local Government Act, 1991, is found to be lacking, but breakthroughs are being made.

Many a real amendment to the Interim Measures for Local Government Act, 1991, is linked to the process of negotiation on the national level regarding a transitional constitution. To ensure

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continuous good administration, I am conducting ongoing discussions with the Provincial Administrations, as well as the co-ordinating council in regard to honing the Act.

The Government does not inhibit imaginative and creative negotiations on the local government level. In fact, the Government encourages such initiatives. No law could create a positive inclination towards negotiations on the local government level.

Therefore it is now important for those who support negotiations to suit the action to the word. Negotiations on national and local level are in full swing, and although it is not compulsory to negotiate, local government should guard against national negotiations catching them unawares. Passiveness would be fatal.

Mr R F HASWELL: Mr Chairman, the fact that Codesa assembled, wrote its own rules, elected its own chairpersons and defined consensus stands in direct contrast to the Interim Measures for Local Government Act, which is nothing more than a straitjacket prescribing who shall be in the chair and who shall have the vote. The hon the Minister's refusal to emulate Codesa and level the playing field strongly suggests that the Government is not even committed to power-sharing, let alone genuine democracy.

The amendment which the DP moved during the committee stage last year would have created the space for genuine and honest negotiations, such as are taking place outside the terms of the Act in the Witwatersrand Metropolitan Chamber. If he had accepted our amendment, negotiations would undoubtedly have been under way in every metropolitan area and, of course, such negotiations could have gone a long way towards resolving the deadlock over the payment of rents and services in the townships. The latest figure announced by the hon the Minister yesterday was R1 400 million.

Is it not obvious to the Government that until credible and legitimate city and metropolitan authorities have been negotiated that problem will not be resolved? Yet they refuse to create the space for credible negotiations.

To add insult to injury the hon the Minister recently announced that there would be no more racially based municipal elections, as his predecessor did last year, but then added that municipal elections would therefore be postponed until

1994. Just how wrong can the hon the Minister be? Our cities are falling apart, they cannot embrace townships because of the financial crisis, and communities are crying out for representation. Yet he not only refuses to stimulate the negotiation of interim authorities by amending the Act, but in fact postpones what he or his advisers clearly perceive as the evil day.

*Mr J H HOON: Mr Chairman, only two joint local authorities have been established since the passing of the Interim Measures for Local Government Act, namely Citrusdal and Riversdale. This is definitely a sign that there is no enthusiastic aspiration towards the establishment of multiracial local authorities.

Both Citrusdal's and Riversdale's populations consist mostly of Whites and Coloureds. Not a single local authority in which Blacks are involved has been established.

The hon the Minister has already stated that Black local authorities, as demarcated and constituted at present, are not economically viable in themselves. Black local authorities worked well until the ANC was let loose and was allowed to paralyse Black local authorities. More than 50% have already been put totally out of action.

This was a carefully developed method of the ANC's to force a powerless Government into the acceptance in principle of the concept of one town, one tax base and one council, one administration in which race will play no role.

Secondly, autonomous local authorities which are to be elected in democratic fashion and which in the "true sense of the word are representative of their communities". These are the hon the Minister's quotation marks.

Thirdly, a dispensation based on power-sharing without domination and, fourthly, a future municipal election which will not be racially based.

This is what the ANC has forced the Government into. Local authorities which are democratically elected, elections on a non-racial basis and representatives of the community in the true sense of the word can mean only one thing, namely that the people who are elected have all the power. [Interjections.]

*The CHAIRMAN OF THE HOUSE: Order!

*Mr J H HOON: If the majority of the people of the community within the local authority are

Black, it is only logical that the majority on that council will be Black. Because the majority in and around just about every town or city in South Africa is Black, the majority in this dispensation, as foreseen by the hon the Minister and his DP partners, will be Black and the community life of the Whites there will be null and void. [Time expired.]

*The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING: Mr Chairman, the hon member for Kuruman once again has the figures wrong. [Interjections.] In the Cape alone there are 127 city councils which have indicated in writing that they want to participate in this, and 56 have already indicated their desire to ask for technical help. [Interjections.]

*The CHAIRMAN OF THE HOUSE: Order!

*The MINISTER: I know of two that have participated and gone all the way. There are 127 councils which have indicated in writing that they are negotiating with a view to joint administration.

The hon member and his colleagues have once again missed the boat. The fact of the matter is that Black local areas have been shown historically to be not at all economically viable. [Interjections.] Every hon member who supported us in the referendum knows this. What is important, however, is that hon members on that side should now realise that South Africa's negotiation train is going full-steam ahead. If they do not participate their supporters will leave them, just as their supporters left them during the recent referendum. [Interjections.]

For that reason they dare not underestimate the depth of South Africa's eagerness to enter into dialogue once and for all, on national as well as on local level, and to develop a decent dispensation to the satisfaction of all, in which we can meet aspirations on the one hand, and also create security for our people on the other.

I think the models which we are presenting with regard to local government will altogether refute those hon members' specious arguments that we are selling out White local councils and areas to bankrupt Black councils. [Time expired.]

Mr J J WALSH: Mr Chairman, we agree with what the hon the Minister said. We have to have a top-down and a bottom-up approach to nego-

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People with different skin colour can have the same culture. [Interjections.] I still maintain that facts which are relevant with regard to education should apply, such as culture, religion, language and the person's background. I have stated repeatedly that the colour of a child's skin has no educational significance. [Interjections.] I say it again. Culture does have an educational significance and that is why the hon the State President stated more than a year ago. [Time expired.] Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Question standing over from Wednesday, 18 March 1992:

Welfare: Calitz/Robson Committees

*1. Mr R M BURROWS asked the Minister of Health Services and Welfare:

- (1) Whether, with reference to the reply to Question No 1 on 18 June 1991 and, in particular, the work of the Calitz and Robson Committees referred to in that reply, she is taking any additional steps, in the light of recommendations of the above committees, to alleviate the economic distress amongst (a) the recipients of social pensions, (b) those in receipt of welfare aid and (c) the unemployed; if not, why not; if so, what additional steps in each case;
- (2) whether she will make a statement on the matter?

B347E

THE MINISTER OF HEALTH SERVICES AND WELFARE:

- (1) Yes. As pointed out by the Minister of Finance in the reply to Question No 15 of 19 February 1992, the results of the Calitz working group were referred to Cabinet in the form of memoranda, on the basis of which various decisions were taken. These decisions were reflected in last year's Budget as well as in the Budget for

HOUSE OF ASSEMBLY

the 1992/93 financial year. The hon member is probably aware of the amount of R220 million which was made available for food intervention programmes and which was increased to R440 million in the Budget for the 1992/93 financial year.

The Robson working group was instructed with an internal management evaluation on the effectiveness of welfare and housing aid measures which are administered to combat poverty. Findings and recommendations are submitted to the responsible Ministers. It is not the intention to make available a public report. The Department of Health Services and Welfare, Administration: House of Assembly, however, has already submitted memoranda to the Ministers' Council on the basis of which certain decisions were taken. Continuous attention is therefore given to relieve the economic need amongst the poor, as I will now point out:

(a) Recipients of social pensions

Social pensions were increased by R10 per month as from 1 October 1991 to soften the effect of VAT on social pensioners. As recently announced during the Budget Speech, social pensions will be increased by 10% as from 1 April 1992. To stay on par with the increase, the income leg of the means test has been increased by the same percentage.

(b) Persons in receipt of welfare assistance

As pointed out in the reply to Question 1 of 18 June 1991, the above-mentioned Department administrators a social relief scheme where short-term help is given to a person or family to overcome a period of temporary need. The amounts which is paid in terms of the social relief scheme were increased as from 1 November 1991 and now amounts to the following:

- adults and children
- 10 years and
- older
- R28 per week

■ children below the age of 10 years

R20 per week

(c) As also pointed out in the reply to Question 1 of 18 June 1991, the above-mentioned Department administrators a special scheme to provide relief to unemployed persons and their families in order to enable them to provide themselves with basic necessities. More than 200 adults and children have already been helped in terms of this scheme in the current financial year.

(2) No.

For written reply:

General Affairs:

General Affairs:

Theft from provincial hospitals

121. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether any instances of theft of supplies and equipment other than medicines from provincial hospitals occurred during the course of 1991; if so, (a) what supplies and equipment form the bulk of these thefts, (b) at which hospitals in each province did these thefts occur and (c) what is the value of the supplies and equipment stolen;
- (2) whether her Department is investigating the theft of such supplies and equipment; if not, why not; if so, with what result;
- (3) whether she will make a statement on the matter?

B311E

THE MINISTER OF NATIONAL HEALTH:

Provincial Administration of Transvaal

- (1) Yes,
- (a) medical and domestic supplies and equipment,
- (b) Bargawanath Hospital
Bethal Hospital
Coronation Hospital
Ga-Rankuwa Hospital
H F Verwoerd Hospital
Hilbrow Hospital
Johannesburg Hospital
Kalafong Hospital

Kalie de Haas Hospital
Klerksdorp Hospital
Laudium Hospital
Lerating Hospital
Mamelodi Hospital
Middelburg Hospital
Natalspuit Hospital
Northern Transvaal Region
Eastern Transvaal Region
Paul Kruger Memorial Hospital
Sebokeng Hospital
Central Transvaal Region
Soweto Community Health Centres
Standerton Hospital
Sterkfontein Hospital
Tembisa Hospital
Withank Hospital
Zeerust Hospital and

(c) R124 347;

(2) thefts at provincial hospitals are locally investigated by the hospital management and as prescribed also reported to the Police for their own investigation. In case of employees of the hospital being involved in these thefts they are dealt with according to service regulations;

(3) no.

Provincial Administration of the Cape of Good Hope (CPA)

- (1) Yes,
- (a) furniture, linen and textiles,
- (b) Conradie Hospital—Cape Town
Cumakala Youth Health Centre—Stutterheim
Duncan Village Day Hospital—East London
Guguletu Day Hospital—Cape Town
Cross Roads II Day Hospital—Cape Town
Hoopstraat Dental Health Clinic—Cape Town
Oudshoorn Dental Health Clinic
Dora Nginza Hospital—Port Elizabeth
Eaton Rehabilitation Centre—Cape Town
Elizabeth Donkin Hospital—Port Elizabeth
Fort England Hospital—Grahams-town

cont

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Hanssens *Hanssens* *Hanssens* *Hanssens*

- (b) Ambulance and Emergency Medical Services
- Clairwood Hospital
 - Eshowe Hospital
 - Empangeni Hospital
 - Head Office
 - King Edward VIII Hospital
 - King George V Hospital
 - Midlands Hospital
 - Provincial Medical Supply Centre
 - R K Khan Hospital
 - Regional Laundry Durban and Coastal Area
 - Ulrecht Hospital
 - Wentworth Hospital and
- (c) R61 772 (excluding losses routinely written off during annual stocktaking);
- (2) the Health Services Branch of the Provincial Administration of Natal investigates all cases of reported theft and these are also referred to the South African Police for investigation. Losses are written off under delegated authority if the South African Police are unable to resolve the case;
- (3) no.
- Provincial Administration of the Orange Free State*
- (1) Yes,
- (a) engineer's equipment,
- (b) Universitas Hospital—Bloemfontein National Hospital—Bloemfontein Provincial Hospital—Welkom and
- (c) R3 812,90;

- (2) in accordance with regulations, all inquiries by the CPA are conducted in conjunction with the South African Police and the Department of Justice. The rate of success in terms of perpetrators brought to justice and/or goods retrieved is minimal;
- (3) no.
- Provincial Administration of Natal*
- (1) Yes,
- (a) tools (electrical and mechanical), electric household appliances and fire extinguishers,

- (b) Albany Road Day Hospital
- Bellville Day Hospital
 - Bethelsdorp Dental Health Clinic
 - Bishop Lavis Day Hospital
 - Dr Abdurahman Day Hospital
 - Elsies River Day Hospital
 - Lentegeur Hospital
 - Heideveld Day Hospital
 - Mitchells Plain Day Hospital
 - Pacaltsdorp Day Hospital
 - Rusthof Day Hospital
 - Scottsdale Day Hospital and
- (c) R30 740,71;
- (2) all the above incidents were reported to the South African Police. Few of the items stolen in these cases have been recovered;
- (3) no.

Schools: average class size

122. Mr R M BURROWS asked the Minister of Education and Training:

(1) What is the average class size in (a) primary and (b) secondary schools in each specified region of his Department;

(2) what is the class size required by his Department for supplying a class teacher in (a) primary and (b) secondary schools;

(3) what is his Department's policy in regard to the supply of additional teachers to schools?

B316E

The MINISTER OF EDUCATION AND TRAINING:

(1) 1991

	(a)		(b)	
	Primary	Secondary	Primary	Secondary
N-TVl	41,44	36,40		
H/Veld	41,99	36,41		
I/Burg	35,13	30,05		
Orange-Vaal	39,54	36,73		
OFS	42,63	34,70		
Natal	42,39	35,43		
Cape	41,70	39,30		
D/Field	42,50	37,77		

(2) (a) Primary—40 pupils (minimum)

- (b) Secondary—35 pupils (minimum)
- (3) The Department annually creates the maximum number of new posts, in accordance with the amount of money earmarked for this purpose. Posts are apportioned to the regions in terms of the policy (Question 2 above). The Regional Chief Directors allocate the posts to schools according to need.
- Statistics as on 5 March 1991.

Training institutions: applications refused

123. Mr R M BURROWS asked the Minister of Education and Training:

(1) How many persons were refused admission to teacher-training institutions under the control of his Department in respect of the current academic year;

(2) (a) what policy is being applied at present in regard to the acceptance of a specific number of persons into his Department's teacher-training institutions and (b) on what demographic projection and school admissions is the current acceptance policy into such institutions based;

(3) whether his Department is experiencing a shortage of teachers; if so, (a) what is this shortage and (b) in what categories of skills is this shortage found?

B317E

The MINISTER OF EDUCATION AND TRAINING:

(1) Approximately 70 000 applicants were refused admission. Since a large number of persons applied to more than one college, it is impossible to say exactly how many individuals were refused admission.

(2) (a) The Department annually determines the maximum number of students who may be enrolled at each college of education, as well as the intake of new first year students. Ideal class sizes, the subjects to be offered, the school subjects for which teachers are needed, the current teacher/pupil ratio in schools, the ideal teacher/pupil ratio 1:40 (primary) and 1:35 (secondary), the projected increase in pupil numbers, the availability of classrooms, the num-

between the traders and the department. There the meaning of the term "mutually accepted" was translated into its proper, practical meaning. They came back to the traders, however, and said the hon the Minister of Housing had given instructions that he was not prepared to accept this mutual agreement, and they raised the price. I shall prove that. I shall give hon members the information. The hon the Minister must get McLachlan out into his office and arrange an all-party meeting. I shall get the traders. It is on record that it was a Ministerial instruction that the prices agreed upon would not be acceptable. This is what was reported, and I have confirmed it to be the truth. [Time expired.]

THE MINISTER OF HOUSING: Mr Chairman, as far as the Moberi Heights shopping centre is concerned, the reason that consideration was extended to them is that they were able to furnish the financial guarantee for the money on the basis of the sale price agreed upon.

I want to make it absolutely clear that shopping complexes are valued at the market price. Those prices are discounted for the trauma our people have gone through as a result of the Group Areas Act. As far as I am aware, there have been prolonged negotiations with regard to Montford and Mooton. Ultimately there was an agreement. After all, even if they ask us to sell the shopping centres for peanuts, we cannot simply do that. It is not money belonging to the Minister; it is State money.

There is a method of valuing the property. What we did and are doing all over with regard to shopping complexes, is to discount the open-market value by considering what our people have suffered, due to displacement. The price in terms of the agreement is arrived at on that basis. I want to make it very clear that I cannot simply give away shopping complexes. I do not want to become popular. It is State money and I am answerable for it.

What we want to ensure is that people expedite the negotiations. One cannot carry on negotiations for six months or a year. If that deal were given to a lawyer to handle on our behalf, it would have been closed, one way or the other, long ago. I have indicated that I am prepared to advise that my officials talk to these people again if they want to talk about the matter.

HOUSE OF DELEGATES

We need the money. There is the Cabinet directive. The Treasury imposes certain conditions. I am not involved in these negotiations. I have no interest in them. I went out of my way, even as far as Havenside was concerned, to help finalise matters as far as possible. Fortunately Havenside has also produced its guarantee. Moberi Heights has produced a guarantee. What we are charging is a fair market value, not the market value as determined by people like Issac Geshen and Company. We accept that figure, and then we try to discount the price on the basis of the trauma our people have gone through. [Time expired.]

Debate concluded.

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Vacant posts: King Edward VIII Hospital/Natal Medical School (98) (2)

13. Mr M RAJAB asked the Minister of National Health:

- (1) Whether any professional posts are vacant at the (a) King Edward VIII Hospital and (b) Natal Medical School; if so, (i) (aa) how many, (bb) in which departments and (cc) in respect of what date is this information furnished, (ii) what are the reasons for these vacancies and (iii) when is it anticipated that they will be filled;
- (2) whether she will make a statement on the matter?

D52E

THE MINISTER OF NATIONAL HEALTH:

- (1) (a) Yes and
(b) yes,
(i) (aa) King Edward VIII—11.
Natal Medical School—
13,
(bb) King Edward VIII—Clinical Wards.

HOUSE OF DELEGATES

Natal Medical School—
Urology, Gynecology
and Obstetrics, Neuro-
Surgery, Anatomy, Chem-
ical Pathology, Haematol-
ogy, Microbiology,
Pharmacology, Forensic
Pathology and Virology,
(cc) King Edward VIII—
29 February 1992.
Natal Medical School—
5 March 1992,
(ii) King Edward VIII—Retire-

(2) no:

(98) (2) no: (iii) King Edward VIII—Personnel were selected and will assume duty soon.
Natal Medical School—Posts are being advertised;

ments, promotions and resignations.

Natal Medical School—Unattractive conditions of service and the fact that private practice is more lucrative and

Venter damned on Valkenberg breakout

By Justin Pearce

South
28/3-2/4/92 of nurses.

980 ~~680~~

THE minister of national health, Dr Rina Venter, has confirmed in parliament that Valkenberg Hospital was understaffed when a group of patients broke out of the maximum security unit on February 13.

But her failure to acknowledge nursing posts at Valkenberg had been frozen has drawn sharp criticism in psychiatric circles.

At the time of the escape, 22 nursing posts at Valkenberg had been frozen owing to a shortage of state funding.

One of the consequences of the incident was the unfreezing of these posts to redress the critical shortage

of nurses. But in a reply to a question posed in parliament by Miss Dene Smuts, Venter referred to "the filling of vacant nursing posts".

"The posts were not vacant," said an angry trainee psychiatrist who was working at Valkenberg when the patients broke out, adding that he knew of nurses who had applied for posts at Valkenberg and been turned down as the posts were frozen.

He said that Venter's statement amounted to a direct admission of responsibility for the events at Valkenberg, but that it had been made in a way that was deliberately misleading. **See page 12**

Clinic will treat babies — before they are born

S/Times [CM] 29/3/92

S/Times (EM) 29/3/92 (98)

SOUTH AFRICA's first foetal clinic, which will be able to identify babies who need special attention while still in the womb and treat them before birth, opened in Cape Town recently.

The Fetal Evaluation Clinic at Tygerberg Hospital will evaluate, diagnose and treat unborn babies suffering from severe medical problems.

"We are proud to offer this service, which will help save babies from dying before birth," said Professor Hein Odendaal, head of gynaecology and obstetrics at Tygerberg Hospital and director of the Medical Research Council Unit for Perinatal Mortality.

The new clinic was opened by the Health Services and Welfare Minister in the Administration House of Representatives, Mr A A Julies on March 19.

According to statistics 20 percent of babies are born prematurely in South Africa compared to six percent in Europe and eight percent in the United States.

Professor Odendaal and his staff believe that now, with the help of accurate research, sophisticated equipment and dedicated staff with extensive experience in perinatal diseases, they can assist in lowering the high rate of premature baby deaths in South Africa.

Problems

Although the clinic is aimed at the immediate community served by Tygerberg Hospital, doctors in the private sector and at state hospitals around South Africa will be able refer pregnant patients suffering from diabetes or hypertension, as well as those who have suffered more than two foetal or neonatal losses to the clinic for evaluation and advice.

Another risk group to be catered for are mothers whose Rhesus blood grouping is incompatible with that of the unborn baby.

"Only expectant mothers suffering from severe problems should be referred to us by their doctors. Once the patient has been diagnosed she will be referred back to her doctor," Professor Odendaal said.

"Obviously we will also as-

By JANICE HILLIER

sist telephonically with advice on minor problems experienced by pregnant women."

Professor Odendaal said expectant women from other parts of the country did not have to be sent to the clinic in person.

"This would be too costly, but we could assist them by advising the patient's doctors on the necessary tests. Specimens could then be sent to us by courier for examination and assessment."

The clinic team — a sister, a research sister, two research assistants, four consultant obstetricians, a geneticist and two ultrasound operators — use the latest equipment to assess unborn babies with problems.

Professor Odendaal said the cost of setting up the clinic had been about R120 000, donated by the Medical Research Council, Stellenbosch University and Tygerberg Hospital.

Diseases

As a result of research at Groote Schuur and Tygerberg Hospitals the Cape Provincial Administration had encouraged local authorities to use a five-point plan to try to prevent perinatal deaths, he said.

This plan included striving to examine a woman at least twice during a pregnancy; testing pregnant women for sexually transmitted diseases; informing women about the dangers and prevention of Aids and promoting breast feeding.

"Our main concern is to promote the research knowledge available in rural areas. With the correct use of this plan many perinatal deaths can be prevented," Professor Odendaal said.

The MINISTER OF NATIONAL HEALTH:
Notified cases of each notifiable medical condition
Republic of South Africa, 1991
as on 23 March 1992

Disease	Indian	Black	Coloured	White
Cholera	0	2	0	0
Typhoid fever	16	1 045	35	20
Food poisoning	0	74	1	50
Brucellosis	0	3	0	12
Leprosy	0	21	0	0
Diphtheria	0	9	3	0
Meningococcal infections	4	385	271	36
Tetanus	0	61	5	1
Legionellosis	0	7	2	4
Poliomyelitis	0	1	0	0
Measles	25	1 791	129	143
Haemorrhagic fevers of Africa	0	0	3	1
Rabies	0	5	0	2
Trachoma	0	0	0	0
Typhus fever	0	1	1	0
Malaria	0	4 194	8	140
Congenital syphilis	0	64	19	0
Acute rheumatic fever	4	14	12	5
Tetanus neonatorum	0	7	0	0
Lead poisoning	0	9	0	2
Pesticidal poisoning	1	73	43	7
Tuberculosis	521	47 233	18 554	748
Viral hepatitis	54	757	421	1 188
Anthrax	0	0	0	0
Paratyphoid fever	0	0	0	0
Plague	0	0	0	0
Smallpox	0	0	0	0
Yellow fever	0	0	0	0

Livingstone Hospital: beds

183. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Livingstone Hospital, was the (a) total number of beds, and (b) number of beds not utilized, in 1991? B434E

The MINISTER OF NATIONAL HEALTH:

- (a) 793 beds and
(b) none.

Own Affairs:

Subsidized school buses

40. Mr R M BURROWS asked the Minister of Education and Culture:

- (a) (i) How many pupils were transported daily in subsidized school buses, and (ii) what

HOUSE OF ASSEMBLY

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

Own Affairs:

Training of teachers: cost

5. Mr M RAJAB asked the Minister of Education and Culture:

What is the estimated cost to the State of training a teacher at (a) university and (b) teacher-training college on a non-residential full-time basis for four years? D42E

The MINISTER OF EDUCATION AND CULTURE:

The lowest estimated cost to the State of training a teacher on a non-residential full-time basis for four years is as follows:

- (a) at a University, say University of Durban Westville, the State subsidy of R7 371,00 p.a. X 4 which is R29 484,00 (minimum).
(b) at a teacher-training college, say Springfield College of Education, R11 283,39 p.a. X 4 which is R45 133,56 (minimum).

Mass protests: Indian schools

6. Mr M RAJAB asked the Minister of Education and Culture:

- (1) Whether teachers in Indian schools staged any mass protests during 1991; if so, (a) when, (b) where, (c) why and (d) what amount of teaching time was lost as a result;
(2) whether he will make a statement on the matter? D43E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes

- (a) From 5 February 1991 to 8 February 1991.
(b) Staged "sit-in/chalk down" in most schools.

- (c) Protest against implementation of rationalization of staff as per E.C. Circular 2 of 1991.
(d) Approximately eight hours in total per school in 90% of the schools. The "chalk down" was spread over four days.

- (2) No.

Teachers: retrenched/made redundant/retired early

7. Mr M RAJAB asked the Minister of Education and Culture:

- (1) How many qualified teachers were made redundant, retrenched or retired early because of a surplus of teachers during or at the end of 1991;
(2) How many teachers who qualified at the end of 1991 were unable to obtain posts from the beginning of 1992;

- (3) (a) how many Indian student teachers have bursaries from the State at present and (b) (i) what is the annual cost to the State of such bursaries and (ii) in respect of what year is this information furnished? D44E

The MINISTER OF EDUCATION AND CULTURE:

- (1) There are no surplus teachers according to the needs of the Department. However, in terms of the SANEP formula, the basis on which funding for Education is provided, 2 743 teachers were regarded as additional to the establishment. 509 Educators were granted early retirement in terms of rationalization measures adopted by the Department.
(2) 22—declined to take up posts away from home districts.
(3) (a) 574
(b) (i) R1 524 400
(ii) 1992 (as at 4 March).

Subsidized school buses

8. Mr M RAJAB asked the Minister of Education and Culture:

- (1) (a) How many pupils attending schools falling under his Department were transported daily in subsidized school buses,

HOUSE OF DELEGATES

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Telephone services/private post boxes:
Johannesburg North

154. Mr P G SOAL asked the Minister of Posts and Telecommunications:

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 in each suburb falling within this constituency and (ii) when is it anticipated that the backlog will be eliminated?

B373E

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

(a) Yes, 1 802 as at 29 February 1992;

(i) Bryanston

133

Farmall

17

Fourways

144

Diepsloot

28

Lanseria

13

Olivedale

48

Randburg

101

Bromhof

165

Rosebank

350

Parkview

92

Sandton

0

Benmore Gardens

172

Kelvin

189

Sunninghill Park

350

TOTAL

1 802

(ii) it is expected that 667 of the waiting applicants will be provided with telephone service by the end of April

1992 and the remaining 1 135 in the course of the 1992/93 financial year. At this stage it is not possible to indicate a definite or anticipated date when the backlog will be eliminated as the execution of planned projects is entirely dependent on the availability of sufficient funds for the 1992/93 financial year.

(b) Yes;

(i) 224 as at 11 March 1992 (Birmam Park 55, Parkhurst 49 and Craighall 120).

(ii) 250 additional boxes will be installed at the Birnam Park Post Office during the course of 1992. The installation of additional boxes at the Parkhurst and Craighall Post Offices is not possible because of the structure of the buildings. The waiting applicants at these offices can only be accommodated as and when existing boxes become vacant. Specific dates for the elimination of the backlog cannot, therefore, be furnished. It should be mentioned that vacant boxes exist at Pinegowrie (537), Saxonwold (4), Northlands (13), Bramley (772) and Parklands (300).

PE Provincial Hospital: beds

178. Mr E W TRENT asked the Minister of National Health:

What, in respect of the Port Elizabeth Provincial Hospital, was the (a) total number of beds, and (b) number of beds not utilized, in 1991?

B421E

The MINISTER OF NATIONAL HEALTH:

(a) 722 beds and
(b) average of 338 beds.

Notifiable diseases

181. Mr M J ELLIS asked the Minister of National Health:

How many cases of each notifiable disease were notified in respect of each race group in 1991?

COM - - - -
HOUSE OF ASSEMBLY

Boost for Flats health services

CT 30/6/92

(98)

By PETER DENNEHY

HEALTH services on the Cape Flats are to get a boost when responsibility for all primary health is handed over from the state or CPA to local authorities.

Five more day hospitals or community health centres will follow the example of the Khayelitsha One and Hanover Park former day hospitals, which are now day-and-night hospitals.

This emerged from a CPA strategic plan to address the problem of underuse of some hospitals and overuse of others.

According to the CPA's health services workshop report, facilities at Nolongile (also in Khayelitsha), Guguletu and Crossroads will operate 18 to 24 hours a day.

If the House of Representatives reaches a suitable agreement with the Cape Town City Council, the same will happen to facilities at Mitchells Plain and Elsie's River.

The CPA's hospital and health services branch has nine community health centres or day hos-

Plan for community to run hospitals

pitals, the Department of Health and Welfare of the House of Assembly has 17, and that of the House of Representatives four.

The plan is an attempt to ensure that basic health problems will no longer be treated at inappropriately high levels of care, such as at the teaching hospitals.

Among the recommendations of the workshop report are:

- The G F Jooste Hospital on the Manenberg/Guguletu boundary will become a general hospital at secondary level to handle all emergencies. The upgrading will cost up to R2,2 million. An

underused small hospital will be sold to raise the money.

- Karl Bremer will become a second-level general and referral hospital.

- Conradie will no longer be a general hospital, and patients in those categories will go to G F Jooste and Karl Bremer instead. The spinal unit will remain at Conradie, which will become mainly a rehabilitation hospital.

- Woodstock will no longer be a general hospital but will retain its outpatients' department and a first-level casualty department, possibly with limited hours.

- Eaton rehabilitation hospital in Plumstead will be closed and sold. Its 30 patients will be transferred to False Bay Hospital.

Minor trauma ought not to be dealt with at Groote Schuur and Tygerberg hospitals, the report said. Forty percent of trauma cases could be successfully treated at primary level without X-ray facilities, another 40% at primary level with X-ray facilities, 15% at secondary level hospitals, and only 5% required care at tertiary level.

Black patients given train tickets to travel

BLACK patients being transferred from Pietersburg Hospital to more advanced centres in Pretoria are given train tickets for travel, with no accompanying nurses.

At least one patient is known to have collapsed and died in a train last year during such a transfer and Garankuwa Hospital officials are known to have lodged complaints about the service.

Sowetan
By MATHATHA
TSEDU

Garankuwa Hospital superintendent Dr JZ Moolman defended the system and said ambulance transfers were only done for critically ill patients because it was expensive.

Moolman said white patients were given bus tickets where needed, which seldom happened because whites had their own transport.

2/4/92
Moolman was reacting to an investigation by *Sowetan* which had revealed that black patients who are transferred to Kalafong and Garankuwa hospitals travelled by trains.

A patient is given a train ticket and sometimes that of a relative who must nurse him/her on the way. No nurse is provided and some of these patients are unable to walk.

One such case is that of Mrs Johannah Mpya (39)

98
who is suffering from cancer of the womb. A few months ago she was told she had to go to Garankuwa Hospital and she had to get a relative to accompany her.

Bed-ridden and unable to send a message home, she lay in hospital until a relative was available. She was told her condition had deteriorated to the extent where further treatment would not help her.

Her cancer is now in an advanced state and she is

waiting for death, while the hospital only gives her pain killers to reduce her suffering.

Moolman said it cost the hospital and the province R300 to send an ambulance to Pretoria. "While we have a large fleet of ambulances, we also deal with a lot of accidents here and if we send all our ambulances out we will not be able to render service to those in accidents."

She did not think the procedure would change.

Move to privatise beach huts

Municipal Reporter

COUNCIL officials believe that the existing 184 wooden bathing huts on Muizenberg beach ought to be privatised.

At present the huts are let on a seasonal basis by the council. The council also meets the costs of maintaining them.

Town planner Mr Neville Riley suggested the bathing huts on the St James side of the Pavilion be removed because they were in the way of beachfront development.

The huts on the Strandfontein side of the Pavilion should be retained in the meanwhile. A report is to be drawn up about the best method of privatisation.

SA Library 'underfunded'

Municipal Reporter

THE board of the South African Library claims it is being hampered by underfunding.

It warns in its latest annual report that the state is continually failing to fund it at a level that will enable it to fulfil its functions.

In the year under review, 1991/2, the library's grant was reduced from R3,6 million to R3,2 million. "To balance its budget, the board was forced to use the full amount in its stabilisation fund, R323 000, and a number of posts had to be left vacant."

In terms of the National Libraries Act, the library should render a book restoration service on a national basis, yet it had just one qualified restorer on its staff, the report said.

A computerised retrieval system had been installed, but there were no funds available for entering the records in the card catalogues into the system. This task was expected to cost R1m. ● Meanwhile, the Cape Town City Council has persuaded the Cape Provincial Administration to postpone a proposed change in its subsidy formula for the municipal library service. The change would have meant less money for the council.

Waste disposal at hospitals changed

ET 3/4/92 Political Staff

THE medical waste disposal system at provincial hospitals in the Cape Peninsula and Durban had been changed, the Minister of National Health, Dr Rina Venter, said yesterday.

Although privatisation was being considered at other centres, increased costs were hampering its introduction, she said in reply to a question tabled in Parliament by Mr Mike Ellis (DP, Durban North).

In specific cases, such as in Cape Town, the Great-er Peninsula area and Durban, changes to the waste disposal at hospitals under the control of provincial administrations were introduced in the 1991/2 financial year.

FREEDOM OF THE CITY ...

Smartly turned-out sailors from the South African Navy yesterday marched, bayonets fixed to their rifles, past the City Hall to celebrate the Navy's 70th anniversary. President F W De Klerk presided over a Fleet Review in Table Bay Harbour with up to 17 ships taking part.

Jeweller guilty of robbery

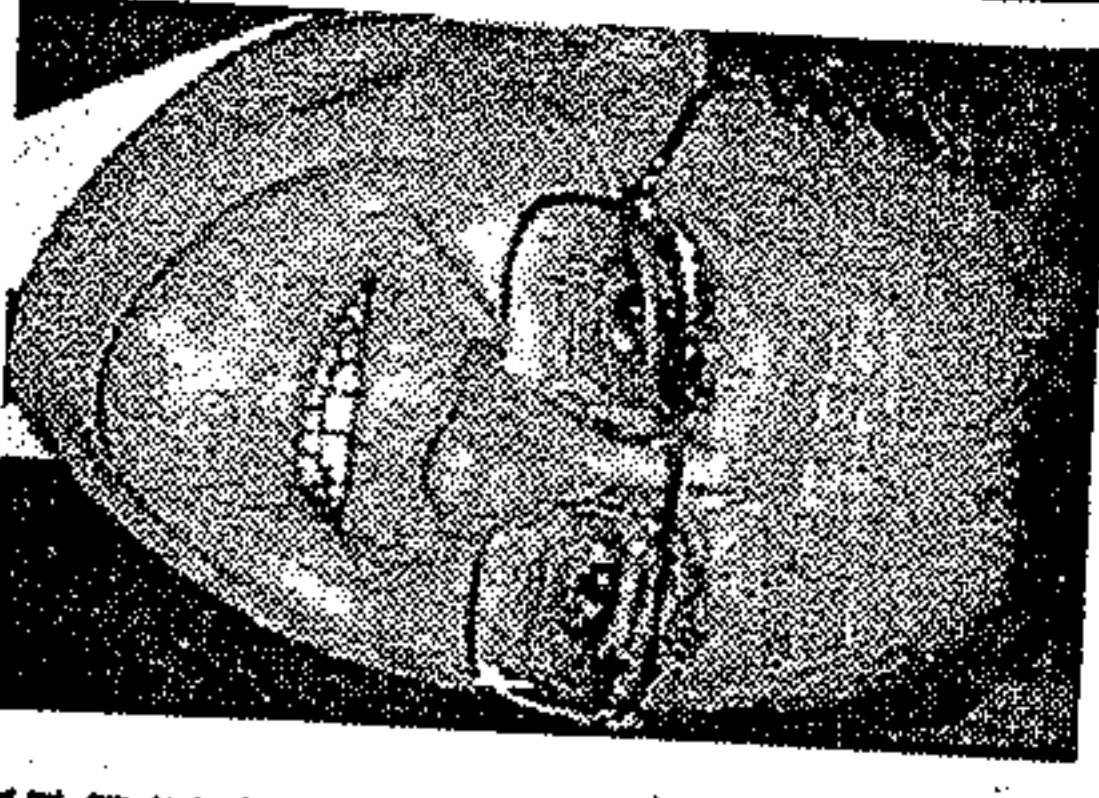
Staff Reporter

A PRETORIA jewellery maker was yesterday convicted in the Cape Town Regional Court of assaulting and robbing a Sandton businessman.

Steven Allen, 29, of Sunnyside, Pretoria, had pleaded not guilty.

Mr G Bruwer found that he had taken over Mr James Burns's car at a knife-point in Regent Road, Sea Point on January 6 and had threatened to slit his throat if he did not give him money.

Allen will be sentenced today.



Bérégovoy takes over as French Premier

NEW PREMIER ... Pierre Bérégovoy

PARIS. — Pierre Bérégovoy has taken over as French Premier from an ill Mrs Edite Mitterrand and faced the task of leading the ruling Socialist Party out of the shadows. President François Mitterrand announced at a time that Mitterrand had resigned his post as finance minister and his sixth prime minister.

TB cases 'keep rising'

Political Correspondent

ET 3/4/92

THE number of cases of tuberculosis in South Africa continues to rise, with 67 056 cases reported last year.

The Minister of National Health, Dr Rina Venter, said yesterday that 47 233 cases were reported among blacks outside the TBVC homelands last year, 18 554 among coloureds, 748 among whites and 521 among Indians.

There has been a steady increase in TB cases over the last five years — from 50 991 cases in 1986 to 67 065 in 1991.

Replying to a question from Democratic Party health spokesman and MP for Durban North, Mr Mike Ellis, Dr Venter said that there were 4 194

cases of malaria among blacks last year, 140 among whites, eight among coloureds and non among Indians.

There were 1 791 cases of measles among blacks, 143 among whites, 129 among coloureds and 25 among Indians.

There were 1 045 cases of typhoid among blacks, 35 among coloureds, 20 among whites and 16 among Indians.

Mr Ellis said the figures were "shocking" evidence of the neglect of primary health care service. He said the widespread incidence of notifiable diseases was actually far worse because the figures released by Dr Venter did not take into account the independent homelands.

Boksburg balks at Aids home

Residents fear

'tainted' bags of garbage

STAR 4/14/92

CAROLINE HURRY (48)

THE Boksburg Town Council has demanded the closure of a home for the terminally ill — including Aids patients — after nearby residents refused to accept the institution in their area.

The St Francis Home for the terminally ill in Boksburg is fully staffed and equipped with enough beds for 14 patients.

Large windows framed by cheerful curtains overlook the garden, containing a small chapel. The problem is, there are no patients.

"We cannot accept patients here, knowing they may have to be moved again. It would simply be too traumatic for them," said Matron Allie Marshall.

St Francis's last patient, a young man of 35, died of Aids on February 14. His mother, who came up from Wakkerstroom to be with him, had nothing but praise for the staff of the St Francis home.

"As an Afrikaans woman from the pletland, I have never experienced such love, empathy and caring as shown me and my son by the black nurses. As Willem lay dying, too sick to speak, they even sang for him," she said.

"My son needed morphine and the kind of medical care I would not have been able to provide for him at home. As a mother, all I wanted was to be with my child. St Francis and its staff made this possible. Like it or not, Aids is here to stay and this home is an essential service to the community."

However, few people living in Boksburg West share these sentiments.

"F... out" and "Weg met Vigs" were two messages rudely scrawled across the gates of the home, while next-door neighbour, Mrs Rina Maartens circulated petitions signed by 350 residents, demanding that the Boksburg Town Council close the home down.

The council has since written to the home saying it contravenes the town's planning scheme and demanding it cease operations, or else the council will seek an interdict forcing them to do so.

Boksburg management committee chairman Beyers de Klerk says the

HEAVY WASTE: All medical waste is placed in sealed container and destroyed.

spice was opened illegally by the owner, Father Brennan, who "showed no consideration for the

However Brennan told the Saturday Star that his wyers had applied to run the home and he was sitting for the management committee's decision. He said he was concerned about all the false information being spread about the St Francis Home.

Among residents' complaints are:

- Property devaluation because of an Aids "taint".
- Alleged mental instability of the home's residents;
- Alleged influx of "other racial groups" with the received alleged security risk this would pose.
- "Who wants to live next door to an Aids home?"

Mike Oggie and Gertie Strydom, who live nearby. "We have nothing against a haven for the sick, but not a residential area.

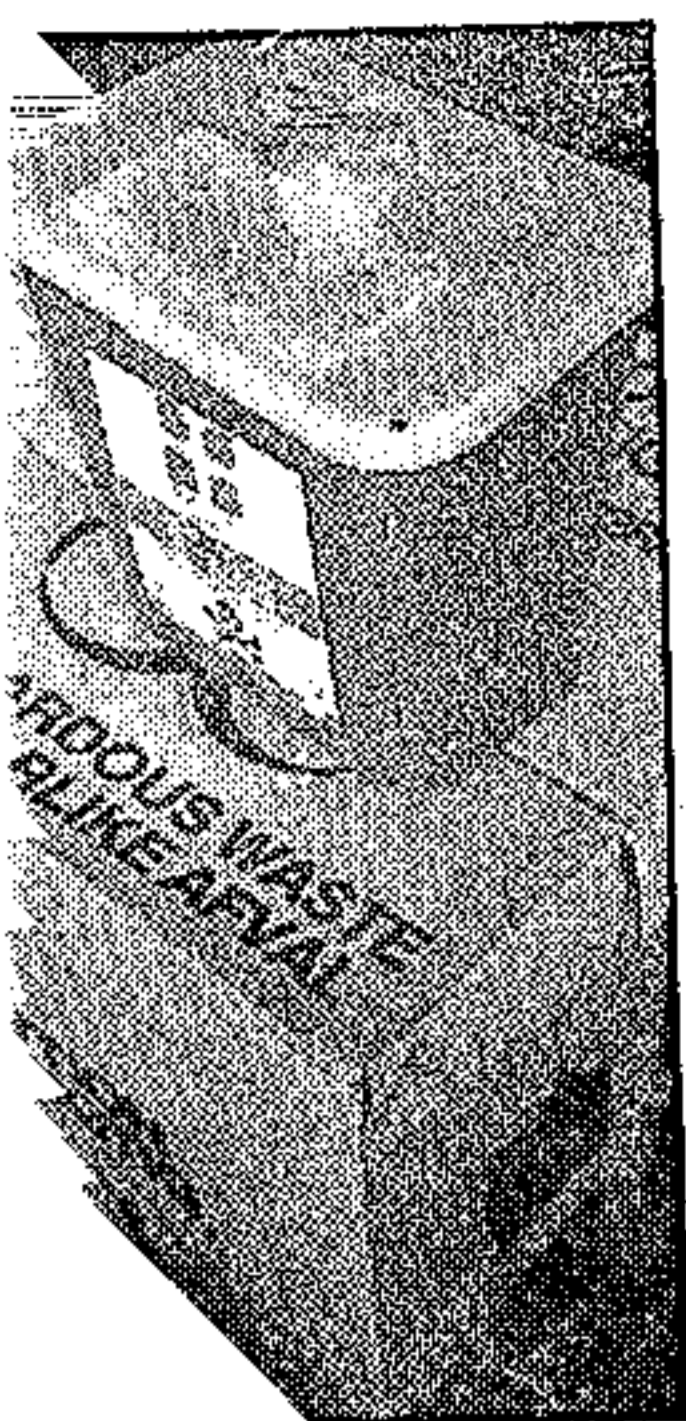
"Infected needles could be lost, and there are taxis bringing the black staff to work as well as ambulances entering and leaving the property.

Geraldine Pieterse was more concerned about the garbage. "Every Thursday night, garbage bags are put outside the gates. Dogs that tear the bags can get the virus and spread the disease by biting people."

In reply, Marshall pointed out that animals could not catch Aids, and infected needles did not get near the garbage but were carefully placed in a sealed box and destroyed. "Like any hospital, we are meticulously careful with our waste," she said.

Paul Herman, a spokesman for Aids Consortium — project embracing 30 national and Transvaal-based organisations involved in Aids policy and care — said in a manner in which the council, its management committee and some residents had responded to the situation showed bigotry and intolerance.

HEAVY HEART: Matron Allie Marshall contemplates the fate of the St Francis Home in the little chapel provided for staff, patients and their families. Photographs: JOHN HOGG



Sharp criticism for TPA hospital tariff increase

STAR 9/4/92

Staff Reporter and Sapa

The impending country-wide 12 percent increase in provincial hospital tariffs has been sharply criticised by political organisations and parties.

The Transvaal Provincial Administration announced yesterday that the increase comes into effect on May 1.

It will generate a R30 million income for the TPA in the coming year, according to MEC Fanie Ferreira.

Mr Ferreira said during a debate on the Transvaal Provincial Budget that all four provinces had decided to increase hospital tariffs by 12 percent at the same time.

Democratic Party health spokesman Mike Ellis said while there was sympathy for the

provinces due to cuts in health finance allocations, it was also not possible to condone the increase.

Mr Ellis pointed out that the increase would hit hardest the poorer section of the community — who had nowhere else to go but to provincial hospitals and who already suffered financial constraint.

ANC Secretary for Health Dr Ralp Mgiijima said any form of restructuring in the health sector was unacceptable until a much broader consultative forum was established to deal with the issue.

National Education Health and Allied Workers' Union (Nehawu) assistant general secretary Neal Thobejane said the increase was "unaccept-

able" as the majority of blacks "cannot even afford the present tariffs".

The TPA also announced a drop in TPA's ambulance tariffs in rural areas from May 1.

This follows protests by rural communities.

According to the TPA, ambulances were charging R3 a kilometre from the point of departure of the ambulance in Johannesburg or Pretoria to the rural town to pick up the patient and back to the ambulance depot.

Under the new tariff system a patient would be charged for the distance from where he was picked up to where he was dropped off.

He said the other three provinces — Free State, Natal and the Cape — would introduce similar revised tariffs.

Political Staff

CAPE TOWN — Hospital tariffs will rise 12% from the beginning of next month.

Transvaal MEC Fanie Ferreira said yesterday the committee of all MECs for health in the four provinces had decided the increase would take place simultaneously. The rise would generate about R30m in the coming year, he said.

However, ambulance tariffs in the rural areas would drop by half on May 1. Ambulances currently charge R3 a kilometre from their point of departure in the major cities to the rural town to pick up the patient and back to the ambulance depot. Under the new system, a patient would be charged for the distance from the pick-up point to where he was dropped off.

GERALD REILLY reports Ferreira ac-

Hospital tariffs to be increased 12%

knowledge that existing services, particularly medical and nursing services, were inadequate to deal with the growing number of patients at provincial hospitals.

Ferreira told the Transvaal extended committee on provincial affairs the opening of all outpatient and casualty departments and growing urbanisation had put hospitals under increased pressure.

Poor conditions had resulted in the loss of experienced hospital staff. About 35% of the most skilled nurses in the age group 26-35 left the service for the private sector.

● See Page 5

26/7/76
9/11/76
See 01/8

1978

No room for sick in overcrowded wards

JOHANNESBURG Hospital is seriously overcrowded and doctors and nursing staff are threatening to accommodate very ill patients on the ward floors.

Sick people and women in labour are being turned away every day because of the acute shortage of beds.

They are being referred mainly to the J.G. Strydom, Coronation and Baragwanath hospitals.

Chief superintendent Dr J Botha yesterday confirmed the shortage of beds, but said he would never allow patients to be placed on floors.

Since hospitals were opened to all races

two years ago, the Johannesburg Hospital had experienced an unprecedented flow of patients, Botha said.

Regarding the several unused wards at the hospital, Botha said a severe shortage of funds meant an adequate staff complement could not be employed to service extra wards. "To enable us to open and operate those wards, our budget will have to be doubled. Currently, budgets are being cut," Botha said.

Overworked doctors said this week that although they had been instructed to turn

patients away when no beds were available, it was becoming increasingly difficult not to admit seriously ill people.

The wards most affected were the maternity ward, the medicine ward and the paediatric intensive care unit, the doctors said. Women recovering after giving birth were occupying beds normally set aside for expectant women. And in many cases people who had reserved beds had to be turned away.

Johannesburg Hospital serves, among other areas, the densely populated suburbs of Hillbrow, Berea and Yeoville.

The Hillbrow Hospital does not have a maternity ward.

STEPHANE BOTHMA

B(paw) 9/4/92 (98)

Cancer patient admitted to hospital



JOHANNAH MPYA

TERMINAL cancer victim Mrs Johannah Mpya, who was discharged from Pietersburg Hospital last week, is now in Knobel Hospital.

Her admission at the black-run hospital followed the intervention of Community Health Awareness Programme member Dr Karabo Molepo, who

By **MATHATHA TSEDU**

referred her there.

Mpya (39) has womb cancer which is now terminal (it cannot be cured). She awaits death to take her out of her misery during which she is bleeding profusely and passing puss.

A mother of five, she was discharged from the Trans-

vaal Provincial Administration-run Pietersburg Hospital.

Mpya, who lives in a rat-infested one-roomed tin shack with her five children, complained that pain killers given to her on her discharge from Pietersburg were useless.

Her condition deteriorated soon after the arrival home and it was at this stage that Molepo was called in.

Mrs Irene Makgoana, a family friend who has been assisting Mpya and organising relief for the destitute family, said yesterday Mpya was admitted to Knobel.

"We are very relieved that she is now in capable hands that also share her plight," Makgoana said.

She said while there was no hope for Mpya, "it is gratifying to know that she will spend her last days being cared for by professional people so that even her passing away should be as peaceful as can be".

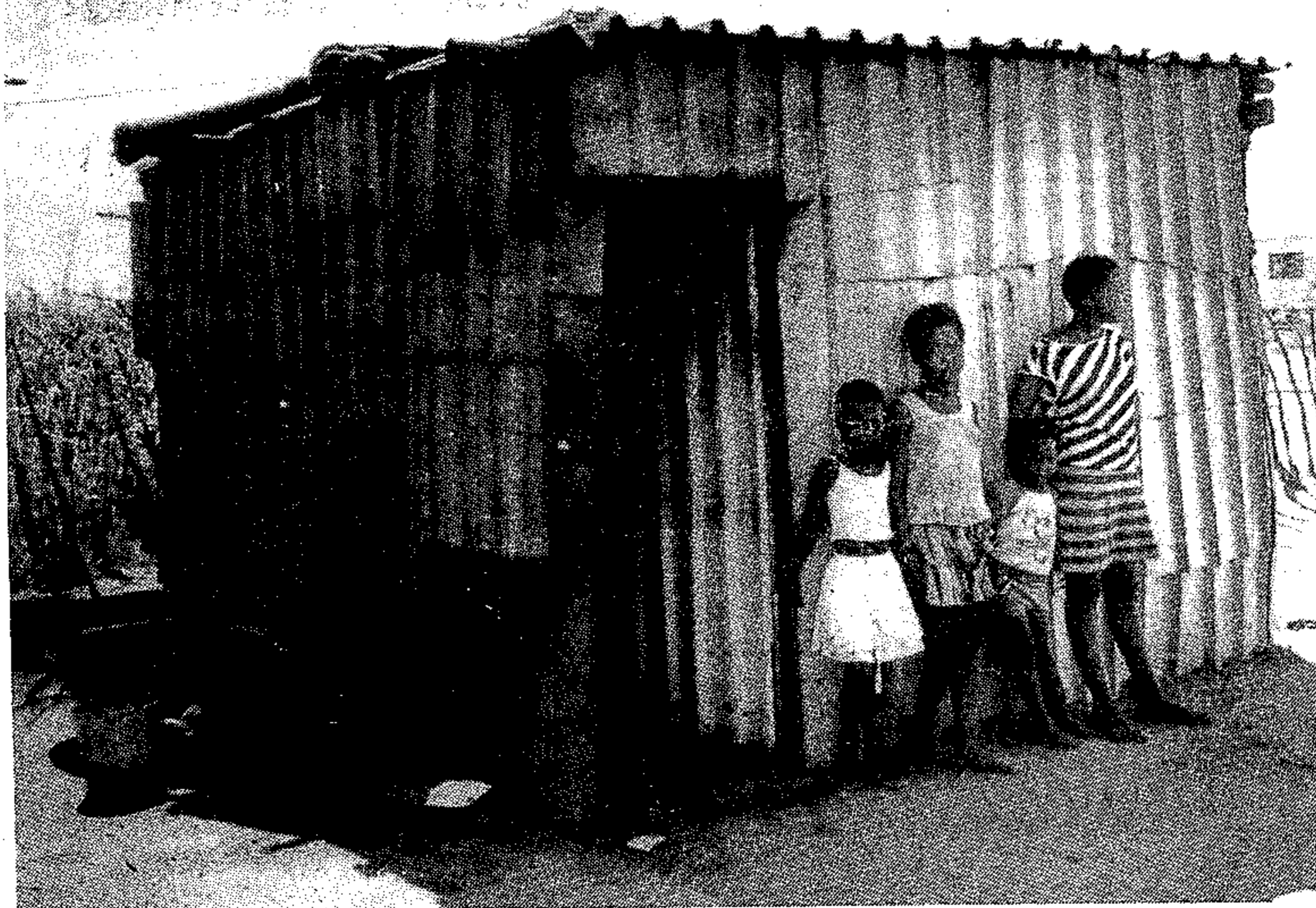
Makgoana disclosed that the Salvation Army had offered to take the three youngest children to their school in Natal.

The three, Rosinah (11) Joyce (8) and Kgadi (5) leave on April 21.

The other two, Matthews (18) and Philippine (15) are to be accommodated in Seshego, where social workers, the Azanian Peoples Organisation and the interdenominational prayer women's group are trying to get schools to admit them.

Makgoana said they were trying to secure a stand and raise funds to build a house for the children.

Makgoana can be contacted at (01521) 980673 or c/o PO Box 2518 Pietersburg 0700.



Mrs Johannah Mpya's children wait for her to return to their one-room shack.

Hospital tariffs to go up by 12 percent — Ferreira

98 ARC 9/4/92

HOSPITAL tariffs in South Africa will increase by 12 percent from May 1, says Transvaal Provincial Administration (TPA) MEC Mr Fanie Ferreira.

Speaking during debate on the Transvaal Provincial Budget yesterday, he said a committee of all MEC's for health in the four provinces had decided tariffs should simultaneously increase by 12 percent.

"Income from the tariff rise will generate R30-million in the coming year."

Mr Ferreira also announced that the TPA's ambulance tariffs would drop by half on May 1 in rural areas.

At the moment ambulances charged R3 per kilometre from

the point of departure of the ambulance in Johannesburg or Pretoria to the rural town to pick up the patient and back to the ambulance depot.

Under the new tariff system a patient would be charged for the distance from where he was picked up to where he was dropped off instead of the total distance travelled by the ambulance.

The reduced rate follows an appeal by rural communities.

The rates were found to be unacceptably high when compared to other ambulance services.

The other three provinces would introduce similar revised tariff systems. — Sapa.

Hospitals tariffs to jump 12%

98 CT 9/4/92

By ANTHONY JOHNSON
Political Correspondent

HOSPITAL tariffs will jump by 12% from the beginning of next month.

The hike follows a decision by the committee of all MECs for health in the four provinces.

Announcing the increases yesterday, Transvaal MEC Mr Fanie Ferreira said the committee had decided that the adjustment should take place simultaneously in all provinces.

Income from the tariff rise would generate about R30 million in the coming year, he said.

Ambulances cheaper

Ambulance tariffs, however, will drop by half on May 1 in the rural areas.

At the moment ambulances charge R3 a kilometre from their point of departure in the major cities to a rural town to pick up a patient and return to the ambulance depot.

Under the new system a patient will only be charged for the distance from the pick-up point to where he or she is dropped off.

The concession follows protests from a number of rural communities about the exceptionally high costs of provincial ambulance services over long distances, Mr Ferreira said.

Hospital tariffs rocket

HOSPITAL tariffs in SA will increase by 12 per cent from May 1, Transvaal Provincial Administration MEC Fanie Ferreira said this week.

"Income from the tariff rise will generate R30-million in the coming year," he said. 12/4/92

TPA ambulance tariffs will drop by half on May 1 in certain rural areas. CP Press 14/92

Reports by CP Correspondents and Sapa.

Hospital ⁽⁹⁸⁾ overworked, warns TPA

STAR 14/4/92

The overworked Johannesburg Hospital needs advance notice from potential patients, or their hospital records, the TPA said yesterday.

"All divisions of the Johannesburg Hospital are at present under great pressure because of the great number of patients that report to the hospital," the TPA said. It urged potential patients not to report to the hospital "without prior notice or hospital records".

The TPA asked those needing medical treatment to report to their nearest hospital instead.

"We should like to emphasise further that pregnant women should report to the hospital where pre-natal treatment was received.

"The Johannesburg Hospital is an academic hospital which specifically focuses on training and research and renders specialist services on an extended and sophisticated basis.

"Patients with less serious conditions are requested to report at the right level for treatment, namely at community health centres or community or regional hospitals," the statement concluded. — Sapa.

Intensive care crisis in State hospitals

STAR

14/4/92

98

Pretoria Correspondent

The crisis in intensive care units at some State hospitals has reached a point where patients are being turned away because there are not enough beds.

Dr Dick Burrows, president of the Critical Care Society of Southern Africa, said at a press conference in Pretoria yesterday the chronic shortage of nurses and the closing of a "vast number" of ICU beds was creating huge ethical dilemmas.

"Intensive care doctors are faced with major ethical dilem-

mas every day in deciding who should receive high care and who should be turned away to general wards ill-equipped to care for critically ill patients."

Dr Burrows said the shortfall in resources had led to a point where doctors had to select patients on the "statistical probability of their survival".

This might be acceptable when treatment would not provide any medical benefit to the patient, but it was "wholly unacceptable and unethical" when such decisions were made on the basis of costs.

Dr Burrows said up to 20 per cent of ICU beds in South Africa had been closed. All major

training hospitals had been affected and, in extreme cases, the number of ICU beds had been cut by half.

Mrs Corrie Collins, nursing representative of the society, said the main cause of the crisis was the exodus of nurses from public sector ICUs.

Unless immediate action was taken to halt the exodus, critical care units at many hospitals would break down completely.

At State hospitals, nurses received a monthly ICU allowance of R150, irrespective of experience or seniority. ICU allowances at private hospitals were between R400 and R1 000 a month.

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TPA appeals to patients to give notice

STPHANE BOTHMA

SEVERE overcrowding continued at Johannesburg Hospital yesterday, and the Transvaal Provincial Administration (TPA) warned that patients who arrived at the hospital without notice would be turned away.

The section most affected by the acute shortage of beds was the maternity ward and doctors yesterday said pregnant women admitted without booking a bed in advance, were discharged six hours after giving birth. Pregnant women who had reserved a bed were kept for two to three days before discharge.

Reacting to reports that doctors and nursing staff threatened last week to place patients on floors in the overcrowded wards, the TPA said all divisions of the hospital were under great pressure because of the number of patients that report to the hospital.

"We should like to emphasise to potential patients that patients can be admitted only according to the hospital facilities and the strength of personnel," the TPA said in a statement.

Johannesburg Hospital was a tertiary reference hospital for other hospitals to accommodate very sick patients and, therefore, patients reporting to Johannesburg Hospital without prior notice hampered treatment.

Centre out of bounds to cancer patient

98
Sowetan
14/4/92

A CENTRE for cancer sufferers in Pietersburg has refused to admit destitute Seshego patient Mrs Johannah Mpya unless she pays R30 a day.

The centre, part of the National Cancer Association, is a private hospital for terminal cancer patients.

The director of the centre, Mrs Erna Maree, said Mpya would be welcome anytime if she could pay the R30, adding that daily fees were R187,48 and that the Cancer Association subsidised each patient for R157,48 a day.

But former domestic servant Mpya, who is presently at Knobel Hospital after being discharged from Pietersburg Hospital, has no money.

Her five children are being cared for by volunteers who ask for donations from people.

By MATHATHA
TSEDU

Prior to that the family of six, who share a one-room tin shack, survived by scrounging in dustbins and begging.

While Knobel Hospital staffers are caring for her, the Pietersburg centre is a specialised place where she would be able to get professional help and is nearer Seshego, where her children are.

Her bill at Knobel is to be borne by Ms Rhoweida Dada of Nirvana, who has been trying to get her admitted to the cancer centre.

Maree said the centre did not receive a State subsidy and functioned from its own resources and donations from the public. It has no race bias, she said.

Asked why she had at first wanted to check with

her management committee whether Mpya could be admitted, Maree said this was done with all patients to screen them so that Aids sufferers were not taken in as her staff could not handle such people.

"We are waiting for her here if someone can pay for her. But we cannot admit anyone for free.

"The only services that are free are the day clinic and medicines," Maree said.

The hospital part of the centre has only six beds, some of which are presently unoccupied.

Meanwhile, *Sowetan* readers, touched by Mpya's plight, have responded with calls to the Interdenominational Women's Wednesday Prayer Group which is helping her family and pledging help and prayers for her and the family.

Plea to halt breakdown of ICU care

(98) CT 14/4/91

PRETORIA. — A chronic shortage of trained nurses and the closing of a large number of beds in Intensive Care Units nationwide are the major causes of the disintegration of care to ICU patients.

Making a plea to the South African health authorities here yesterday to prevent this from happening, the president of the Critical Care Society of Southern Africa, Dr Dick Burrows, said the crisis was creating ethical dilemmas regarding patient selection for ICU care.

Dr Burrows said: "There is not a unit in the country that can maintain staffing according to the standards laid down by the South African Society of Anaesthetists for the practice of intensive care."

The guidelines recommend three nurses to every two ICU beds, and that half the nurses should have intensive care training.

"The shortfall in resources has brought us to a point where we are selecting patients on a statistical probability of their survival.

"This may be acceptable when treatment will not provide any medical benefit to the patient and only prolong the act of dying.

"When, however, the decisions are made based on costs or lack of resources, the situation is wholly unacceptable and unethical."

All major hospitals were affected, he said.

A recent survey commissioned by the Critical Care Society showed that poor pay and staff shortages were some of the grievances of ICU nurses.

Other grievances included lack of promotional opportunities and the burden of non-nursing tasks.

The society called for an immediate and substantial increase in night-duty and overtime pay, a minimum of six weeks annual leave, the establishment of more senior clinical posts, greater use of support staff and the provision of more ICU nurses. — Sapa

ANC joins call for new health policy

STAR 16/4/92

(95) (97) (78)

By Zingisa Mkhuma
and Shirley Woodgate

The ANC has added its voice to the growing number of bodies concerned about the appalling state of the public health services, saying that it had warned a long time ago that there was a "health crisis" in the country.

South Africa is suffering a major breakdown of public health services and there have been calls for urgent action to alleviate the situation which is being aggravated by political violence and the horrific road accident rate.

The ANC yesterday reiterated its call for the Government to do away with the two tier health system which, it said, had made it possible for health workers to run away from public hospitals because of falling standards and low wages.

Democratic Party health spokesman Carole Charlewood said yesterday the situation was untenable when a country that called itself civilised had to decide which of its sick would live or die.

She called for an immediate round-table conference to fashion a new health policy.

PAC secretary for health Dr Selva Saman said the private sector consumed half of the national health budget, but served only 20 percent of the population. "The private cost of health is increasing at about twice the rate of inflation," he added.

The Department of National Health and Population Development this week said that the crisis was being aggra-

vated by violence and the high number of accident victims being treated at provincial hospitals.

At the same time, about 35 percent of the most skilled nurses between the ages of 26 and 35 years have left the service for the private sector.

But the Transvaal Provincial Administration denies that any intensive care unit (ICU) beds in its five major hospitals have been closed.

However, chief director for advanced health-care services Dr Harm Pretorius acknowledged there was a shortage of resources which was felt in the ICU wards of some State and country hospitals. Patients in ICU wards were sometimes "pushed aside" by critically injured people, he said.

Dr Pretorius was responding to an earlier report from the Critical Care Society of Southern Africa, which stated that up to 20 percent of ICU beds in South Africa had been closed. The president of the society, Dr Dick Burrows, said that the crisis had reached a point where critically ill patients had had to be turned away.

The ANC said that, in its health policy document, it had proposed steps to attract nurses and doctors back to public hospitals.

A spokesman for the ANC's health department said it was a fallacy that the National Health budget had gone up by 22 percent this year.

"We think at the most it went up by about 16,6 percent, because the Government included the R440 million set aside for the Nutritional Development Programme in it," he said.

Hospital backs recycling depot ⁹⁸

ET 22/4/92

By JILYAN PITMAN

THE Red Cross War Memorial Children's Hospital in Rondebosch has said a proposed recycling depot nearby would not present a health hazard to the hospital if strict controls were imposed by the Cape Town City council.

A spokesman said the hospital would not oppose the redevelopment of the historic Mowbray rubbish dump and pest control offices — situated opposite the hospital — into a recycling depot.

Opposed

"We expect it will be a 'controlled' dump, which means it will not pose a

bacteria or health hazard for us," the spokesman said.

"I'm sure the council would not allow an 'uncontrolled' dump to put on our doorstep."

Mr Tony Leisegang, one Rondebosch resident who is opposed to the siting, said: "Airborne bacteria and viruses are already interfering with sensitive tests in the hospital, which serves children from all over Africa.

"Recycling needs to be promoted and can also provide jobs for the hungry, new migrants to Cape Town. But this proposed depot is in the wrong place.

"The depot will provide major health and

traffic risks to all who use it and to those nearby.

"The Red Cross Hospital and the St Giles Cripple Care centre are right next door to the proposed depot and the dumping of refuse will increase the illnesses and interfere with diagnosis.

"Maybe this proposed depot should be situated on the way to the existing major dump beyond Milnerton."

But Mr Ian Iversen, city councillor for Mowbray, rejected the notion that it was going to pose a health hazard. "The council is not going to create a health hazard," he said.

Unhealthy high

DURBAN's Wentworth Hospital had the highest daily cost per bed — R765 — of the country's 12 academic hospitals, National Health Minister, Dr Rina Venter, said yesterday. Bloemfontein's Pelonomi Hospital had the lowest cost — R137,47. — Sapa

CT 23/4/92 (98)

15/000 24/4/92
**Kidney unit
faces crisis**

GAVIN DU VENAGE

JOHANNESBURG Hospital's kidney transplant unit might close soon for lack of donors, unit head Prof Tony Meyers yesterday. (98)

Speaking on Radio 702, Meyers said unless more donors were found, the unit would not be viable.

More than 100 patients are on the waiting list for transplants. Until donors become available, renal disease sufferers depend on regular treatments which entail long sessions hooked up to a dialysis machine.

Although patients can survive for years on the treatment, dialysis is extremely uncomfortable and the sufferer cannot be far from a hospital.

Kidney transplants have a high success rate, provided a suitable donor is found. Many patients receive transplants from family members.

TPA denies crisis in intensive care

South 25/4-30/4/92
NO BEDS have been closed in the

Transvaal's five main academic hospitals in the past two years and standards in critical care wards exceed international standards. (98)

This was said by the Transvaal Provincial Administration (TPA) after criticism from the Critical Care Society, which said intensive care units at hospitals around the country were facing collapse.

The TPA said no seriously ill patient had been turned away from hospital. This was because patients could be treated temporarily in special care wards. It added that all of TPA hospitals had support equipment which allowed for intensive care treatment to be given to patients in all wards. — Sapa

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Cuts: Doctors battle to cope

(98) CT 25/4/92

Staff Reporter

EXHAUSTED doctors in the trauma unit at Grootte Schuur Hospital are battling to cope with an ever-increasing patient load following the controversial rationalisation programme by provincial authorities.

Dr George Watermeyer, deputy director general of the CPA's Hospital and Health Services, has warned that expensive sophisticated medical services and medicines will be used only when considered essential, as part of the CPA's cost-cutting measures.

State patients would have to wait longer for operations and the queues for patients awaiting treatment were growing longer and longer, he said.

And posts of staff at Cape provincial hospitals have already been frozen, it was disclosed yesterday.

A disgruntled doctor at Grootte

Schuur — who does not want to be named — said registrars at the hospital had been cut by 10% and doctors in the intensive care unit were working seven nights a week from 7pm to 8am.

Other doctors were working normal shifts every day as well as a 24-hour shift every fourth day.

A spokesman for Grootte Schuur yesterday denied that registrars had been cut by 10% but said the hospital was greatly concerned about the increased patient load in the trauma unit caused by the ongoing violence.

The spokesman said that only 17 posts in the hospital had been frozen and these posts — which included registrars — had not been filled.

● The CPA yesterday announced that hospital fees are to be increased from May 1 with an overall increase of 14%.

Uprooted tribe put through courts again

By DAN DHLAMINI

THE Barolong Ba Modiboa's second attempt to reclaim their land near Potchefstroom this week landed many of the tribesmen in court again.

Barolong Action Committee chairman John Ntsimane, 56, and 74 others - including 24 minors - appeared before Potchefstroom magistrate Davie de Jager, charged with trespassing on municipal land.

They were not asked to plead and the hearing was postponed to May 12. Charges against the minors were withdrawn, and the R30 bail granted to each adult was extended. The hearing was a sequel to the incident on Good Friday when the tribe moved to New Machavi - also known as Matlwang - and allegedly violated terms of an agreement with the Potchefstroom Town Council.

According to the agreement the tribe was given permission to visit Matlwang from April 16 until noon on April 20 to clean their forefathers' graves. When the agreement was violated the town council charged the tribesmen with trespassing. Last year 23 Barolong tribesmen who tried to re-occupy Matlwang from where they were uprooted in 1971, were arrested.

Hospital disrupted

By STAN MHLONGO

SEBOKENG Hospital was brought to the brink of a standstill this week as hundreds of employees toy-toyed around the hospital grounds in protest against shoddy practises and alleged apartheid at the hospital.

The march, led by the ANC Youth League, SACP and National Education Health and Allied Workers Union (Nehawu) members, brought hospital life to a halt.

Addressing the crowd, ANC Youth League official Sakiwe Khumalo called for:

- Separation of maternity and assault patients in ambulances to avoid embarrassing the expectant mothers;
- Lower ambulance tariffs, cheaper patient fees, and exemption from payment for pensioners, the disabled, the terminally ill and the unemployed;
- More ambulances;
- A living wage for hospital workers; and
- An end to racially segregated hospitals.

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An ethical dilemma

988
MAG 27/4/92

Which patients get intensive care treatment?

ANDREA WEISS, Medical Reporter

DOCTORS at Groote Schuur Hospital often have to make "hard decisions" on who to admit for intensive care treatment because of the critical shortage of nursing staff.

According to the head of the intensive care unit at the hospital, Dr Lance Michell, selection of patients is based on their potential to benefit from intensive care. People with terminal diseases are not admitted.

"Not everybody should end their days in intensive care. With the lack of beds, we have to look very carefully at who we take in."

Because occupancy in the unit is usually 100 per cent, there is "almost always" somebody waiting.

Dr Michell says Groote Schuur is fortunate in that much of the ICU equipment was bought before spending cutbacks.

The unit is relatively well-staffed with three consultants and four surgical registrars full time. But the big problem remains trained nursing staff.

"It's a world-wide problem. It has been a critical time in the past few years. Sometimes we are forced to make very hard decisions. Sometimes we try to provide intensive care in an ordinary ward and this is obviously not ideal for the patient or staff."

Recently in Pretoria, the President of the Critical Care Society, Dr Dick Burrows, warned that the crisis in ICUs countrywide was creating "ethical dilemmas" about patient selection.

In Groote Schuur's surgical intensive care unit there are 10 beds in use. Two are closed due to a staff shortage. Another 18 high-care beds, which are a stepping stone between the ICU and the general ward, are not in use because of staff and equipment shortages.

Dr Michell says the first objective is to find the staff to open the two unused ICU beds. He does not expect the other 18 to be opened in the foreseeable future.

Poor pay and competition from the private sector is milk- ing academic hospitals of highly trained staff.

Mrs Margaret Farquharson, a control physiotherapist, says that the stress of ICU work is compounded by the increasingly junior staff.

Physiotherapists are vital in getting patients out of ICUs as they are the people who prevent the onset of pneumonia and encourage patients to get off respirators.

Sister Collen McCormick, who is in charge of one of the surgical ICU wards, has been on the job for nine years. She describes work in an ICU as "very stressful".

"The workload is heavy but we try to make it as happy as we can to increase morale."

Her colleague next door, Sister Avril Gordon, says her work is "stimulating and rewarding".

But she acknowledges problems, chiefly salaries, which result in senior staff leaving for private hospitals.

Streamlining 'will make Clinics more tax efficient'

Blom 28/4/92 98

CLINIC Holdings is to be restructured to make it more tax effective, executive chairman Barney Hurwitz said yesterday. A further announcement is expected soon.

Last December management announced the private hospital group — with 12 hospitals countrywide — was reorganising its operations. Although a further announcement was to have been made in January, the group has remained silent.

Company secretary Selwyn Feinblum said at the time Clinics was looking at a number of tax structures to make the relationship between trading and property companies more tax effective.

Currently the hospital properties are owned by the Hurwitz family, who also control Clinic Holdings through a 50.4% interest. Clinic Holdings' trading operations pay rent to the property holding companies according to a formula related to the turnover of the trading operations.

WILLIAM GILFILLAN

The group's tax rate for the year to September was 47%, slightly down on the 50% in the previous year.

A tax specialist said one obvious way to improve the tax efficiency of the trading operations would be to move them into a company with an assessed loss.

One analyst believed that the property holding companies had probably built up assessed losses as interest rates had risen sharply since Clinics was listed in 1987. The trading and property companies were separated at the time of the listing. As a result he believed the property companies might acquire the trading operations.

This would also end the criticism levelled at the Hurwitz family suggesting the current property owning/trading operation relationship lent itself to a possible conflict of interest.

Fees rise at hospitals

THE TPA's increased hospital tariffs which come into effect on May 1 could affect the poor - but a revised ambulance tariff system could bring relief to some patients.

MEC for Health Services Mr Fanie Ferreira said in Pretoria yesterday that the revised ambulance tariff system was not a general increase.

"In some cases the new system will result in an increase and others a decrease of tariffs," he said.

Ferreira said patients classified under hospital (H1) and who did not enjoy cover from medical schemes would pay less for ambulance transport over 50km (R10 instead of R15 a trip).

Patients classified as H2 and H3 would pay R3 and R5 more respectively for the

Sowetan Correspondent

same distance.

Hospital tariffs had not been adjusted for outpatients in community hospitals, and minor adjustments had been made for academic and regional hospitals for H2 and H3 patients.

In community hospitals tariffs for patients from H1 to private were raised to between R19 an admission and R184 a day, and in academic and regional hospitals they were raised to between R24 an admission and R234 a day.

Fees for services such as theatre, intensive care, high care, maternity cases and community and primary health care for the various categories were increased by up to 50 percent.

Inquest into Webster's death

THE Attorney-General of the Witwatersrand Local Division will request that a Supreme Court judge be appointed to hold an inquest into Dr David Webster's death.

Webster was killed on May 1 1989 at his home in Troyeville, Johannesburg. His death was widely blamed by anti-apartheid forces on "hit squads".

In a statement yesterday, the office of the Attorney-General of the Witwatersrand said a legal task force was created a year ago to investigate the case.

The statement said: "Regrettably, during its year-long investigations, the legal task force was unable to uncover any further relevant and admissible facts.

"Thus, the position is that we clearly have an unlawful act but no accused, the various investigations having failed to obtain evidence identifying the perpetrator(s)." - Sapa

No study

Fees rise at hospitals

Sowetan 29/4/92
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Research 'so vital' for child health

98

ARC 30/4/92

ANDREA WEISS
Health Reporter

THE Red Cross War Memorial Children's Hospital is "the last strong voice for children's needs" in Africa, but is not being allowed to fulfill its primary function as a research and training institution for health professionals.

This is the view of Professor David Beatty, head of paediatrics and child health at the University of Cape Town, who appealed in his inaugural lecture last night for the situation to change.

He said Red Cross was the place where 40 years of paediatric expertise and investment had been concentrated, but "the powerful barons of medical politics understandably put the needs of their clients — adults — first.

"The loss of children's hospitals in this country in Durban and Johannesburg has made this worse and the Red Cross War Memorial Children's Hospital is the last remaining children's hospital in Africa and the last strong voice for children's needs," he said.

Professor Beatty said it was disturbing that some seemed to think the only priority in child health was the provision of primary care services and that research on childhood diseases was expendable.

"Continuing research is the key to solving so many of the child health problems facing us, whether they be Aids, chronic handicap or other disease problems and we must be committed to building on our strong research record," he said.

There was no doubt that, in a children's hospital, children came first, but once they were compressed into large general hospitals they lost their voice and pre-eminence forever.

"It is our responsibility to see this does not happen in Cape Town."

Professor Beatty said he did not believe political change in South Africa would make any difference in national attitudes to child health.

"It will be our responsibility to convince whoever controls the policy-making machinery that child health deserves a higher priority than it has at present."

Consultants advise CPA on health service cuts

St Times (Cape Metro)

26/4/92

98

By GLENDA NEVILL

THE Cape Provincial Administration has hired a private management consultancy company to advise on cutbacks and on streamlining health services.

This was disclosed by the deputy director general of Hospital and Health Services, Dr George Watermeyer, who said Byrne Fleming Consultants would make their recommendations next month.

He could not say where cutbacks would take place until their report had been studied.

But, he said, expensive and sophisticated services and medicines, as well as research laboratories, would have to cut back on their services as part of the CPA's cost-cutting measures — which are the result of several factors which have forced the CPA to rationalise.

These included an increasing demand for health services caused by accelerating urbanisation and a rapid growth of the population in the Cape, which has resulted in longer waiting lists for operations for state patients and longer

queues of sick people in local hospitals' waiting rooms.

The CPA's Hospital and Health Services department began this financial year R130-million short of the funds required to maintain last year's levels as a result of further cutbacks in government allocations to provincial hospitals.

Earlier this week Mr Dawie le Roux, Member of the Executive Council in charge of hospital services, announced a 14 percent increase in hospital fees from May 1.

In February Mr Le Roux announced the outline for a rationalisation programme.

The CPA's programme was aimed at easing the load on academic hospitals and providing better health services in townships and outlying areas by changing the nature of services in certain hospitals.

This would include an extension of the operating hours of day hospitals and community health centres, arranging for a fleet of satellite and mobile clinics and making use of some hospitals which were underutilised in the past — resulting in an increased burden on teaching hospitals like Groote Schuur, the Red Cross Children's Hospital and Tygerberg.

During a debate earlier this month, Mr Le Roux said that a large number of posts in the CPA's Health Services could be scrapped or frozen. His statement was greeted with outrage by medical authorities, who said these cuts would harm teaching and research and lead to lower health care standards.

THE need for a new health care system and national drug policy is being overshadowed by a tussle for a greater share of the private sector medicine market.

Players outside government and quasi-government health services who are keen to extend their influence include drug manufacturers, drug wholesalers, pharmacists, dispensing doctors and private clinics and hospitals.

Official statistics are hard to come by, but it seems this "private sector market" accounts for only 30% to 40% of drug sales in volume terms while drawing about 80% of total expenditure.

In spite of the size and significance of the public sector drug market, its problems — particularly in the availability and distribution of medicines — receive little public attention. Instead, the debate on high medicine costs has centred around private sector issues — such as the role of the pharmacist, generic substitution and the misuse of medical aid funds — many of which are underscored by considerations of turnover and market share.

Powerful lobbying by players in the medicine market has meant many of these issues have remained deadlocked over the past five years. But government, attempting to address rising health care costs, plans to discuss them next month at a national forum hosted by National Health Minister Rina Venter.

There are mixed feelings about the forum. Several parties, including the ANC, say it is not the time for government to be moulding new policies, particularly those that address only one small facet of health services. Others are impressed that Venter has moved away from autonomous decision making and is actually negotiating future policy.

The success of Venter's forum could, however, rest on the profile of

Health care debate must look beyond the private sector

Cherilyn Ireton

14 Dec 29/1/92

delegates. Venter has issued a blanket invitation to interested parties and several organisations are already reassessing their attendance in light of the restricted agenda. Wits University Centre for Health Policy director Cedric de Beer warns that those who eventually sit around the table may represent only narrow interests; there may be no one to represent the interests of the consumer and to raise issues that lie outside the private sector debate. These include the integration of government's 14 departments of health and the privatisation of services, which appears to have been put on ice.

Drug policy matters include the question of distribution of medicines to rural areas, homelands and squatter camps. "Although there is the infrastructure to buy the drugs there doesn't seem to be the infrastructure to distribute them," De Beer says.

Fellow Wits researcher Bada Phasari argues that any forum looking to make health care cheaper and more accessible to low-income groups should, by definition, be looking at the interests of the consumer. "This

forum seems to be based on the interests of the providers of health care services such as the pharmaceutical manufacturers, drug wholesalers, pharmacists and dispensing doctors."

He believes the so-called crisis in the retail market is not only about the cost of drugs but also about the fact that many players' profit margins are under pressure. This could distort any debate.

Venter has identified eight issues for her agenda. They are that:

- Substitution of prescribed drugs by cheaper "generic" alternatives be allowed under certain conditions;
- Pharmacists be given a wider role and be allowed to dispense schedule three and four drugs without a doctor's prescription. Schedule three includes drugs that need to be repeated for chronic cases of illness like epilepsy while schedule four are those not allowed to be repeated without another prescription;

- Pharmacists be allowed to initiate therapy;
- Pharmacists and doctors be given a fixed fee for drugs dispensed and not a percentage markup;
- Medical aid patients be responsible — at the point of sale — for part of the bill for dispensed medicines;
- Manufacturers have only one sale (or exit) price for their products, thus preventing huge discounts to selected parties;
- Medical aid schemes accept a system of maximum medical aid pricing; and
- Imports of products already produced locally be allowed.

The state tender system is not up for discussion but it is unlikely that Venter will be able to keep it from being debated. The same applies to transfer pricing — a practice where multinational companies pay their offshore affiliates inflated prices for active ingredients used in the local manufacture of their products.

The agenda may also still be influenced by the contents of a document, "Your options on health care", to be presented to government next month

by the Pharmaceutical Manufacturers' Association (PMA). The recommendations were drawn up after a forum on the health care delivery system held by the PMA in November. Delegates included the ANC.

The PMA's suggestions are likely to focus on ways of making health care more cost-effective and will include input on restructuring medical aid schemes — which it believes encourage overusage and abuse of the health care system — restrictions on free health care, the scrapping of the tender system and the need for one state health department.

This last point is one which the ANC argues strongly. It foresees a unified, non-racial health system where all services fall under the responsibility of a single authority. Central to its proposals is that all services be accessible and affordable.

An extension of this is the belief that a national drug policy is needed to deal with problems of availability, distribution and the price of drugs. The ANC believes an essential drug list needs to be drawn up to ensure there are enough medicines at every health care facility. It also envisages maximum use of generic drugs.

Government has already been formulating a national medicines policy and says good progress has been made. It sees next month's forum as one step towards a broader, national medicines policy.

But once the forum is over, Venter will have to consider whether to risk drawing up and implementing the new policy while Codesa is busy negotiating political and economic dispensations. If she does press ahead, the challenge, particularly on the medicines front, will be to bring together the private and public health sectors — those players that prosper from providing health services to those South Africans that can afford it, and those players who battle to serve those who cannot.

The MINISTER OF NATIONAL HEALTH:

(1) (a) Provincial administrations:

	R'000	R'000	R'000	R'000
<i>Provincial Administration of the Orange Free State</i>				
Provincial Administration	473 576			
Additional Allocation	53 418			
Department of National Health and Population Development	16 585			
Administration:				
House of Assembly	27 030			
Department of Education and Training	550			
Department of Development Aid	18 933			
Total	590 092			
<i>Provincial Administration of Natal</i>				
Provincial Administration	972 167			
House of Assembly	48 854			
South African Development Trust Areas	54 294			
Department of National Health and Population Development	17 892			
Total	1 093 207			
<i>Provincial Administration of Transvaal</i>				
Provincial Administration:	2 295 022			
House of Assembly	198 611			
Department of National Health and Population Development	50 000			
Department of Development Aid	11 348			
Total	2 554 981			
<i>Provincial Administration of the Cape of Good Hope</i>				
Provincial Administration	1 953 300			

(b) Self-governing territories:

	R'000	R'000	R'000
Administration:			
House of Assembly	71 767		
South African Development Trust Areas	2 331		
Department of National Health and Population Development	42 024		
Total	2 069 422		
<i>(b) Self-governing territories:</i>			
KanNgwane	61 513		
GaZankulu	104 667		
KwaZulu	436 898		
OwaOwa	60 865		
Lebowa	156 458		
KwaNdebele	9 407		

(c) Own affairs administrations:

	R'000	R'000
Administration:		
House of Representatives	107 814	
Administration:		
House of Delegates	36 454	
House of Assembly	534 072	
(d) South African Development Trust Areas	91 399	

(e) Department of National Health and Population Development

(2) (a) Provincial administrations:

	R'000	R'000	R'000
<i>Provincial Administration of the Orange Free State</i>			
Provincial Administration	552 879		
Department of National Health and Population Development	38 320		
Administration:			
House of Assembly	29 230		
Department of Education and Training	1 105		
Department of Development Aid	19 362		
Total	659 346		

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of Natal

	R'000	R'000	R'000
<i>Provincial Administration of Natal</i>			
Provincial Administration	1 082 214		
House of Assembly	54 427		
South African Development Trust Areas	59 721		
Department of National Health and Population Development	21 805		
Total	1 218 167		
<i>Provincial Administration of Transvaal</i>			
Provincial Administration	2 506 997		
House of Assembly	254 312		
Department of National Health and Population Development	54 000		
Department of Development Aid	14 599		
Total	2 829 908		
<i>Provincial Administration of the Cape of Good Hope</i>			
Provincial Administration	2 135 189		
House of Assembly	71 545		
South African Development Trust Areas	4 128		
Department of National Health and Population Development	44 000		
Total	2 254 862		
<i>(b) Self-governing territories:</i>			
KanNgwane	79 142		
GaZankulu	137 003		
KwaZulu	504 000		
OwaOwa	71 585		
Lebowa	206 005		
KwaNdebele	17 831		

(c) Own affairs administrations:

	R'000	R'000
Administration:		
House of Representatives	169 851	
Administration:		
House of Delegates	41 553	
House of Assembly	623 630	
(d) South African Development Trust Areas	115 570	
(e) Department of National Health and Population Development	693 268	

Hospitals: total amount allocated

57. Mr M J ELLIS asked the Minister of National Health:

- (1) What total amount, inclusive of the original amount and all additional allocations, did the responsible province allocate to the (a) Groote Schuur Hospital and its satellites, (b) Tygerberg Hospital, (c) Universitas Hospital, (d) Witwatersrand hospital complex, (e) H F Verwoerd Hospital, (f) academic hospital falling under Medunsa and (g) King Edward VIII Hospital for the period 1 April 1990 to 31 March 1991;
- (2) what are the estimated figures for the period 1 April 1991 to 31 March 1992;
- (3) how many authorised so-called academic beds are available to each of the universities associated with the above hospitals? B145E

The MINISTER OF NATIONAL HEALTH:

(1) *Provincial Administration of the Cape of Good Hope*

- (a) R359 192 076,
- (b) R319 409 501,

Provincial Administration of the Orange Free State

- (c) the information regarding the Universitas Hospital cannot be given separately from the National Hospital because these two hospitals are seen as a unit.

The total amount allocated to the two hospitals for the period 1 April

Cowthwaite
HOUSE OF ASSEMBLY

1990 to 31 Maart 1991 was **98** Kalafong — Pretoria University:
R148 432 470, 1 325

Provincial Administration of Transvaal

(d) R585 019 100,

(e) R169 641 900,

(f) R131 877 000 and

Provincial Administration of Natal

(g) R191 467 000;

(2) *Provincial Administration of the Cape of Good Hope*

(a) R375 845 000

(b) R331 495 000

Provincial Administration of the Orange Free State

(c) R151 592 000

Provincial Administration of Transvaal

(d) R716 314 000

(e) R196 380 000

(f) R154 815 000

Provincial Administration of Natal

(g) R209 651 000;

(3) *Provincial Administration of the Cape of Good Hope*

(a) 1 421 + 313 not in use yet

(b) 1 859

Provincial Administration of the Orange Free State

(c) 580

Provincial Administration of Transvaal

(d) Johannesburg — University of the Witwatersrand: 938

Baragwanath — University of the Witwatersrand: 3 004

Coronation — University of the Witwatersrand: 395

Hillbrow — University of the Witwatersrand: 795

J G Strijdom — University of the Witwatersrand: 484

(e) H F Verwoerd — Pretoria University: 1 044

Prison accommodation does not make provision for and is not reserved for specific population groups or crime categories.

(ii)

Male Female Total

Port Elizabeth Prison	511	85	596
St Albans Medium A Prison	1 446	—	1 446
St Albans Medium B Prison	735	—	735
St Albans Maximum Prison	717	—	717

(c) (i), (ii) and (iii)

Unfortunately it is not regarded to be in the interest of security to make the personnel numbers at specific prisons known. However, I am prepared to supply this information to the hon member on a personal basis.

(d) (i)

Port Elizabeth Prison

<i>White Coloured Black Asian Total</i>					
Sentenced	73	177	338	2	590
Unsented	9	17	25	1	52
Total	82	194	363	3	642

St Albans Medium A Prison

<i>White Coloured Black Asian Total</i>					
Sentenced	1	35	82	1	119
Unsented	21	123	858	1	1 033
Total	22	158	940	2	1 122

St Albans Medium B Prison

<i>White Coloured Black Asian Total</i>					
Sentenced	8	360	552		920
Unsented					
Total	8	360	552		920

St Albans Maximum Prison

<i>White Coloured Black Asian Total</i>					
Sentenced	560	456			1 016
Unsented					
Total	560	456			1 016

(d) (ii)

Port Elizabeth Prison

<i>Male Female Total</i>			
Sentenced	536	54	590
Unsented	24	28	52
Total	560	82	642

St Albans Medium A Prison

<i>Male Female Total</i>			
Sentenced	119		119
Unsented	1 003		1 003
Total	1 122		1 122

St Albans Medium B Prison

<i>Male Female Total</i>			
Sentenced	920		920
Unsented			
Total	920		920

St Albans Maximum Prison

<i>Male Female Total</i>			
Sentenced	1 016		1 016
Unsented			
Total	1 016		1 016

(iii)

Prisons (also those mentioned in paragraph (a)) are not erected with the specific purpose of accommodating prisoners sentenced for specific crimes. Such an approach would not be in keeping with modern penological trends. Prisoners are categorised into safe custody classifications for custodial purposes and this determines the type of prison in which such a prisoner will be incarcerated. The seriousness of the crime of which a prisoner is convicted, plays a role in the determination of his safe custodial classification but he will not be allocated to a specific group solely on the grounds of his crime.

The information requested by the hon member can therefore unfortunately not be provided.

Pietermaritzburg: charges withdrawn/altared

33. Mr R F HASWELL asked the Minister of Justice:

How many persons charged with (a) murder, (b) assault, (c) public violence, (d) attempted murder, (e) culpable homicide, (f) arson, and (g) illegal gathering, related to political violence in the magisterial district of Pietermaritzburg in 1990 had their charges (i) withdrawn and/or (ii) altered to lesser charges? B95E

The MINISTER OF JUSTICE:

It is not necessarily recorded at criminal proceedings whether a crime is related to "political violence" or not. The required information is therefore not available.

Inquests: Natal Midlands

37. Mr W U NEL asked the Minister of Justice:

(1) How many inquests pertaining to death resulting from political violence were performed in 1990 in each magisterial district in the Natal Midlands;

(2) in how many of these inquests (a) was death attributed to persons unknown and (b) were findings referred to the Attorney-General for his decision;

(3) in how many cases (a) did the Attorney-General decline to prosecute and (b) were prosecutions instituted? B111E

The MINISTER OF JUSTICE:

(1), (2) and (3).

It is not necessarily recorded at criminal proceedings whether a crime is related to "political violence" or not. The required information is therefore not available.

Applications for accused to be discharged

39. Mr M A TARR asked the Minister of Justice:

(1) In how many cases in a court of law in the Pietermaritzburg magisterial district in which the accused was charged with (a) murder, (b) assault, (c) public violence, (d) attempted murder, (e) culpable homicide, (f) arson, and (g) illegal gathering, related to political violence, did the defence apply in 1990 for the accused to be discharged at the close of the State's case;

(2) how many of these applications were granted? B125E

The MINISTER OF JUSTICE:

(1) and (2)

It is not necessarily recorded at criminal proceedings whether a crime is related to "political violence" or not. The required information is therefore not available.

Uitenhage Provincial Hospital: beds

184. Lt-Gen R H D ROGERS asked the Minister of National Health: (18)

What, in respect of the Uitenhage Provincial Hospital, was the (a) total number of beds, and (b) number of beds not utilized, in 1991? B435E

The MINISTER OF NATIONAL HEALTH:

(a) 327 beds and

(b) average of 27 beds.

Uitenhage Provincial Hospital: Staff complement

190. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of Uitenhage Provincial Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991? B436E

The MINISTER OF NATIONAL HEALTH:

(a) Senior Nursing Service Manager	1
Nursing Service Manager	1
Chief Professional Nurse	5
Senior Professional Nurse	19
Professional Nurse	96
Student Professional Nurse	20
Senior Staff Nurse	8
Staff Nurse	77
Senior Nursing Assistant	5
Nursing Assistant	120
(b) Senior Medical Superintendent	1
Principal Medical Officer	2
Medical Officer	9
Specialist	4
Intern (Medical)	4
(c) Principal Pharmacist	1
Senior Pharmacist	1
Pharmacist	2

HOUSE OF REPRESENTATIVES

QUESTIONS

Indicates translated version.

For oral reply:

General Affairs:

New curriculum model for education: response

*1. Mr T ABRAHAM asked the Minister of National Education:

(1) Whether there has been any significant response from individuals and organizations to the contents of the Government's proposals for a new curriculum model for education; if not, what efforts are being made to secure responses from the organized teacher fraternity in this regard; if so, (a) what categories of individuals and organizations responded and (b) what are their names;

(2) whether he will make a statement on the matter? C7E

†The MINISTER OF EDUCATION AND CULTURE (for the Minister of National Education):

(1) The proposed new curriculum model for education is not a Government document but that of a group of education experts, viz the Committee of Heads of Education Departments. To date there has been a significant response from individuals and organizations to the proposals.

(a) The following categories of individuals and organizations have responded to the proposals:

- * Education Institutions as well as divisions/units attached to such institutions
- * Private Sector Institutions
- * Education Departments
- * Government Institutions
- * The Public Sector
- * Teachers' Associations

* Parent Associations/Governing Bodies

* Education Councils

* Church Institutions

* Cultural Organizations

* Private Sector Organizations

* Subject Associations/Professional Associations

* Individuals

(b) More than a 170 individuals/institutions have already responded. A list of names will be prepared by the Committee of Heads of Education Departments as soon as all the comments have been processed.

(2) No.

Feeding schemes for needy pupils: contributions

*2. Mr T ABRAHAM asked the Minister of National Health:

(1) Whether her Department contributes towards feeding schemes for needy pupils in schools falling under the Administration: House of Representatives; if so,

(2) whether she will furnish details reflecting the extent of the assistance rendered by her Department in this regard; if not, why not; if so, what are these details in respect of needy pupils in schools (a) in the Wentworth area in particular and (b) falling under the said Administration in general;

(3) whether she will make a statement on the matter? C8E

†The MINISTER OF NATIONAL HEALTH:

Several organizations all over the country already applied for assistance from the feeding scheme. Some 270 applications have already been received and more than 94 applications have been processed.

This assistance programme is being delivered to all population groups and it is not possible to indicate which schools are involved, since the Department does not have a list of the schools of this Council.

HOUSE OF REPRESENTATIVES



More than 200 workers at Baragwanath Hospital in Soweto went on strike yesterday in protest against one of their manager's attitude towards them. The workers claim they were called "kaffir maids", were allowed only two minutes to talk to visitors, were sent away if they came late to work and were warned not to get sick. Pic: LEN KUMALO



TPA receives report on strike

98

The Cillie Commission of Inquiry report on the week-long strike at Ga-Rankuwa Hospital in 1990 has been handed to Transvaal Administrator Danie Hough.

MEC for health services SES Ferreira said the report would be evaluated before being referred to the Administrator in Executive Committee for consideration.

The commission was

chaired by Mr Justice P M Cillie, assisted by advocate H Botha and Professor R Lipschitz, a senior neurosurgeon.

STAR 23/3/92

The commission was appointed to look into the causes and consequences of the strike, to decide whether any patients died because of the strike, and if anyone was criminally liable. — Pretoria Bureau.

ber and qualifications of serving teachers as well as the facilities available at each college of education must be considered.

(b) Projections made by the Department itself are based on studies done by the Department of National Education and the Research Institute for Education Planning of the University of the Orange Free State.

(3) No. There is no general shortage of teachers. There is a shortage of posts and fully qualified teachers to teach in Mathematics, Physical Science, Accountancy, Biology, Technical Subjects, English and Afrikaans.

Education budget

140. Mr R M BURROWS asked the Minister of Education and Training:

What (a) amount and (b) Percentage of the education budget of his Department was spent on (i) pre-primary, (ii) primary, (iii) secondary and (iv) tertiary education during the 1990-91 financial year or the latest specified 12-month period for which information is available?

B350E
The MINISTER OF EDUCATION AND TRAINING:

As the Department's books for 1991-92 have not yet been closed, final amounts are not available. The expenditure for the 1990-91 financial year is therefore supplied.

(a)	(b)
(i) R638 958,79	,02%
(ii) R1 334 432 382,06	45,77%
(iii) R887 101 412,61	30,43%
(iv) R320 939 318,54	11,01%

Education: per capita expenditure

141. Mr R M BURROWS asked the Minister of Education and Training:

Whether his Department has statistics on the per capita expenditure on education in each of the self-governing territories; if not, why not; if so, what was the per capita expenditure, (a) including and (b) excluding expenditure of a capital nature, in each of these territories on pupils at (i) public schools, (ii) government

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schools, (iii) community schools, (iv) state-aided schools and (v) state-aided farm schools during the 1990-91 financial year or the latest specified 12-month period for which information is available?

B351E

The MINISTER OF EDUCATION AND TRAINING:

No.

The Department does not have the requested information at its disposal.

Hospital beds

148. Mr M J ELLIS asked the Minister of National Health:

Whether she will furnish statistics on hospital beds authorized by the own affairs administrations, the self-governing territories and the South African Development Trust; if not, why not; if so, how many authorized hospital beds, including beds authorized by each own affairs administration and by the South African Development Trust, were administered by each of the (a) provinces and (b) self-governing territories as at 28 February 1991 and the latest specified date for which information is available, respectively?

B363E

The MINISTER OF NATIONAL HEALTH:

(a) Provinces

Province	Authorized beds as on
Own Affairs—767	28 February 1991
SADT—1 074	authorized beds as on 28 February 1991
Own Affairs—767	authorized beds as on 28 February 1992
SADT—1 074	authorized beds as on 28 February 1992

Provincial Administration of the Orange Free State

Own Affairs—474 authorized beds as on 28 February 1991

SADT—34 authorized beds as on 28 February 1991

Own Affairs—473 authorized beds as on 10 March 1992

SADT—57 authorized beds as on 10 March 1992

Provincial Administration of the Cape of Good Hope

Own Affairs—1 685 authorized beds as on 28 February 1991

Own Affairs—1 680 authorized beds as on 28 February 1992

Provincial Administration of Transvaal

Own Affairs—5 258 authorized beds as on 28 February 1991

SADT—134 authorized beds as on 28 February 1991

Own Affairs—5 399 authorized beds as on 29 February 1992

SADT—583 authorized beds as on 29 February 1992

Administration: House of Representatives

2 155 authorized beds as on 28 February 1992

Administration: House of Delegates

No hospitals and

Lebowa

7 043 authorized beds as on 5 March 1992

Gazankulu

2 501 authorized beds as on March 1992

KaNgwane

968 authorized beds as on 28 February 1992

KwaZulu

10 366 authorized beds

KwaNdebele

No hospitals

QwaQwa

646 authorized beds

Note:

The reason why some of the information is not in accordance with the question as asked, is that this information was not available at the time when the question was answered.

Provincial hospital, PE: staff complement

163. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Port Elizabeth Provincial Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991?

B393E

The MINISTER OF NATIONAL HEALTH:

(a)	(b)
Senior Nursing Service Manager	1
Nursing Service Manager	5
Chief Professional Nurse	15
Senior Professional Nurse	64
Professional Nurse	240
Senior Staff Nurse	11
Staff Nurse	177
Senior Nursing Assistant	9
Nursing Assistant	88
Student Professional Nurse	56

(b)	(c)
Principal Specialist/Associate Professor	2
Senior Specialist	3
Specialist	9
Part-time Senior Specialist	2
Part-time Specialist	19
Registrar	1
Senior Medical Superintendent	1
Chief Medical Officer	1
Principal Medical Officer	1
Medical Officer	21
Part-time Medical Officer	4
Intern (Medical)	6

(c)	(d)
Principal Pharmacist	1
Senior Pharmacist	3
Pharmacist	6

Provincial hospital, PE: budget/revenue

164. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Port Elizabeth Provincial Hospital, (a) was the amount budgeted for each category of expenditure, and (b)(i) was the revenue and (ii) were the sources of revenue, as at 31 December 1991?

B394E

(a)	(b)
Personnel expenditure	R38 035 000
Administrative expenditure	402 000
Stores and livestock	21 363 000
Equipment	1 137 000
Professional and special services	2 694 000
Miscellaneous expenditure	526 000
Total	R64 157 000

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(b) (i) R14 563,17 and

(ii) Hospital fees	R14 191 209
Board and lodging	83 578
Rental income	76 960
Meals	19 652
Crèche fees	40 884
Commission on insurance	19 517
Sales	18 990
Payment to dealers	73 753
Miscellaneous income	38 574

Academic hospitals: bed occupancy rate

168. Mr M J ELLIS asked the Minister of National Health:

(a) What is the annual bed percentage occupancy rate at each academic hospital in South Africa and (b) in respect of what date is this information furnished?

B398E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope

(a) Groote Schuur Hospital 83,72%
Red Cross Hospital 96,75%
Tygerberg Hospital 89,84%

(b) 1 April 1990 to 31 March 1991.

Provincial Administration of Natal

(a) King Edward VIII Hospital 90,68%

(b) 1 April 1990 to 31 March 1991.

Provincial Administration of the Orange Free State

(a) Universitas Hospital 54,04%
National Hospital 55,18%
Pelonomi Hospital 82,57%

(b) January 1991 to December 1991.

Provincial Administration of Transvaal

(a) Baragwanath Hospital 79,8%
Ga-Rankuwa Hospital 78,2%
H F Verwoerd Hospital 63,7%
Johannesburg Hospital 89,5%
Kalafong Hospital 78,5%

(b) 1 April 1991 to 31 December 1991.

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Own Affairs:

Departmental hospitals: posts authorized/filled
44. Mr M J ELLIS asked the Minister of Health Services and Welfare:

How many (a) doctors', (b) nursing, (c) support staff and (d) administrative posts at hospitals falling under her Department had been (i) authorized and (ii) filled in respect of each province as at 28 February 1991 and the latest specified date for which information is available, respectively?

B366E

The MINISTER OF HEALTH SERVICES AND WELFARE:

	(a)	(b)	(c)	(d)
Doctors Nursing Support Administrative posts				

1991/02/28

TPA (i)	451	6 085	1 153	1 027
(ii)	356	5 370	1 044	1 000
CPA (i)	105	1 226	877	147
(ii)	93	1 133	805	142
NPA (i)	32	315	604	106
(ii)	32	315	604	106
OFS (i)	28	505	583	90
(ii)	24	485	551	89

1992/02/29

TPA (i)	451	6 084	1 151	1 081
(ii)	392	5 482	1 072	983
CPA (i)	109	1 227	872	147
(ii)	101	1 120	773	134
NPA (i)	37	315	604	105
(ii)	37	315	604	105
OFS (i)	28	505	591	122
(ii)	26	441	563	113

Hospitals: self-governing territories

45. Mr M J ELLIS asked the Minister of Health Services and Welfare:

(1) Whether her Department renders any assistance to hospitals in the self-governing territories; if so, (a) to which hospitals in each such territory and (b) what is the nature of this assistance;
(2) whether her Department has statistics on

posts at these hospitals; if so, how many (a) doctors', (b) nursing, (c) support staff and (d) administrative posts at these hospitals had been (i) authorized and (ii) filled in respect of each self-governing territory as at 28 February 1991 and the latest specified date for which information is available, respectively?

B367E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a), (b) and (2) Fall away.

Departmental hospitals: medical waste

46. Mr M J ELLIS asked the Minister of Health Services and Welfare:

Whether any changes were introduced in the 1991-92 financial year by hospitals under her control in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details?

B375E

The MINISTER OF HEALTH SERVICES AND WELFARE:

TPA: No changes were made. During the

1991/92 financial year an investigation was conducted at hospitals by the Directorate: Organization and Work Study to establish whether privatization of the disposal of medical waste could be economically justified. The finding was that it was considerably more expensive to privatize the service against the hospitals being responsible for it themselves. In the case of Hendrik van der Bijl Hospital for instance it would have been 56% more expensive.

It was therefore decided to maintain the *status quo*, i.e. that hospitals themselves would be responsible for the disposal of medical waste.

CPA: No changes were made. The handling of medical waste can be disposed of by means of a tender system. The Own Affairs hospitals which are operated by the Cape Provincial Administration can also participate when the need arises.

NPA: No changes were made. The present systems are working effectively and sufficiently.

OFS: No changes were made. The hospitals incinerate their own medical waste on their premises in their own incinerators.

HOUSE OF ASSEMBLY

Natal warns of retrenchment

MARITZBURG — At least 2 500 Natal health services staff might have to be retrenched as a result of cuts in the budget for health services in the province, Natal Health Services MEC Peter Miller said in a debate of the Extended Public Committee on Provincial Affairs yesterday.

Miller said these cuts would involve the full range of medical personnel.

The MEC said Addington Hospital in Durban might have to turn away 52 000 outpatients at specialist level annually and deny access to 4 800 patients a year.

He said there was a shortfall of R16,7m in the allocation for Addington and 112 beds may have to be closed.

And R K Khan Hospital at Chatsworth would be under-funded for the next financial year by about R14m. About 145 beds might have to be closed.

Miller quoted from a report from De-loitte, Pim Goldby, which stated that of the nine development regions, Natal received the third least of public spending although it was the most populous.

Natal/KwaZulu needed an additional

B [unclear] 8/4/92
Own Correspondent

R1bn a year to bring it to national parity.

Sapa reports that Cape Administrator Kobus Meiring expressed grave concern yesterday at government's plan to strip the provincial administration of responsibility for some hospitals and primary health care services.

He told the Parliamentary committee debating the CPA's budget in Cape Town, it was common knowledge the vertical fragmentation of health services under own affairs had failed.

"But the decision on the one hand to take academic hospitals away from the CPA and put them under control of the Department of National Health and, on the other, to gradually devolve the responsibility for primary health care services to local authorities, is a source of grave concern.

The CPA was still not convinced that all local authorities would be capable of rendering an effective primary health care service, and even if they were, there was no way it could cost less.

The figure for Blacks can further be broken down to average figures in geographical areas:

TBVC states	59.8
Self-governing territories	54.4
Remainder of South Africa	50.0

Education: salaries

185. Mr R M BURROWS asked the Minister of Education and Training: *(Handwritten initials)*

(a) What was the amount spent by his Department in 1991 on (i) salaries of teachers and principals, (ii) salaries of administrative staff, (iii) salaries of inspectorate and executive officials, (iv) salaries of any other specified staff, (v) capital expenditure, (vi) supplies and services, (vii) equipment and (viii) other items and (b) what percentage of the total education expenditure by his Department in 1991 does each of the above amounts constitute?

B426E

THE MINISTER OF EDUCATION AND TRAINING:

The information as requested in a(i) to (iv) is not readily available and a total amount for personnel expenditure is supplied:

	(a)	(b)
	R'000	%
(i) - (iv)	2 820 160	74.80
(v)	284 478	7.54
(vi)	243 188	6.45
(vii)	49 667	1.32
(viii)	372 947	9.89
Total	3 770 440	100.00

Note:
The books for the 1991/92 financial year have not yet been closed. The information is therefore based on estimated expenditure.

Standard 10 examination results

186. Mr R M BURROWS asked the Minister of Education and Training: *(Handwritten initials)*

How many pupils at schools falling under the control of his Department (a) wrote, (b) passed and (c) failed their 1991 Standard 10 examinations in respect of (i) Mathematics (Higher Grade), (ii) Mathematics (Standard

Grade), (iii) Physical Science (Higher Grade) and (iv) Physical Science (Standard Grade)?

B427E

THE MINISTER OF EDUCATION AND TRAINING:

(i) Mathematics Higher Grade *(Handwritten initials)*

- (a) 10 519
- (b) 1 502
- (c) 9 017

(ii) Mathematics Standard Grade

- (a) 13 987
- (b) 1 794
- (c) 12 193

(iii) Physical Science Higher Grade

- (a) 10 640
- (b) 1 698
- (c) 8 942

(iv) Physical Science Standard Grade

- (a) 5 619
- (b) 1 507
- (c) 4 112

Pensions/grants/maintenance: Black persons

191. Mr E W TRENT asked the Minister of Local Government and National Housing:

- (1) How many Black persons were receiving (a) old-age pensions, (b) disability grants and (c) military maintenance aid from the State in the Port Elizabeth/Ibhayi/Uitenhage/Kwanobuhle metropolitan area as at 30 June 1991; *(Handwritten initials)*
- (2) what total amount was paid to each of the above three categories of persons during the latest specified 12-month period for which information is available?

B437E

THE MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

- (1) (a) 18 305
(b) 10 840
(c) 41
- (2) For the period April 1991 to March 1992.

- (a) R46 644 085
- (b) R27 248 377
- (c) R102 070

Black provincial health clinics

192. Mr E W TRENT asked the Minister of Local Government and National Housing:

- (1) (a)(i) How many provincial health clinics for Blacks were there in the Port Elizabeth/Uitenhage/Ibhayi metropole as at 31 December 1991 and (ii) what are their names, (b) what are the functions of these clinics and (c)(i) what was the staff complement as at the above date and (ii) in what categories were these staff members employed;
- (2) (a) what was the expenditure budget of each of these clinics, and (b) how many patients did each of them attend to, in 1991 or the latest specified 12-month period for which information is available?
- B438E

THE MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

- (1) (a) (i) 10

(ii) Walmer Community Health Centre

Kwazakele Day Hospital
Motherwell Community Health Centre 40

Motherwell Community Health Centre NU8

Lactitia Bam Community Health Centre

4 X Satellite Community Health Centres in Kwa-Nobuhle
Middel Street Clinic

- (b) The above render a curative primary health service and an antenatal care. The Motherwell Community Health Centre 40 renders a 24-hour service which include an obstetric and casualty service.
- (c) (i) and (ii)
Walmer CHC 31 5 X Administrative
5 X Professional Staff
15 X Nursing
8 X General

Kwazakele DH 60 3 X Professional Staff
33 X Nursing
5 X Administrative
8 X General
11 X General Assistants

(Handwritten circled number 98)

Motherwell CHC 40 108 5 X Professional Staff
63 X Nursing
9 X Administrative
17 X General
14 X General Assistants

Moherwell NU8 10 8 X Nursing
1 X Administrative
1 X General Assistants

Lactitia Bam CHC 12 4 X Nursing
1 X Enrolled Nurse
1 X Nursing Assistant
3 X General Assistants
1 X Medical Officer
(2 to 3 hours per day)
2 X Administrative

4 Satellite CHC 3 1 X Nursing
1 X Administrative
3 X General Assistant

2 3 1 X Nursing
1 X General Assistant
1 X Administrative

3 4 1 X Nursing
1 X Enrolled Nurse
1 X Administrative
1 X General Assistant

4 4 1 X Nursing
1 X Enrolled Nurse
1 X Administrative
1 X General Assistant

Middle Street Clinic 10 3 X Nursing
1 X Enrolled Nurse
1 X Nursing Assistant
1 X Medical Officer
(2 to 3 hours per day)
2 X Administrative
2 X General Assistant

(2)	(a)	(b)
Walmer CHC	R467 700	51 391
Kwazakhele DH	1 687 928	44 094
Motherwell CHC	2 691 588	48 370
Motherwell NU8	287 724	6 623
Laetitia Bam CHC	173 295	24 263
4 Satellite CHC's		
1		3 584
2	654 579	3 515
3		3 713
4		5 626
Middel Street Clinic	126 782	31 847

Social old-age pensions: amount budgeted

193. Mr B B GOODALL asked the Minister of National Health:

- (a) What total amount has been budgeted to be spent on social old-age pensions in the 1992-93 financial year and (b) how much of this amount will be and/or has been allocated (i) to each (aa) own affairs administration, (bb) province, (cc) self-governing territory and (dd) independent Black state and (ii) for any other specified purposes?

B439E

The MINISTER OF NATIONAL HEALTH:

- (a) R5 873 880 and
- (b) (i) (aa) R538 200 000—House of Assembly
R473 184 000—House of Representatives
R125 928 000—House of Delegates
- (bb) R808 680 000—Transvaal Provincial Administration
R316 440 000—Cape Provincial Administration
R207 444 000—Natal Provincial Administration
R246 120 000—Provincial Administration of the Orange Free State
- (cc) R1 821 041 880—6 Self-governing territories and
- (dd) R1 336 080 000—4 Independent states (TBVC states)

HOUSE OF ASSEMBLY

HOUSE OF DELEGATES

QUESTIONS

+Indicates translated version

For written reply:

General Affairs:

South African tourists to Far East

22. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Home Affairs:

- (a) How many South Africans left South Africa as tourists to the Far East in 1991 and (b) how many of them departed from (i) Jan Smuts Airport, (ii) Louis Botha Airport and (iii) D F Malan Airport?

D90E

The MINISTER OF HOME AFFAIRS:

- (a) 25 548
- (b) Not available.

Countries included are:

Algerianistan	Malaya
Bangladesh	Malaysia
Borneo	Mongolia
Burma	Nepal
China	New-Guinea
East Indian Islands	Pakistan
Hong Kong	Philippines
India	Rep of China (Taiwan)
Indonesia	Sarawak
Japan	Singapore
Java	Solomon Islands
Kampuchea	Sri Lanka
Korea	Thailand
Laos	Vietnam
Macao	

Transfer of homes to tenants

23. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Local Government and National Housing:

- (1) Whether any policy decisions have been taken to transfer homes, free of charge, to tenants; if so, (a) when and (b) by whom;
- (2) whether any members of the Indian community are to benefit in terms of this policy; if not, why not; if so, in what manner?

D91E

The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

- (1) No
- (2) Falls away.

Reprint of Question No 18 and reply thereto (see col 657):

Leasing of private residences as official residences

18. Mr M RAJAB asked the Minister of Public Works:

- (1) Whether compensation is payable to political office-bearers and office-bearers of Parliament whose private residences are leased by the State as official residences; if so,

- (2) whether he will furnish particulars in regard to residences so leased; if not, why not; if so, (a) which members of the Ministers' Council in the House of Delegates are paid such compensation and (b) what are the amounts paid in each case;

- (3) on what basis is this compensation calculated?

D72E

The MINISTER OF PUBLIC WORKS:

- (1) Yes

- (a) (2) Chairman: Minister's Council
- (b) R8 727,08 p.m. plus actual expenditure on municipal services and rates and taxes

Minister of Health R8 377,08 p.m. plus actual expenditure on municipal services and rates and taxes

Minister of Local Government and Agriculture and of the Budget and Auxiliary Services R8 377,08 p.m. plus actual expenditure on municipal services and rates and taxes

Minister of Education and Culture R8 727,08 p.m. plus actual expenditure on municipal services and rates and taxes

HOUSE OF DELEGATES

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Posts: academic hospitals

98

149. Mr M J ELLIS asked the Minister of National Health:

The MINISTER OF NATIONAL HEALTH:

See annexure.

ANNEXURE

Academic Hospitals	Posts	(a)				(b)				(c)				(d)			
		Doctors' Posts		Nursing Posts		Support Staff Posts		Administrative Posts		Doctors' Posts		Nursing Posts		Support Staff Posts		Administrative Posts	
Ga-Rankuwa	(i) Authorised	450	450	2 041	2 111	255	221	246	246	28/2/91	29/2/92	28/2/91	29/2/92	28/2/91	29/2/92	28/2/91	29/2/92
	(ii) Filled	384	401	1 909	1 903	189	199	246	246								
HF Verwoerd	(i) Authorised	450	450	2 005	2 005	385	380	552	552								
	(ii) Filled	431	430	1 682	1 740	328	331	547	549								
Johannesburg	(i) Authorised	520	520	1 917	1 917	335	327	681	681								
	(ii) Filled	431	481	1 448	1 639	276	255	599	539								
Groote Schuur (Incl. Red Cross)	(i) Authorised	926	895	3 919	3 880	752	715	79	75								
	(ii) Filled	853	824	3 606	3 570	692	656	73	70								
Tygerberg	(i) Authorised	620	619	2 725	2 759	611	601	125	224								
	(ii) Filled	571	570	2 507	2 538	559	549	116	113								
King Edward VIII	(i) Authorised	500	501	846	846	121	122	322	321								
	(ii) Filled	491	485	827	835	111	113	312	318								
Universitas	(i) Authorised	398	629	2 014	2 103	367	386	318	289								
	(ii) Filled	361	441	1 476	1 716	332	317	304	276								

Posts: provincial hospitals

150. Mr M J ELLIS asked the Minister of National Health:

(1) How many (a) doctors', (b) nursing, (c) support staff and (d) administrative posts at provincial hospitals, excluding academic hospitals, had been (i) authorized and (ii) filled in respect of each province as at 28 February 1991 and the latest specified date for which information is available, respectively;

(2) whether she will furnish the above particulars in respect of posts at hospitals in each of the self-governing territories; if not, why not; if so, what are the corresponding particulars?

The MINISTER OF NATIONAL HEALTH:

(1) See annexure;

(2) no, establishment particulars of the self-governing territories are not available.

B365E

ANNEXURE

Province	Posts	(a) Doctors' Posts	(b) Nursing Posts	(c) Support Staff Posts	(d) Administrative Posts
Provincial	(i) Authorised	28/2/91 1 487	29/2/92 1 487	28/2/91 1 172	29/2/92 1 163
Administration of Transvaal	(ii) Filled	1 366	1 456	16 012	16 688
Provincial	(i) Authorised	1 365	1 340	19 041	19 239
Administration of the Cape of Good Hope	(ii) Filled	1 259	1 237	17 620	17 807
Provincial	(i) Authorised	574	584	4 565	4 553
Administration of Natal	(ii) Filled	557	577	4 429	4 434
Provincial	(i) Authorised	75	74	2 225	2 722
Administration of the Orange Free State	(ii) Filled	56	62	2 065	1 999

Persons moved to Kwanobuhle

167. Mr E W TRENT asked the Minister of Regional and Land Affairs:

- (a) How many persons had been moved from (i) Lange/Kabab, and (ii) Despatch Location, to Kwanobuhle as at 31 December 1991 and (b) what (i) was the total cost of these removals and (ii) are the categories into which this cost was broken down?

The MINISTER OF REGIONAL AND LAND AFFAIRS:

- (a) (i) ±48 500 persons (7 750 families)
(ii) ±1 500 persons (250 families)
(b) (i) R20 538 605
(ii) Tents R5 049 490
Toilets 11 508 038
Sanitation buckets 26 811
Refuse holders 223 922
Water tanks 1 390 671
Transport 2 218 336
Miscellaneous 121 337
R20 538 605

income per patient per day for each hospital falling under the control of each of the provinces?

B399E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope

	(a) R	(b) R
Alwal North	138,99	23,86
Barkley East	152,97	10,71
Barkley West	86,74	9,78
Beaufort West	95,98	9,52
Bedford	128,54	7,89
Bredasdorp	114,96	17,64
Brewskloof	64,43	0,44
Brooklyn Chest	73,08	0,85
Burgersdorp	108,38	14,46
Caledon	172,49	23,28
Calvinia	114,06	12,72
Cathcart	135,54	6,16
Ceres	102,90	16,02
Citrusdal	110,32	13,32
Colesberg	99,45	14,83
Conradie, Pinelands	143,66	5,58
Cradock	136,06	12,30
Day Hospitals		
Organisation	101,02	2,98
De Aar	24,11	18,30
Dora Nginza, Port Elizabeth	202,73	3,10

Provincial hospitals: cost/income per patient

169. Mr M J ELLIS asked the Minister of National Health:

What is the (a) cost per patient per day and (b)

HOUSE OF ASSEMBLY

Douglas	121,66	14,99	Sitkland	72,22	4,16
East London (Freere)	204,87	23,97	Sutherland	136,34	7,04
Elizabeth Donkin	145,60	4,94	Swellendam	114,24	13,79
Elliot	138,26	5,88	Tower	58,09	0,35
Empilweni	57,68	0,01	Tygerberg	353,88	19,03
Faure (National Accelerator Centre)	569,32	11,21	Uitenhage	175,08	30,06
Fort Beaufort	135,13	13,55	Uppington	147,90	23,16
Fort England	71,64	1,08	Uppington TB	44,38	0,42
G F Jooste, Manenberg	75,24	0,77	Valkenberg	74,23	2,18
Garnes	114,57	10,63	Victoria West	130,82	10,94
George	198,59	31,80	Vredenburg	122,56	19,33
Graaff-Reinet	187,84	24,27	Vredendal	95,78	17,25
Grahamstown	144,00	9,24	Vryburg	149,74	21,77
Groote Schuur, Observatory	409,80	14,89	Walvis Bay	132,34	8,82
Hartswater	86,31	11,87	West End	60,22	1,05
Hermannus	133,79	33,25	Woodstock	195,08	13,60
Humansdorp	179,63	28,21	Worcester	152,57	13,54
Kakamas	133,79	1,48			
Karl Bremer, Bellville	336,95	65,95			
Kimberley	230,48	27,52			
King William's Town	193,35	17,70			
Knyssa	127,63	12,97			
Komani	61,43	0,82			
Kuruman	111,39	19,44			
Ladismith	148,03	10,33			
Livingstone, Port Elizabeth	209,20	4,73			
Malmesbury	153,44	20,70			
Middelburg (include Porterville and Westleur)	150,41	13,82			
Montagu	107,71	10,68			
Mossel Bay	104,06	17,23			
Noupoort	126,01	10,41			
Oudshoorn	142,23	20,04			
Paarl	122,84	21,30			
Postmasburg	98,54	11,09			
Prieska	129,14	17,55			
Queenstown	190,41	13,92			
Red Cross War Memorial	349,96	12,64			
Reivilo	136,36	5,25			
Riversdale	124,51	12,65			
Robertsom	123,16	14,99			
Sir Henry Elliot	307,54	138,13			
Somerset, Greenpoint	323,71	12,59			
Somerset East	117,11	17,82			
Somerset West	107,79	22,59			
South Peninsula Hospitals Group	213,95	20,37			
Springbok	114,05	17,28			
Stellenbosch	136,06	20,02			
Seynsburg	108,90	5,28			

HOUSE OF ASSEMBLY

	102,00	3,60	Ermele	111,41	39,26
Osdisweni	102,00	2,78	F H Odendaal North	161,96	12,56
St Apollinaris	102,00	2,78	Ga-Rankuwa	193,79	12,73
<i>Provincial Administration of the Orange Free State</i>					
	(a)	(b)	H F Verwoerd	384,09	36,35
	R	R	Hillbrow	293,65	10,86
			J D Verster	96,52	14,12
<i>Academic Hospitals:</i>					
Orange	25,66	1,20	Johannesburg	400,07	58,00
Pelonomi	137,47	4,57	Katalfong	187,28	13,05
Universitas/National	589,41	89,24	Kalie de Haas	155,03	33,67
			Klerksdorp	296,59	89,04
			Laudium	189,18	57,99
<i>Regional Hospitals:</i>					
Bethlehem	376,16	75,64	Lenasia	237,24	17,53
Boitumelo	78,45	6,96	Leratong	155,61	15,61
Phekolong	90,97	13,71	Lydenburg	114,34	40,72
Voortrekker	310,17	43,33	Middelburg	152,83	63,43
Wolkom	177,36	80,33	Natalspruit	127,72	8,51
			Nie Bodenstein	122,93	19,32
<i>Community Hospitals:</i>					
Bothaville	132,84	2,73	Nigel	114,74	35,34
Botshabelo	199,48	4,05	Paul Kruger Memorial	126,42	59,54
Clocolan	91,65	10,33	Pietersburg	143,18	57,69
Ficksburg	107,21	22,97	Piet Retief	69,66	15,11
Frankfort	115,47	21,67	Pollock Park, Springs	129,66	11,39
Hartswath	131,86	32,09	Rietfontein	74,85	1,30
Heilbron	111,78	14,36	Rob Ferreira	172,49	78,76
Hoopstad	96,30	14,38	Sabie	99,61	26,01
Jagersfontein	98,78	23,34	Schweizer Reneke	116,35	17,75
Ladybrand	173,43	15,49	Sebokeng	96,35	10,83
Odendaalsrus	125,41	25,31	Soweto CHC's	168,22	18,09
Parys	116,96	24,91	Standerfontein	117,28	32,42
Reitz	96,18	10,70	Sterkfontein	73,37	0,60
Sasolburg	344,52	142,11	Tembisa	136,24	9,34
Senekal	82,70	6,74	Westkoppiers	182,06	4,69
Smithfield	147,52	16,15	Westfort	64,67	0,67
Virginia	114,11	48,68	Witbank	147,60	66,07
Vrede	131,12	11,45	Zeerust	107,88	24,98
Winburg	190,06	16,15			
Zastron	147,71	5,58			
<i>Provincial Administration of Transvaal</i>					
	(a)	(b)	Own Affairs Hospitals:		
	R	R	Andrew McCollm	218,40	181,51
<i>General Affairs Hospitals:</i>					
A G Visser	143,67	38,08	Bernice Samuel, Delmas	211,98	105,82
Amajuba Memorial	121,66	30,75	Bloemhof	273,81	44,10
Baragwanath	187,20	4,93	Brits	84,83	85,10
Barberton	114,39	26,37	Delareyville	307,18	86,23
Bethal	110,88	29,50	Discoverer's Memorial	203,35	79,22
Boksburg-Benoni	142,44	20,73	Dutwelskloof	135,19	79,75
Carolina	104,76	26,10	Edenvalle	308,45	51,30
Christiana	105,78	22,65	Elkies Ballot, Amersfoort	208,97	38,08
Coronation	208,10	10,08	Eyander	255,57	119,32
Ellisras	152,26	68,10	Far East Rand	215,87	81,04
			F H Odendaal South	97,16	64,91
			Gen De La Rey	239,05	85,60
			Memorial	313,18	108,79
			Groblersdal	319,27	75,99
			H A Grove, Belfast	124,28	99,42
			Hendrik van der Bijl		

HOUSE OF ASSEMBLY

	544,70	51,20
J G Strijdom	165,14	124,12
Kempton Park	250,82	115,48
Louis Trichardt	335,57	90,43
Paardekraal	189,67	142,95
Phalaborwa	226,75	72,46
Pretoria West	463,02	96,57
Sannieshof	210,54	44,18
South Rand	148,14	95,22
Sybrand van Niekerk	219,71	106,01
Van Velden Memorial	222,02	39,25
Ventersdorp	126,15	126,89
Vereeniging	147,21	80,22
Voortrekker	182,04	81,90
Warmbaths	282,32	62,83
Waterval-Boven	228,07	75,51
Willem Cruywagen		

Pupils/students: per capita expenditure

174. Mr R M BURROWS asked the Minister of Education and Training:

What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on pupils or students at State (i)(aa) pre-primary, (bb) primary and (cc) secondary schools, (ii) colleges of education, (iii) technical colleges, (iv) technikons and (v) universities during the 1990-91 financial year or the latest specified 12-month period for which information is available?

B407E

The MINISTER OF EDUCATION AND TRAINING:

	(a)	(b)
(i) (aa)	None	None
(bb)	859,10	778,07
(cc)	1 538,23	1 238,08
(ii)	10 210,90	7 797,62
(iii)	5 832,73	4 875,72
(iv)	3 783,77	3 569,48
(v)	7 052,39	6 267,18

The information given above is in respect of the 1990-91 financial year.

Note:

(a) The amounts in (iii), (iv) and (v) are based on the number of full time equivalent students.

(b) (v)(ii) includes the subsidy formula provision for the replacement and renewal of

fixed assets, while (v)(a) in addition includes the subsidies paid for the payment of interest and redemption on long-term loans.

Additional post offices/postal services: Sandton area

177. Mr D J DALLING asked the Minister of Posts and Telecommunications:

Whether it is the intention to provide any additional (a) post offices and (b) postal services in the Sandton area in 1992; if so, (i) where, (ii) what services, and (iii) when, in each case? B420E

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

(a) No
(b) Yes

- (i) Buccleuch, Magaliesig and Witkoppen
(ii) Mail collection points in all three cases
(iii) Buccleuch—1 April 1992
Magaliesig and Witkoppen—latter half of 1992.

Infant mortality rate in 1991

182. Mr M J ELLIS asked the Minister of National Health:

What was the infant mortality rate for (a) Blacks, (b) Whites, (c) Coloureds and (d) Indians in (i) urban and (ii) rural areas in South Africa in 1991? B425E

The MINISTER OF NATIONAL HEALTH:

Official South African urban and rural infant mortality rates are not available. The mortality figures for 1991 will only be available at the end of 1992 or early 1993.

The latest available infant mortality rates for 1990 are as follows:

Infant Mortality per 1 000 live births
South Africa: National Average 1990

- (a) 52,8,
(b) 7,3,
(c) 28,0 and
(d) 13,5

Continued ->

HOUSE OF ASSEMBLY

23mm
Cuts could hurt chronically ill

IF NO more money was forthcoming for Natal's health services, chronically ill patients would have to be discharged and about 2 500 jobs would have to be axed, MEC in charge of health services, Peter Miller, said this week. (12/4/92) (98)

Unless more money was received, cuts totalling R104-million would have to be made from regional hospitals; R15-million from community hospitals and R40-million from academic hospitals, he said.

'NO crisis' at Baragwanath

By Montshiwa Muroke

(98)

Baragwanath Hospital is coping with the burden placed on it by the ongoing violence, a spokesman for the hospital said at the weekend.

She was reacting to reports that South Africa was suffering a major breakdown of public health services — leading to calls for urgent action to alleviate a situation aggravated by continuing violence and the high number of victims being treated at provincial hospitals.

The crisis was confirmed by the Department of National Health and Population Development last week.

However, Annette Clear, chief public relations officer for Baragwanath, said the hospital did not suffer the problems highlighted by The Star last week.

"Baragwanath has no problems in facing the daily situa-

tion. We are coping. We have not closed the intensive care unit (ICU) beds. Actually, we have increased the beds over the past five years," she said.

The hospital, regarded as the largest on the sub-continent and one of the largest in the world, serves a Soweto community of about two million people.

It also serves people from other African states as far away as Mauritius and Seychelles, according to Mrs Clear.

Suffered

In January, 1 491 people were treated for various kinds of assault. Of these, 110 suffered bullet wounds. A total of 409 people (including pedestrians) were treated after motor accidents.

Casualty section matron Noxolo Ntsoane said weekends were the busiest days of the week. The busiest days of the month were from the 21st until the beginning of the next month. The trauma unit had 65 beds

and treated patients with injuries mostly related to gunshot, motor accidents and stab wounds.

The sister in charge of the ward, Ruth Kgese, said some of the patients were admitted unconscious and were critically ill. The ward was manned by an average of 21 nurses during the day.

The Department of National Health and Population Development said the present crisis was being aggravated by violence and road accidents.

At the same time, poor working conditions had resulted in the loss of experienced hospital staff, with about 35 percent of the most skilled nurses in the 26-35 age group having left for the private sector.

The Transvaal Provincial Administration (TPA) has denied that any ICU beds in its five major hospitals have been closed because of the chronic shortage of nurses and resources.

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However, the chief director of advanced health-care services, Dr Harm Pretorius, acknowledged there was a shortage of resources which was felt in the ICU wards of some State and country hospitals. Patients in ICU wards were sometimes "pushed aside" for critically injured people, he said.

Dr Pretorius was responding to an earlier report from the Critical Care Society of Southern Africa, which stated that up to 20 percent of ICU beds in South Africa had been closed. The president of the society, Dr Dick Burrows, said that the crisis had reached a point where critically ill patients had to be turned away.

Mrs Clear said patients were never turned away from Baragwanath Hospital, and those admitted to hospital were discharged only when they had recovered sufficiently. Those who were discharged while they were still ill were terminally ill patients.

of the Service and the amount is therefore not supplied per Arm of the Service.

1989-90 1990-91 1991-92

State Funds: R 700 000 R1 526 000 R 889 500

Contributions by members: R4 597 811 R3 972 309 R4 200 347

Note:

Contributions by members are used for affiliation and entry fees, equipment and clothing, financial assistance to members representing the SA Defence Force or national teams, hiring of facilities and new facilities.

The MINISTER OF NATIONAL HEALTH:

(a) Senior Nursing Service Manager 1

Nursing Service Manager 3

Chief Professional Nurse 5

Senior Professional Nurse 28

Professional Nurse 24

Senior Staff Nurse 2

Staff Nurse 8

Senior Nursing Assistant 17

Nursing Assistant 40

(b) Chief Specialist 1

Senior Specialist 1

Specialist 2

Medical Officer 2

Part-time Medical Officer 1

(c) Pharmacist 1

Dora Nginza Hospital: staff complement

204. Mr E W TRENT asked the Minister of National Health:

What, in respect of the Dora Nginza Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991?

B461E

The MINISTER OF NATIONAL HEALTH:

(a) Senior Nursing Service Manager 1

Chief Professional Nurse 5

Senior Professional Nurse 18

Professional Nurse 112

Senior Staff Nurse 1

Staff Nurse 122

Nursing Assistant 69

(b) Medical Superintendent 1

Principal Medical Officer 3

Medical Officer 14

Specialist 4

Part-time Specialist 3

(c) Principal Pharmacist 1

Senior Pharmacist 3

Pharmacist (Intern) 1

Elizabeth Donkin Hospital: staff complement

206. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Elizabeth Donkin Provincial Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991?

B463E

Legal abortions

213. Dr Z J DE BEER asked the Minister of National Health:

(1) Whether any applications for legal abortions were made to her Department in 1991; if so, how many (a) such applications were made and (b) legal abortions were performed as a result;

(2) how many of these legal abortions were authorized in respect of (a) statutory rape, (b) rape and (c) incest?

B492E

The MINISTER OF NATIONAL HEALTH:

(1) No, applications are made to the medical practitioner in charge of a provincial hospital or a few private hospitals designated for this purpose.

(a) unknown and

(b) 981 legal abortions were reported for the year 1991 as at 31 January 1992;

(2) abortions may be procured by a medical practitioner in terms of sections 3(1)(a)-(e) of the Abortion and Sterilization Act, 1975 (Act 2 of 1975) and the statistical returns only specify the categories accordingly.

During 1991 a total of 46 abortions have been procured in terms of section 3(1)(d)—pregnancy in consequence of unlawful carnal intercourse.

Abortion/sterilization: legislation

214. Dr Z J DE BEER asked the Minister of National Health:

(1) Whether, with reference to her reply to Question No 13 on 9 April 1991, she intends to introduce any legislation in regard to abortion and sterilization during the present session of Parliament; if not, why not; if so, (a) what legislation and (b) when;

(2) whether she has received any representations in this regard during the past 12 months; if so, (a) from whom and (b) what was (i) the nature of and (ii) her response to these representations?

B493E

The MINISTER OF NATIONAL HEALTH:

(1) No, since public opinion is against any amendments to the Act;

(2) yes, (a) 1 318 representations from individuals and organizations were received from which all but one were against any amendments and

(b) no amendments are envisaged.

Mercury in tooth fillings

215. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she has received any requests from individuals and/or organizations to ban the use of mercury in tooth fillings; if so, from whom;

(2) whether her Department is investigating the possibility of banning the use of mercury in tooth fillings; if so, why;

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

B494E

The MINISTER OF NATIONAL HEALTH:

(1) No;

(2) no;

(3) no.

Immunization programmes: amount allocated

216. Mr M J ELLIS asked the Minister of National Health:

(1) (a) What sum of money was allocated to immunization programmes in the 1991-92 financial year and (b) what immunization programmes were undertaken;

(2) whether these programmes could be implemented fully out of the sum so allocated; if not,

(3) whether additional funds were allocated for this purpose; if so, from what source?

B495E

The MINISTER OF NATIONAL HEALTH:

(1) (a) R4 766 000 and

(b) the expanded programme on immunisation consists of sustained vaccination

tion against tuberculosis, diphtheria, tetanus, whooping cough, polio and measles. The "measles project" launched during 1990 (a special programme aimed at measles vaccination) was continued in 1991. The eradication of neonatal tetanus also received special attention.

Furthermore, rabies vaccine is administered to exposed persons and yellow fever vaccine to prospective travellers to at-risk areas as part of the Department's compliance with the regulations in regard to international travel requirements;

- (2) no, ⁽⁹⁸⁾
- (3) no additional funds were allocated. An additional amount of R580 000 was added to the immunization programme through transfer of funds as a result of savings within the sub-programme.

Daily cost per bed: academic hospitals

217. Mr M J ELLIS asked the Minister of National Health: ⁽⁹⁸⁾

What is the daily cost per bed for each recognized academic hospital in South Africa?

B496E

The MINISTER OF NATIONAL HEALTH:

Academic Hospital	Daily cost per bed
Baragwanath	R187,20
Ga-Rankuwa	R193,79
H F Verwoerd	R384,09
Johannesburg	R400,07
Kalafong	R187,28
Universitas	R589,41
Pelonomi	R137,47
Groote Schuur	R410,00
Red Cross	R350,00
Tygerberg	R354,00
King Edward VIII	R268,00
Wentworth	R765,00

Elizabeth Donkin Hospital: beds

218. Lt-Gen R H D ROGERS asked the Minister of National Health: ⁽⁹⁸⁾

What, in respect of the Elizabeth Donkin Provincial Hospital, was the (a) total number

HOUSE OF ASSEMBLY

of beds, and (b) number of beds not utilized, in 1991?

B497E

The MINISTER OF NATIONAL HEALTH:

- (a) 163 and
(b) 57.

Elizabeth Donkin Hospital: amount budgeted per category

⁽⁹⁸⁾

222. Mr E W TRENT asked the Minister of National Health:

What, in respect of the Elizabeth Donkin Provincial Hospital, (a) was the amount budgeted for each category of expenditure, and (b)(i) was the revenue and (ii) were the sources thereof, as at 31 December 1991?

B502E

The MINISTER OF NATIONAL HEALTH:

(a)	(b) (i) and (ii)
Personnel expenditure	R5 651 000
Administrative expenditure	113 000
Stores and live stock	888 000
Equipment	26 000
Professional and special services	30 000
	<u>R6 708 000</u>

and

(b) (i) and (ii)	
Hospital fees	R322 581
Personnel revenue	4 765
Miscellaneous expenditure	<u>279 761</u>
	R607 107

Livingstone Hospital: amount budgeted per category

223. Mr E W TRENT asked the Minister of National Health: ⁽⁹⁸⁾

What, in respect of the Livingstone Hospital, (a) was the amount budgeted for each category of expenditure, and (b)(i) was the revenue and (ii) were the sources thereof, as at 31 December 1991?

B503E

The MINISTER OF NATIONAL HEALTH:

(a)	(b) (i) and (ii)
Personnel expenditure	R58 548 000
Administrative expenditure	664 000
Stores and live stock	19 094 000
Equipment	1 205 000

Professional and special services
 7 584 000 || Miscellaneous expenditure | 968 000 |
| | R88 063 000 |

the revenue and (ii) were the sources thereof, as at 31 December 1991?

B504E

The MINISTER OF NATIONAL HEALTH:

(a)	(b) (i) and (ii)
Personnel expenditure	R15 720 000
Administrative expenditure	152 000
Stores and live stock	4 988 000
Equipment	401 000
Professional and special services	552 000
Miscellaneous expenditure	<u>242 000</u>
	R22 055 000

and

(b) (i) and (ii)	
Hospital fees	R3 566 811
Board and Lodging	334 579
Rentals	46 145
Meals	19 188
Commission on insurance	57 543
Other sales	<u>637 100</u>
	R4 661 366

Uitenhage Hospital: amount budgeted per category

224. Mr E W TRENT asked the Minister of National Health:

What, in respect of the Uitenhage Provincial Hospital, (a) was the amount budgeted for each category of expenditure, and (b)(i) was

(a)	(b) (i) and (ii)
Personnel expenditure	R6 414 750
Administrative expenditure	25 278
Stores and live stock	11 966
Rentals	4 295
Meals	29 426
Crèches	11 742
Commission on insurance	<u>23 721</u>
Other sales	R6 521 178

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Edward VIII Hospitals to academic hospitals.

QUESTIONS

†Indicates translated version

For written reply:

General Affairs:

Building of new hospitals: moratorium

180. Mr M J ELLIS asked the Minister of National Health:

(1) Whether the moratorium on the building of new hospitals referred to in her reply to Question No 16 of 19 February 1991 is still in force; if so, (a) why and (b) (i) since when and (ii) in respect of what categories of hospitals;

(2) whether the moratorium is to be lifted this year; if not, why not; if so, which new hospital projects are to be given priority?

B423E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(a) the building of new hospitals in the present unfavourable economic situation is not affordable. It is particularly the recurrent cost implications of the projects which will place significant constraints on the health budget and which will have a significant detrimental effect on the extension of primary health care services and

(b) (i) 6 December 1989

On 20 November 1991 the following hospital building projects have also been included in the moratorium:

Pretoria Academic Hospital
Durban Academic Hospital
Ga-Rankuwa Academic Hospital

A Task Group must be instituted to investigate the upgrading of the existing H F Verwoerd, Ga-Rankuwa and King

(2) no, reasons are provided in paragraph (1)(a).

(ii) Community Hospitals
Regional Hospitals
Academic Hospitals;

Provincial hospitals: unutilized beds

196. Mr M J ELLIS asked the Minister of National Health:

How many (a) beds and (b) wards were not utilized in 1991 in each hospital falling under the control of each of the provinces?

B451E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope

(a) (b)
Beds Wards

NON-ACADEMIC REGIONS

Northern Cape Region

Colesberg	9
De Aar, Central Karoo Hospital	36
Douglas, Hester Malan Hospital	17
Kakamas	37
Kimberley	93
Kimberley, Du Toitspan Hospital	24
Kimberley, Galeshewe Day Hospital	29
Kuruman	4
Noupoort, Fritz Visser Hospital	12
Postmasburg	25
Prieska, Bill Pickard Hospital	15
Upington, Gordonia Hospital	17
Vryburg	40

Eastern Cape Region

Allwal North Hospital	33	4
Barkly Oos, Cloete Joubert Hospital	40	
Bedford	15	

Cont...
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Cradock	40								
East London, Frere Hospital	88	1	Springbok, Dr Van Niekerk Hospital	6					
Elliot	14		Springbok, Alexander Bay Hospital	56					
Fort Beaufort	23		Springbok, Black Mountain Hospital	24					
Graaff-Reinet, Midland Hospital	28	98	Springbok, Nababeep Hospital	61					
Grahamstown, Settler's Hospital	57		Sellenbosch	33					
Humansdorp	17								
Joubertina	3								
King William's Town, Grey Hospital	52	2	<i>South Peninsula Group</i>						
Middelburg, Wilhelm Stahl Hospital	50		Eaton Rehabilitation Hospital	32	1				
Port Elizabeth, Motherwell CHC	1		False Bay Hospital	50	1				
Port Elizabeth, Provincial Hospital	339	4	Lady Michaelis Hospital	52	1				
Queenstown, Frontier Hospital	98	3	Princess Alice Hospital	78	1				
Somerset East, Andries Vosloo Hospital	63	1	Wynberg, Victoria Hospital	66	1				
Steynsburg	28		<i>Other</i>						
Uitenhage	26		Sutherland	15					
Umata, Sir Henry Elliot Hospital	12		Swellendam	21					
			Victoria West, B J Kempen Memorial Hospital	25					
<i>Walvis Bay Region</i>			Vredenburg	13	1				
Walvis Bay	73		Vredendal	17					
			Vredendal, Lamberts Bay CHC	4					
			Woodstock	59	1				
<i>Western Cape Region</i>									
Atlantis, Westfleur Hospital	6		ACADEMIC REGIONS						
Beaufort West	43		<i>Groote Schuur Region</i>						
Bellville, Karl Bremer Hospital	230	3	Avalon Treatment Centre	23					
Bredasdorp, Otto du Plessis Hospital	20		Groote Schuur Hospital	218	8				
Caldon	42		Heideveld MOU	5					
Calvinia, Voortrekker Hospital	7		Mowbray Maternity Hospital	116					
Citrusdal	8		Peninsula Maternity Hospital	16					
Faure	22		<i>Tygerberg Region</i>						
Garies, Van Rooyen Hospital	12		Tygerberg Hospital	173	9				
George	66								
Green Point, Somerset and City Hospital	434	12	<i>Tuberculoses Hospitals</i>						
Hermannus	5		Kimberley, West End	381					
Knysna	13	1	Port Elizabeth, Empilweni	40					
Ladismith	23		Uppington TB	22					
Malmesbury, Swartland Hospital	17		Worcester, Brewskloof	43	3				
Manenberg, G F Jooste Hospital	13		Ysterplaat, Brooklyn Chest	52	1				
Montagu	2		<i>Santa Centres</i>						
Oranjezicht, Volkshospital	68	37	Bethelsdorp, Algoa Chest	144					
Oudshoorn	6		East London, Fort Grey	12					
Pinelands, Conradie Hospital	102	2	George, Harry Comay	5					
Porterville, LAPA Munnik Hospital	8		Graaff-Reinet, Margery Parks	33					
Port Nolloth	4		Grahamstown, Tembá	29					
Riversdale	36	1	Port Alfred, Majorie Parrish	225					
Robertson	2								

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<i>Psychiatric Hospitals</i>									
Bellville, Stikland	192								
Fort Beaufort, Tower	36								
Grahamstown, Fort England	89								
Kimberley, West End	128								
Port Elizabeth, Elizabeth Donkin	57								
Queenstown, Komani	145								
<i>Provincial Administration of Natal</i>									
Addington Hospital	80	2							
Dundee Hospital	65	3							
Estcourt Hospital	60	2							
Empangeni Hospital	40	2							
Grey's Hospital	10	1							
Newcastle Hospital	148	5							
Northdale Hospital	39	1							
Port Shepstone Hospital	20	1							
<i>Provincial Administration of the Orange Free State</i>									
National Hospital, Bloemfontein	109	4							
Universitas Hospital, Bloemfontein	128	4							
<i>Provincial Administration of Transvaal</i>									
*Bethal Hospital	7	1							
*Boksburg-Benoni Hospital	32	4							
*Ga-Rankuwa Hospital	60	1							
*H F Verwoerd Hospital	89	13							
*Johannesburg Hospital	363	30							
Kaife de Haas Hospital	30	1							
Laudium Hospital	30	1							
Lenasia Hospital	61	2							
Leratong Hospital	156	4							
*Paul Kruger Memorial Hospital	19	1							
*Rob Ferreira Hospital	14	1							
*Beds were closed in various wards.									
<i>SA Communication Service: number of publications</i>									
221. Mr P G SOAL asked the Minister of Communication:									
(1) (a) What total number of publications was produced by the South African Communication Service in 1991, (b) what was the title of each publication, (c) what was the total cost of producing these publications and (d) who printed each of them;									
(2) whether the printing contract in respect of each of these publications was put out to tender; if not, why not; if so, what are the relevant details?									
	B500E								

The MINISTER OF COMMUNICATION:

(1) (a) 76

(b)

REGIONAL OFFICE PUBLICATIONS

(d)

1) Phoenix Leader Press
2) Izindaba Leader Press
3) Puzano Nasionale Pers
4) Vroue Insig/Ladies

5) Metropolitan Digest

6) Bekkersdal Newsletter

7) Diepmeadow News

8) Diraba tsa Lekoa

9) Duduzani Newsletter

10) Eyalon News

11) Ikutlweleng Newsletter

12) Soweto Newsletter

13) Reagle Newsletter

14) Kwa-Thema Mirror

15) Orange Farm Newsletter

16) Ratanda Newsletter

17) Tokoza Newsletter

18) Tsakane Herald

19) Vostoorus Newsletter

20) Kathlehong Newsletter

21) Botleng Newsletter

22) Tigane Newsletter

23) Borolelo Newsletter

24) Tsweleng Newsletter

25) Ket Sona

26) Lebaleng Newsletter

27) Kgakala Newsletter

28) Letsopa Newsletter

29) Agisnam Newsletter

30) Boitumelang Newsletter

31) Itelegang Newsletter

32) Thabologang Newsletter

33) Khuma Newsletters

34) Boikhatso Newsletter

35) Ulewanang Newsletter

36) Tshing Newsletter

37) Ikagang Newsletter

38) Ikagang Newsletter

39) Karet

40) Light/Khanya

41) Lux Femina

42) Umso

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- 43) Avanti NMB
- 44) Lingelible News NMB
- 45) Smaldeel Nuis NMB
- 46) Camdeboo News NMB
- 47) Indaba Zonxweme NMB
- 48) Bofolo News NMB
- 49) Khayamandi News NMB
- 50) Dukathole News NMB
- 51) Msamomhle Elethu NMB
- 52) Mkwenkwezi News NMB
- 53) Kwezinaledi News NMB
- 54) Nkenkwezi News NMB
- 55) Kati-Kati News NMB
- 56) Nkululeko News NMB
- 57) HEAD OFFICE PUBLICATIONS
RSA Beleidsorsig National Book Printers
- 58) RSA Policy Review National Book Printers
- 59) SA Panorama (Eng) ABC Press
- 60) SA Panorama (Afr) ABC Press
- 61) SA Today Perskor
- 62) Beleidsrigs/Policy Guide J G Ince and Son
- 63) Amptelike Jaarboek van SA Cape and Transvaal Printers (CTP)
- 64) Official Yearbook of SA CTP
- 65) Kitsgids CTP
- 66) SA at a glance CTP
- 67) Wiskrif op Grondher-
vorrings—'n opsom-
ming en agtergrondstuk Government Printer
- 68) White Paper on Land Reform—a summary and background study Government Printer
- 69) Economic Realities of SA CTP
- 70) Parliament van Suid-Afrika CTP
- 71) Parliament of South Africa CTP
- 72) Openings toespraak van die Staatspresident CTP
- 73) Opening Speech of the State President CTP
- 74) SA Profile CTP
- 75) Lessenaar kalender/Desk calendar ABC Press
- 76) Jaarverslag/Annual Report CTP
- (c) R6 422 058
- (2) Yes. Tenders for printing contracts are dealt with by the Government Printer.
- Fund-raising number: certain organization
230. Mr A GERBER asked the Minister of National Health:†
- (1) Whether a certain organization, the name of which has been furnished to the Minister's Department for the purpose of her reply, obtained a fund-raising number from her Department; if so, (a) for what purposes was this number allocated and (b) what is the name of the organization;
- (2) whether her Department is exercising any control to ensure that the funds raised are utilized for the above-mentioned purposes by the organization concerned; if not, why not; if so, (a) to what extent and (b) with what result;
- (3) whether, in view of certain allegations which are being made in the media in respect of this organization and particulars of which have been furnished to her Department, she intends inquiring or causing such an inquiry to be made into the financial statements of the organization concerned; if not, why not;
- (4) whether she will make a statement on the matter? B539E
- The MINISTER OF NATIONAL HEALTH:
- (1) Yes;
- (a) to establish a special fund for the making of awards to, or the funding of projects of one or more organizations which, in the Republic of South Africa, including those territories which previously formed part of the Republic of South Africa—
- * provide opportunities to people, preferably self-employed or unemployed, in the form of business advice and practical skills training; or
- * provide opportunities in the form of sports training and the

- provision of better sporting facilities to disadvantaged communities; or
- * finance further education in the arts and music in disadvantaged communities; and
- * which are authorized to collect contributions in terms of the Fund-raising Act, 1978 (Act No 107 of 1978), or organizations approved by the Director of Fund-raising and the Ihuba Trust.
- Dora Nginza Hospital: amount budgeted/revenue
233. Mr E W TRENT asked the Minister of National Health: (98)
- What, in respect of the Dora Nginza Hospital, (a) was the amount budgeted for each category of expenditure, and (b) (i) was the revenue and (ii) were the sources thereof, as at 31 December 1991? B542E
- The MINISTER OF NATIONAL HEALTH:
- | | (a) | (b) |
|-----------------------------------|-------------|------------------------|
| Personnel expenditure | R16 163 907 | |
| Administrative expenditure | 261 180 | |
| Stores and live stock | 4 034 676 | |
| Equipment | 126 800 | |
| Professional and special services | 777 600 | |
| | | (b) (i) 44 789 |
| | | (ii) (aa) 16,5 |
| | | (bb) 27,4 |
| | | Cape: 1992-04-10 |
| | | Natal: 1992-03-25 |
| | | OFS: 1992-04-16 |
| | | Transvaal: 1991-12-31. |
- Miscellaneous expenditure 291 185
- R21 655 348
- (b) (i) and (ii) (98)
- Hospital fees R376 226
- Meals 16 080
- Commission on insurance 22 648
- Other sales and sundries 110 311
- R525 265
- Own Affairs:
- Departmental schools: number of classrooms
49. Mr R M BURROWS asked the Minister of Education and Culture:
- (a) What is the (i) total number of classrooms in schools administered by his Department and (ii) average number of classrooms for such (aa) primary and (bb) secondary schools and (b) in respect of what date is this information furnished? B388E
- The MINISTER OF EDUCATION AND CULTURE:

HEALTH & DISEASES — HOSPITALS & CLINICS

1992

MAY — SEPTEMBER.

Macmed's main board listing could bring new opportunities

CAPE TOWN ^{15 May 4/5/92} Macmed Health Care's move into the pharmaceutical and medical sector of the main board from today has opened up the possibility of it gaining the distribution rights from a major multinational medical supplies company.

MD Don McArthur said at the weekend negotiations with the company were conditional on Macmed obtaining a main board listing.

"The range of products will complement Macmed's existing consumable product range and strengthen its position in the market place," McArthur said.

He believed the enhanced status offered by a main board listing would also secure other opportunities.

The company manufactures and distributes medical products to private and provincial hospitals and can achieve earnings per share growth of between 20-25% this year. This would follow several years of decline.

"The share price reflects the exciting prospects that lie ahead for the group, and at a current price of 40c the share stands at a historic price

earnings of 11,1 against the average for the pharmaceutical and medical sector of 15,6%," Hiscock said.

The listing follows a year of consolidation. In June it will move to Johannesburg.

Macmed had identified three growth areas. Emphasis would be given to expanding the market for high margin, high-tech products for private health care. The state sector had cash constraints, but Macmed would continue to distribute primary health care products.

Another growth area was exports. Macmed's major licensor, Kendall Products, is considering using Macmed products to supply its other marketing subsidiaries abroad.

Macmed is also discussing the acquisition of distribution rights of pharmaceutical products.

About 40% of Macmed's products are locally produced under contract. McArthur said the company would not repeat previous unsuccessful attempts at manufacturing.

LINDA ENSOR

'No funds' for Mitchell's Plain hospital

(98)
ARG 5/5/92

CLIVE SAWYER, Municipal Reporter

THE government has rejected pleas for a general hospital for Mitchell's Plain and Khayelitsha because it has no funds.

The decision has been criticised by Mitchell's Plain advice office co-ordinator and African National Congress zone chairman Mr Achmat Semaar who said it would worsen the crisis in areas where health facilities were inadequate.

Mr Semaar said Mitchell's Plain residents had been campaigning for a hospital for 10 years.

Last month, the city council supported the Provincial Administration's strategic plan for health services, but said a general hospital was needed in Mitchell's Plain and Khayelitsha "as a matter of urgency".

In a letter tabled at a city council amenities and health committee meeting, the Director-General of Hospital and Health Services, Dr George Watermeyer, said there were no funds for a hospital but the upgrading of G F Jooste Hospital would largely meet the need.

Mr Semaar said Mitchell's Plain day hospital was a "matchbox" and anyone wanting treatment had to get there by 6am.

"Mitchell's Plain has an area and population equivalent to a city the size of Bloemfontein, but does not have equivalent hospital services," he said.

Anyone who fell ill or was injured in the middle of the night and had no access to transport would have to call an ambulance, an extra cost which most could not afford.

People without medical aid and who could not afford private hospitalisation were in a hopeless position.

"Family doctors are playing a tremendous role — I know there are some who have written off thousands of rands worth of debt and continue to work among the underprivileged, yet the State will not take responsibility," Mr Semaar said.

Dr Watermeyer said G F Jooste in Manenberg was to be converted to an "acute hospital" handling emergencies in terms of the strategic plan.

The provision of a general hospital in Mitchell's Plain was outside the jurisdiction of the province and was the responsibility of the House of Representatives, Dr Watermeyer said.

Dire shortage of nurses in Transvaal hospitals

STAR 6/5/92
By Zingisa Mkhuma

Transvaal hospitals are experiencing a severe shortage of nurses as provincial authorities battle to attract suitable workers to fill as many as 4 000 vacancies.

A Transvaal Provincial Administration spokesman has confirmed that of the 33 787 nursing posts available in provincial hospitals, only 29 771 have been filled, leaving a shortfall of 4 016 vacancies.

The problem is further aggravated by a 9,7 per cent drop in student nurse intakes at the province's nursing colleges.

More than 800 nursing

staff, including student nurses and nursing assistants, resigned their posts last year, compared to 300 in 1990.

This has prompted the SA Nursing Association (Sana) to call on the Government to improve wage and working conditions for nurses to stem the departure of public-hospital nurses for the more lucrative private health care sector.

Sana has put the blame for the resignations on the non-competitive overtime compensation and allowances given to nurses in Government hospitals.

This, Sana said, was aggravated by poor working conditions and

equipment.

The National Education, Health and Allied Workers Union (Nehawu) has described the conditions in provincial hospitals as intolerable, especially when the Government was restructuring the services.

Nehawu spokesman Phillip Dexter said the Government was cutting facilities in the public sector and "leaving it all" to the private clinics.

"Ordinary people are not being provided for, and to cut services now is criminal. Health care facilities for poor people are desperately needed," he said.

PresMed goes for day clinics

PRESIDENT Medical increased earnings a share by 39% to 30,9c and the dividend by 34% to 6,7c in the year to February 1992.

Development Capital Market graduate PresMed operates compact, affordable, no-frills hospitals and day clinics. *ST TIME (BUS)*

Managing director Carl Grillenberger says that of SA's hospital facilities, the State supplies 80% and the private sector 20%. The Government's tight budget is forcing more patients to use affordable private hospitals and day clinics. *10/5/92*

PresMed is contracted to medical aid tariffs and can take advantage of this trend. Its policy of contracted-in tariffs ensures that higher occupancy rates maintain profitability.

PresMed is concentrating largely on developing day clinics. Technological advances in the past decade enable a patient to have an operation in the morning and go home the same day.

Mr Grillenberger thinks the main growth lies in day clinics. Patients can ill afford the high costs of hospitalisation. In the US, 50% of operations can be done in day clinics. The percentage of such operations is much lower in SA.

Expense

However, current medaid legislation favours hospitals at the expense of day clinics. Mr Grillenberger hopes the situation will be changed.

The affordability concept means that staff members have the attitude of keeping expenses low — to the advantage of patients and encouraging them to use PresMed's facilities.

Retrenchments have probably reduced the number of whites on medical aid, but medical insurance is growing. There is also growth from the higher-income segment of other races.

PresMed rents its premises instead of owning them. Long-term leases ensure predictability.

Development of hospitals and day clinics has necessitated fairly large outlays al-

By ROBIN PEGLER

though care has been taken not to allow undue expansion at the expense of the shape of the balance sheet.

The high rate of return on assets allows higher debt than if the returns were lower. *24P 98*

PresMed has consistently reduced interest charges by issuing convertible securities with a conversion date some years ahead. The interest rate is much lower than borrowing at prime.

In January, R7,5-million was raised by issuing 3-million 12% compulsorily convertible debentures at 250c. Interest is 30c a debenture and they will presumably not be converted until the ordinary dividend reaches 30c.

Even at the current rate of growth, this is some years away.

Interest cover for the 1992 year was 9,3 times, which is more generous than for many leading companies at this stage of the recession. Substitution of the 12% interest rate for prime should result in an even better interest cover for the current year.

The development programme requires high dividend cover of 4,6. As long as expansion opportunities continue, which should be for the foreseeable future, high cover will be necessary.

PresMed shares are not easy to deal in, but an investor who can get them should be well rewarded.

WEEK IN

A SUMMARY of the week's corporate announcements.

MONDAY: Telemetrix members offered dividend of one share for 66 held plus nominal cash to give 1,52 new shares a 100.

Elsburg to distribute 65 Western areas shares for each 100 Elsburg in a voluntary winding up to cut costs. Investec Holdings' offer of prefs 94,2% subscribed.

Macmed is transferred to pharmaceutical and medical

Public told of ⁹⁸
STAR 11/15/92. ¹⁰⁵
medical ethics

Doctors with financial interests in private hospitals or clinics were not permitted to refer patients to these establishments, South African Medical and Dental Council president Dr Len Becker said on Saturday.

Only if there were a conspicuous notice displayed in his waiting room saying he had an interest in a specific hospital could the doctor refer the patient to the hospital concerned.

The SAMDC's ethical code also prohibited the receiving or paying of commission by a doctor for referring patients, Dr Becker added. — Sapa.

Thieves plunder hospital

98

CT11/5/92

By GLYNNIS UNDERHILL

GROOTE SCHUUR Hospital is being plundered by thieves who are stealing goods ranging in size from chairs and trolleys to wall-clocks from under the noses of security guards.

A police spokesman confirmed that the "seriousness of the matter" had led to a special foot patrol being deployed outside the hospital.

"We are aware of the large problem at Groote Schuur Hospital and we are certainly concerned about the thefts," he said.

Items reported missing or stolen up until February this year included chairs, wheelchairs, curtains, trolleys, fire extinguishers, overalls and assorted hospital equipment.

A hospital spokeswoman confirmed yesterday that "petty pilfering" was a continuing problem at Groote Schuur.

"Our security people are trying to

do everything in their power to stop it," she said.

"Stringent rules" were being applied by security guards.

A hospital source said it was common knowledge that "bergies" in the area sold packages of bandages, thought to be stolen from the hospital, on the street in Observatory.

Cars in the parking lot outside the hospital are also the targets of prowling thieves.

Six cars parked outside the hospital have been reported stolen since January.

In October 1990, the Cape Times reported the plundering of Groote Schuur by thieves, when linen stolen from the hospital was reported to be on sale in Holland at Amsterdam and Rotterdam flea markets.

Medical superintendent Dr Jocelyn Kane-Berman said at the time that high-tech security systems were not affordable and it would not be cost-effective to increase the R1 million-a-year security presence.

Cape Town's injury rate — highest in world — report

(98) ANC 11/5/92

ANDREA WEISS
Health Reporter

CAPE Town has the highest recorded injury rate in the world, according to the Medical Research Council's annual report to be tabled in parliament today.

The MRC study of trauma in greater Cape Town shows that each year one in 10 people needs treatment for a fresh injury. This works out to 250 130 people in an estimated population of 2,5 million.

Dr Johan van der Spuy, head of the MRC's national trauma research programme, says the rate of 10 001 cases per 100 000 of the population each year is "considerably higher" than that recorded elsewhere in the world.

The study data is being used by the Cape Provincial Administration and private hospital groups in planning trauma facilities, as well as by the insurance industry, according to the MRC's report.

The study analysed more than 8 000 fatal and non-fatal trauma cases treated by state and private hospitals, clinics and doctors in greater Cape Town. It found that 37 percent of the injuries were caused by assault, compared with 36 percent cate-

Assaults account for 37 percent of trauma

gorised as "domestic", including accidents in homes and schools, and 13 percent caused by traffic accidents.

Alcohol was linked to a third of all injuries. Dr Van der Spuy said the percentage of assault cases treated, particularly at teaching hospitals, was "very high". Half of the trauma cases handled there were due to assault.

The majority of injuries happened in the 15 to 24 age group. And while only 3,4 percent needed the level of care provided at teaching hospitals, 36 percent were treated there.

Dr Van der Spuy said the clinical load on treatment services for trauma was much higher than any region researched in the world. "The way we are using our hospital facilities is most inappropriate-

ate and wasteful. We are using very sophisticated facilities to treat large volumes of relatively minor trauma, which is incredibly expensive," he said.

The study also showed that most blacks injured in vehicle collisions were pedestrians while most whites injured were occupants of vehicles.

For all age groups, trauma was most likely to occur in the street, although for white and "coloured" women the home was most dangerous place.

A rule change in school rugby had resulted in a "marked reduction" in catastrophic neck injuries, sports researcher Professor Tim Noakes says in the report.

The change, based on a study showing that severe neck injuries happen under predictable conditions, was implemented last year.

Professor Noakes said a similar reduction in serious neck injuries had not been seen in senior rugby as the rules controlling rugby at this level had not been altered.

"Better coaching and tackling and the prevention of the high tackle should rule out spinal injuries in schoolboy rugby," he said. ● See page 6.



LOYAL MEMBERS: The Medical Association of South Africa Cape Western branch awarded life membership certificates to 20 doctors who have been members for 40 years, among them rugby ex-Springbok Dr Cecil Moss, left. Democratic Party leader Dr Zac de Beer, centre, was guest of honour. Handing over the award is Dr Abdul Bardey, outgoing president of the region. Picture: WILLIE de KLERK, The Argus.

ADVENTURE SAFARIS
120 DAYS

Smash and grab gang get jewels worth R2m
The Argus Correspondent

Gruesome murder puzzles police
Staff Reporters

Nightclub fears for Access Park

bodies of the adults were lying Mr Pretorius was identified

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Phalaborwa Water Board: tenders

228. Mr A A B BRUWER asked the Minister of Water Affairs and Forestry:†

- (1) (a) How many tenders for the upgrading of the water works of the Phalaborwa Water Board were received, (b) what was the amount of each tender and (c) (i) which tender was accepted and (ii) why was this tender accepted;
- (2) whether his Department (a) received a letter in this regard from the Phalaborwa Town Council and (b) replied to this letter;
- (3) whether he or his Department will make the contents of the above-mentioned letter and/or the reply thereto available; if not, why not; if so, (a) to whom, (b) in what way and (c) when;
- (4) whether his Department intends rendering any financial assistance to the Phalaborwa Town Council in view of the tender that was accepted; if not, why not; if so, to what extent?

B523E

The MINISTER OF WATER AFFAIRS AND FORESTRY:

- (1) (a) Six.
- (b) Sullwald Bouers R5 472 183,93
Goldstein Civil (Pty) Ltd R5 806 634,51
Murray & Roberts Structures (Pty) Ltd R6 066 992,15
Norse Construction Projects (Pty) Ltd R6 584 104,92
Grinaker (Pty) Ltd R6 936 110,48
Dick Smith (Pty) Ltd R7 239 178,21
- (c) (i) Goldstein Civil (Pty) Ltd

(ii) Lowest tender according to specification and with proven experience in the construction of water retaining structures.

- (2) (a) Yes, but only for information. A copy of a letter dated 30 January 1992 addressed to the Phalaborwa Water Board was endorsed to the Department for information.

(b) No. The letter was answered by the Phalaborwa Water Board.

- (3) No. It includes correspondence between the City Council of Phalaborwa and the Phalaborwa Water Board which authorities, as autonomous bodies, must decide over the release thereof.

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

- (4) No, as no legal provision exist therefore.

National Health: lawsuits

235. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether any lawsuits were brought against (a) her in her capacity as Minister of National Health and/or (b) any specified chief executive director of provincial hospital services in 1991; if so, what (i) were the circumstances of each lawsuit and (ii) was the outcome in each case;
- (2) whether (a) she and/or (b) any specified chief executive director of provincial hospital services paid out any money in 1991 (i) as a result of successful lawsuits brought against them and (ii) in out-of-court settlements; if so, what amount in respect of each case?

B544E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) No and

Chief Executive Director of Provincial Hospital Services

Cape Provincial Administration

- (1) (b) yes,

(i) 1. Catheter left in patient.

2. Patient sustained injuries after fall from theatre trolley.
3. Baby sustained brain damage and died due to alleged negligence during delivery.
4. Part of corrugated drain left in wound after operation.
5. Patient died after delivery.
6. Failed sterilization.
7. Arm amputated due to alleged negligence.
8. Patient fell in hospital and sustained fracture of the hip since assistance was allegedly not given.
9. Premature born baby became blind because there was allegedly too much oxygen in incubator.
10. Patient undergoes operation to separate middle and ring fingers. He alleges that he is now unable to bend fingers properly.
11. Operation allegedly performed negligently causing an abscess to form.
12. Voltaren injection given in quadriceps muscle instead of gluteal muscle—causing painful swelling.
13. Patient not satisfied with treatment received for abdominal pain at hospital.
14. Wrong procedure allegedly performed on patient.
15. Administering of wrong substance led to death of baby.
16. Administering of wrong substance led to death of baby.
17. Administering of wrong substance led to death of baby.
18. Swab left in patient.
19. Needle allegedly left in uterus during caesarean section operation.
20. Baby allegedly sustained brain damage during birth.
21. Baby sustained injuries during birth.
22. Patient not satisfied with treatment received at hospital. Travelling expenses claimed.
23. Nurse allegedly infected with HIV virus.
24. Patient in semi-coma after bypass operation.
25. Suturing of wound allegedly performed negligently.
26. Patient died after blood transfusion of incorrect blood group.
27. Uterus removed after infection had developed as a result of placenta allegedly not removed completely.
28. Failed sterilization.
29. Spinal fusion allegedly performed on insufficient grounds.
30. Patient allegedly lost sense of taste after tonsillectomy.
31. Patient allegedly sustained cut to the bladder during caesarean section operation.
32. Patient sustained injuries after falling from theatre table.
33. Personnel failed to hand over foetus to Muslim family for burial.
34. Arm amputated after alleged negligent treatment.
35. Personnel unaware of injury sustained by patient because referral documents allegedly not studied thoroughly.
36. Patient died as a result of infection developing after hysterectomy.
37. Damaging of nerve in right leg during intervention led to paralysis of foot.
38. Patient sustained brain damage during operation and died.
39. Patient suffers from severe pain after hip replacement.

40. Swab left in patient and 1-12. Cases pending.
 13. Case closed due to lack of further interest by plaintiff's attorney.
 - 14-21. Cases pending.
 22. Case closed due to lack of further interest by plaintiff's attorney.
 - 23-29. Cases pending.
 30. Case closed due to lack of further interest by plaintiff's attorney.
 - 31-35. Cases pending.
 36. Case closed due to lack of further interest by plaintiff's attorney.
 37. Case closed due to lack of further interest by plaintiff's attorney.
 38. R\$546,20 paid to family in respect of funeral costs.
 - 39 and 40. Cases pending.
- Natal Provincial Administration*
- (1) (b) yes,
 - (i) 1. Patient died from head injuries after jumping from hospital window.
 2. Patient developed bronchopneumonia after surgery for head injuries and is now permanently disabled as a result of brain injuries.
 3. Patient died after operation to remove gallbladder and two exploratory operations.
 4. After alleged negligent treatment of a heart attack, patient sustained a stroke resulting in physical disablement.
 5. Patient's arm turned septic after injection and had to be amputated.
 6. Patient received an overdose of Vincristine during medical treatment causing hospitalization.
 7. Patient was put on a drip which allegedly leaked into tissue causing loss of flexibility of hand.
 8. Patient hospitalized after failed abortion. After a curettage and the repair of a perforation in the ileum the patient was discharged. Action instituted for alleged negligence.
 9. As a result of a fire in the nursery a baby sustained a burn on her right knee necessitating a skin-graft.
 10. Patient has initiated action for breach of confidentiality in respect of her medical record.
 11. Patient fell from hospital window and sustained severe injuries.
 12. Failed sterilization.
 13. Patient's arm partially severed in motor vehicle accident. She maintains that she has lost the power in her right hand due to two further operations.
 14. After treatment of a damaged wrist tendon, patient was referred to his own doctor for further treatment. Patient neglected to do so and later alleged negligence.
 15. After a difficult delivery patient sustained a perineal tear which subsequently went septic.
 16. Patient was treated for a kidney infection with antibiotics and discharged, but was subsequently operated on for a septic appendix.
 17. Stillborn baby. Patient subsequently accused the doctor of assaulting her during delivery.
 18. Failed sterilization and 1-18. Cases pending.
- Provincial Administration of Orange Free State*
- (ii) 1-18. Cases pending.

Hansard

Hansard

(i) 1. Bactria negligently pre-

scribed to patient who was allergic to it. Antidote was given whereafter dark spots and cysts developed on his body.

2. After treatment of cut patient's finger became bent.

3. Patient sustained burns during operation.

4. Patient dehydrated during operation and allegedly sustained brain damage and

(ii) 1. Case pending.

2. Claim withdrawn.

3 and 4. Cases pending.

Transvaal Provincial Administration

(1) (b) yes,

(i) 1. Alleged negligence during operation.

2. Alleged negligence during operation and

(ii) 1 and 2. Cases pending.

(2) (a) Minister of National Health

(i) and (ii) no.

(b) Chief Executive Director of Provincial Hospital Services

Cape Provincial Administration

(i) yes,

R19 000 plus costs (notice of appeal was given and judgement is being awaited).

R15 715,32 and

(ii) yes,

R 8 500,00
R 7 500,00
R107 552,00
R 60 000,00
R 96 500,00
R 3 000,00
R 42 550,00
R 25 000,00
R 10 016,37

Hansard

Hansard

HOUSE OF DELEGATES

QUESTIONS

+ Indicates translated version.

For written reply:

General Affairs:

Steering committee: Greater Cato Manor area

29. Mr M ABRAHAM asked the Minister of Regional and Land Affairs:

(1) Whether he has appointed a (a) chairman and (b) vice-chairman of the negotiating forum and the steering committee for the Greater Cato Manor area; if not, why not, in each case; if so, (i) (aa) what criteria were applied in, and (bb) whom did he consult before making each appointment, (ii) (aa) when and (bb) for what term of office was each appointment made and (iii) what salary and/or allowances are payable to each incumbent;

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

D129E

The MINISTER OF REGIONAL AND LAND AFFAIRS:

(1) (a) No. The Administrator of Natal has, however, appointed a chairman on the recommendation of the negotiating forum.

(b) As for (1)(a) above.

(i) (aa) The names of both the chairman and the vice-chairman were unanimously agreed upon by the negotiating forum. The chairman was appointed

because of his acceptability to the negotiating forum, as well as the broad community. The vice-chairman was appointed in view of his experience in matters relating to planning and development.

(bb) Both the chairman and the vice-chairman were appointed by the Administrator of Natal, after consultation with Deputy Minister André Fourie MP.

(ii) (aa) The negotiating forum was informed on 28 March 1992 of the appointment of the chairman and vice-chairman, and a public announcement was made in a press release on 29 March 1992. Formal letters of appointment to the chairman and the vice-chairman were signed by the Administrator of Natal on 1 April 1992 and 8 April 1992 respectively.

(bb) One year from the date of appointment with the option to renew the appointment.

(iii) For the chairman, the standard remuneration as laid down by the Department of State Expenditure, namely R438,00 per day. The remuneration of the vice-chairman is still being negotiated by the parties concerned.

(2) See (1)(b)(ii)(aa) above.

Balance in Central Energy Fund

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

What was the balance in the Central Energy Fund as at (a) 31 December 1991 and (b) the latest specified date for which figures are available?

B584E

The MINISTER OF MINERAL AND ENERGY AFFAIRS:

(a) R2 158,7 million

(b) On 30 April 1992: R1 994,6 million.

Errors cost hospitals R4 million in claims

A TOTAL R4 052 814,27 was paid out of court to settle claims against provincial hospitals, the Minister of National Health, Dr Rina Venter, said.

In a written reply to a question by Mr Mike Ellis (DP Durban North), Dr Venter said yesterday R3,88 million was paid out by the Cape Provincial Administration.

Cases still pending against the chief directors included the amputation of the wrong arm, failed sterilisation, death after transfusion of wrong blood type and a patient accusing a doctor of assault before a stillborn baby was delivered.

There were three cases of administration of wrong substances allegedly leading to the death of babies. — Sapa. (98) ARG 12/5/92

40 malpractice ⁹⁸ suits against CPA

CT 12/5/92

LAST year 40 medical malpractice lawsuits were brought against the Cape Provincial Administration, the Minister of National Health, Dr Rina Venter, said yesterday.

Most of the cases were still pending, five were closed because of lack of further interest by the plaintiff's attorney and in one case R546,20 was paid to a family for funeral costs when the administration was sued after a patient suffered brain damage during an operation and died.

Dr Venter, replying to a question tabled in Parliament by Mr Mike Ellis (DP Durban North), said the courts awarded R19 000 plus costs in one case although notice of appeal was given and in another it awarded R15 715,32.

The administration had also settled 11 cases out of court, for a total of R388 694,97, including one case for R107 552.

Dr Venter also said 18 malpractice suits had been brought against the Natal Provincial Administration and were all still pending, while three other cases were settled for a total R1 993 750, including one for R1 975 000.

A further four cases were brought against the Free State Administration, but one was withdrawn and three were pending, and another was settled out of court for R8 160,71.

Another two cases brought against the Transvaal Provincial Administration were still pending.

The courts had awarded R26 000 against the administration in one case, while 18 other cases were settled for a total of R1 662 208,99, including one for R1 017 860.

Hospital deregulation

STAR 1215792

(98)

CAPE TOWN — All State hospitals would be made accessible to private patients in future as a first step towards deregulating the licensing of private hospitals, Minister of Health Services and Welfare Dr Rina Venter said in Parliament yesterday.

Speaking at the end of the own affairs budget vote on her department, she said diagnostic centres would also be introduced at academic and regional hospitals to give private patients a "second opinion".

The Government was

convinced that the market for private hospital services had reached saturation point. The development of more facilities entailed higher costs for financiers and developers, which in turn were passed on to the consumer.

Yet a further 56 applications for private hospitals — with 110 theatres and more than 2 000 beds — was pending.

"If we do not approve the applications, the industry accuses the Government of intervening in the market." — Sapa.

Drugs 'stolen at hospitals'

B10
12/15/92

Political Staff

(28) (98)

CAPE TOWN — Most of the estimated R750m in drugs stolen in SA each year were taken from state health institutions, Parliament was told yesterday.

DP health spokesman Mike Ellis said many of the stolen medicines later returned to the health care system. In the own affairs Health Services budget vote, Ellis said most thefts occurred in hospital wards after the drugs had been dispensed from secure storerooms.

A special police unit to fight drug theft had been proposed but government had not acted on this, he said.

Medi-Clinic keeps ahead

B10
13/572
MADDEN COLE (98)

PRIVATE hospital group Medi-Clinic Corporation reported a 9,6% increase in attributable earnings in the year to end March and managed to lift its final dividend to 4c from 2,5c in spite of current economic conditions.

Financial results released yesterday show an increase in attributable earnings to R24,0m from R21,9m last year. This translated into earnings of 14,1c a share from 12,9c. A total dividend of 6,0c (4,0c) was paid.

Operating income rose to R33,9m (R24,7m) on a 21% improvement in turnover. This increase was lower than the previous year's when a 40% increase in turnover was recorded.

Medic-Clinic, part of the Rembrandt group, reported satisfactory occupancies in the company's established hospitals and increased occupancies in its newer hospitals. However, directors forecast a levelling out in the present economic climate.

A further growth in earnings is expected in the 1993 financial year after the new medical schemes tariff scale comes into effect on January 1.

Give the patient a choice — Venter

98

CT 13/5/92

By GLYNNIS UNDERHILL

ESCALATING costs at private hospitals led to the decision to give patients a choice about whether they wanted "five-star treatment or the more affordable health care", the Minister of Health Services and Welfare, Dr Rina Venter, said yesterday.

She said of her announcement in Parliament this week, that state hospitals would be made accessible to private patients in future, that she hoped to "bring back competition" into the private sector by offering patients a choice of hospital services. A person had a right to decide what he could afford.

The move will overturn the Cape Provincial Administration's policy of turning away private patients from

some state hospitals.

The chairman of the National Association of Private Hospitals (NAPH), Mr Brian Davidson, criticised the decision. He said state health services were already under-funded and understaffed.

Private patients must be charged fees commensurate with the true costs of nursing them. To levy charges which did not at least cover costs would result in the taxpayer subsidising patients and their medical aid schemes.

But Dr Venter said the exclusion of private patients lessened the possibility of increasing the provincial hospital's income. Steps would be taken to ensure that beds at provincial hospitals were allocated for private patients.

of the letter to all our representatives to enable them to use the arguments in discussions with leaders, decision-makers and the media.

Due to a misunderstanding the relevant section in the Department was under the impression that the draft letter had already been signed, hence the text was sent to our representatives on 4 March 1992. A day later it was established that the State President shorted the draft letter considerably and, as often happens, had altered it. Our representatives were timeously informed of the misunderstanding and the corrected letter as signed by the State President, was handed to Heads of State and Governments. No external damage was caused because Heads of State and Governments received the correct version of the letter. Internal measures were, however, implemented to ensure that a misunderstanding of this nature will not occur again.

†Mr A GERBER: Mr Speaker, arising out of the hon the Minister's reply, according to him the embassies assumed that the letter was signed. Now I should like to know from the hon the Minister who affixed the State President's signature to the bottom of the letter.

†The MINISTER: Mr Speaker, no letter with the State President's signature was sent to the embassies. A misunderstanding arose. In cases where urgent work must be done by our offices, documents that go to the State President are sometimes sent to the embassies so that arguments contained therein can be used. The embassies must then not intimate that the State President signed the letter; that is not relevant to them at that stage. They should just take note of the arguments that they should use of their own accord in conversation. If they meet a newspaper editor in Bonn they must say to him that the idea that they have in Bonn that it is a continuation of apartheid is wrong. It then helps them; it is a directive. What happened here is that no letter with the State President's signature at the bottom was handed to any head of government, except the letter that the State President amended and signed.

†Adv S C JACOBS: Mr Speaker, further arising out of the hon the State President's reply, I think that we can compliment the hon the State President that he amended the letter and that there was good reason to amend the letter. I should like to ask the hon the Minister of Foreign

Affairs whether it is correct that his Department, for which he bears ministerial responsibility, emphatically named the CP in the original amended letter and sent it to heads of state, putting the CP in an unfavourable light to heads of state in what is an internal matter.

†The MINISTER: Mr Speaker, I deny that the CP was put in an unfavourable light also in the draft letter. That letter was published, surely; the hon member can read it. All that it contained were the facts, namely that we had lost the by-election in the Potchefstroom constituency. Does the hon member deny it? [Interjections.] Is it detrimental to the hon members that I say it? [Interjections.]

Furthermore, it was said that for various other reasons such as increasing violence, questions could arise as to this Government's power base. For that reason a referendum was decided upon and we had to make sure that governments and decisionmakers overseas did not get the impression that we wanted to continue White domination with a White referendum. That was the problem at that stage. That was that letter's only purpose: it only told the truth.

†Mr F J LE ROUX: Mr Speaker, further arising out of the hon the Minister's reply, I should like to know from him whether he will concede that this letter bears a remarkable resemblance to the letter that Mr Donald Sole received after the splitting of the NP and the CP in 1982, that he should use his influence with Mr Reagan and his administration to advocate the case of Mr P W Botha.

†The MINISTER: No, Mr Chairman, I do not agree, but even if it were so, I do not see what the problem is, because governments have the right to approach one another on any matter under the sun, and it is done regularly.

†Mr C B SCHOEMAN: That is not what this is about!

†The MINISTER: It is what this is about. It is about a decision that one carries out in the interests of one's country. If we decide that it is in the interests of this country that governments overseas should know that the referendum is not a continuation of apartheid—for which we came under pressure after the Potchefstroom by-election, where we transformed a defeat into one of the greatest victories in the history of politics in

this country—then it is good diplomacy. [Interjections.]

†Adv S C JACOBS: Mr Chairman, further arising out of the hon the Minister's reply, does the hon the Minister deny that in the original letter, with the reference to the victory of the CP in the Potchefstroom by-election, that victory, in the light of the last paragraph of the letter, was used to persuade overseas heads of state to give their support to the Government in view of the fact that the CP attained the victory in Potchefstroom?

†The MINISTER: Mr Chairman, that sentence was removed.

†Adv S C JACOBS: I am talking about in the original letter.

†The MINISTER: Yes, it is in the original draft letter, but not in the one that the State President signed. Can the hon member not understand it? In the original letter the Department had a clause that could be interpreted in that way. The hon the State President crossed it out.

†Adv S C JACOBS: Mr Chairman, further arising out of the hon the Minister's reply, all my questions are based on the original letter. I now ask this hon Minister and I ask him with respect, whether in the light of the original letter there was a reference to the CP's victory in Potchefstroom, and also in that letter, whether in view of that victory, the foreign heads of state would give their support to the Government?

†The MINISTER: Mr Chairman, there was a sentence that could be interpreted in that way. Yes, there was.

Plans for new road: Fields Hill

*2. Mr M J ELLIS asked the Minister of Transport:

- (1) Whether any finality has been reached in regard to the plans for a new road to be built in the vicinity of Fields Hill in Natal to alleviate congestion on the existing roads; if not, why not; if so, what are these final plans;
- (2) whether he will make a statement on the matter?

B595E

The MINISTER OF TRANSPORT:

The following information has been received from the Natal Provincial Administration, under whose control the road concerned falls:

- (1) Yes. A new route providing relief for Fields Hill has been located. The route links the Inanda Road to the R613 at Gillitts and shall proceed down the Stockville Valley to the N3 in the vicinity of the Mariannhill Toll Plaza. However, no funds are available for the construction of the new road which is estimated to cost R80 million.
- (2) No.

Marine sewage pipeline: Park Rynie area

*3. Mr M J ELLIS asked the Minister of Local Government and National Housing:

- (1) Whether it is the intention to proceed with the proposed marine sewage disposal pipeline in the Park Rynie area; if not, what alternatives are being proceeded with at present; if so, what steps are envisaged in this regard;
- (2) whether he will make a statement on the matter?

B596E

†The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

- (1) The question of a marine sewage disposal pipeline is still being investigated and no decision on this matter has been reached. It is envisaged that a land-based scheme will be constructed but until the Umzimto Town Board has agreed to participate in such a scheme, a final decision in this regard is not possible. Should a land-based scheme be constructed, it is a possibility that the effluent therefrom will be discharged to sea by means of a pipeline rather than being discharged into the lagoon as is the present practice along the South Coast.
- (2) No.

Somerset Hospital: closing of orthopaedics department

*4. Mrs C H CHARLEWOOD asked the Minister of National Health:

- (1) Whether the orthopaedics department at the Somerset Hospital in Cape Town has been closed down; if so, what are the particulars in this regard;

- (2) what other departments in academic hospitals (a) have been closed down since 1 April 1991 and (b) are to be closed down on 30 April 1992? **98**

B598E

The MINISTER OF NATIONAL HEALTH:

- (1) No;
(2) (a) none and
(b) none.

Importing of maize

*5. Mr W U NEL asked the Minister of Agriculture:

- (1) Whether he will furnish information on the quantities of maize destined for South Africa and other Southern African countries that were imported and are to be imported through South African harbours during the six-month period ending 30 June 1992; if not, why not; if so, how many tons of such imported maize (a) arrived in South African harbours during the three-month period ended 31 March 1992 and (b) are scheduled to arrive in these harbours during the three-month period ending 30 June 1992;

- (2) whether he will make a statement on the handling and distribution of such maize? **B599E**

The MINISTER OF AGRICULTURE:

- (1) For the six months period until 30 June 1992, the following quantities of maize will be imported through RSA harbours:

Destination	Ton
South Africa	977 000
Zimbabwe	407 683
Zambia	20 000
Total	1 404 683

- (a) No maize was imported during the three months period ended 31 March 1992.

- (b) 1 404 683 ton.

- (2) No. The following information is, however, supplied: The import programme is operated on three levels, namely a strategic level, a weekly business level and an operational level.

An Import Policy Co-ordination Committee,

tee, comprising representatives of the Maize Board, Spoornet and Portnet, was established during March and meets once a month to discuss strategy in order to ensure that the importation of maize takes place without any hitches.

The Co-ordinating Working Group meets every Wednesday and discussions between Spoornet and the administrations of the Maize Board and the other grain boards as well as the animal feed manufacturers takes place to co-ordinate the imports.

Further, an operational working group was established between the Maize Board, Spoornet and Portnet to monitor and co-ordinate the transportation situation.

Concerning the distribution of imported maize, the Maize Board will endeavour to consign as much of this maize as possible directly to buyers in order to save costs.

Winnie Mandela trial: disappearance of two persons

*6. Mr L. FUCHS asked the Minister of Justice:

- (1) Whether an investigation has been conducted into the disappearance of two persons, whose names have been furnished to the Minister's Department for the purpose of his reply, and their failure to attend the trial of Mrs Winnie Mandela; if not, why not; if so, what are the (a) relevant details and (b) names of the persons in question;

- (2) whether he will prosecute any (a) persons and/or (b) political parties suspected on reasonable grounds to have been responsible in any way for the above-mentioned two persons' non-attendance at the said trial;

- (3) whether he will make a statement on the matter? **B602E**

The MINISTER OF JUSTICE:

- (1) Yes.

- (a) and (b) Mr K Cebekhulu failed to appear in court as an accused on 4 February 1991. A warrant for his arrest was authorized and his failure

to appear was immediately investigated by the investigating officer concerned. Indications are that he is currently being detained in Zambia.

Mr G Mekwe failed to attend the relevant court proceedings as a witness on 11 February 1991. His non-appearance was dually investigated by the South African Police.

- (2) (a), (b) and (3)

The hon member's attention is drawn to section 3(1)(a) of the Criminal Procedure Act, 1977 (Act 51 of 1977), in terms of which the Attorney-General has the authority to prosecute on behalf of the State. I caused enquiries to be made at the Attorney-General concerned and it appears that as far as Mr Cebekhulu is concerned, the South African Police were not able to gather any concrete, relevant and admissible evidence that on reasonable grounds tend to indicate the involvement of any political organisation and/or person, with Mr Cebekhulu's failure to stand his trial. No evidence exists at present on which a prosecution of any organisation or person for Mr Cebekhulu's non-attendance of court can be based.

According to the Attorney-General Mr Mekwe's attorney undertook to ensure that his client would attend the proceedings and Mr Mekwe was therefore not formally subpoenaed. Therefore there exists no basis on which he could be prosecuted for his non-attendance as a witness. There is also at the moment an investigation into his disappearance.

Mr L. FUCHS: Mr Speaker, arising from the hon the Minister's reply, I should like to know whether his Department approached the Zambian authorities to try to obtain the release of Mr Cebekhulu as well as a statement from him.

The MINISTER: Mr Speaker, as far as the Cebekhulu situation is concerned, I should like to give the hon member the following facts. In order to have Mr Cebekhulu extradited, we have to decide on a specific charge. The question is

whether this charge can be taken any further at this point in time. The Attorney-General has decided that such a charge will not be preferred since the matter cannot be taken any further in this way.

Whether any organisation is responsible for his removal is a matter of concern. I want to point out that an element of the media tended to be speculative in this regard. It was only when a certain gentleman, a correspondent of the *Christian Science Monitor*, alleged that the newspaper was in possession of a tape made in prison in Zambia that we became aware of the possible existence of certain evidence.

It now appears that we do not have the co-operation of this gentleman to make this tape available so that a decision can be taken. Despite repeated requests and messages in this regard he telephonically indicated on 6 May at approximately 05:15 that neither he nor his newspaper was prepared to make a copy of the said tape available to the investigating authorities.

I would therefore invoke the hon member's assistance, since he has exhibited so much interest in this regard, in exerting his influence on this gentleman to assist us in our investigations so that we may decide what to do next.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Payment to Sasol from Equalisation Fund

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

- (1) With reference to the statement made in the Annual Report of the National Energy Council for 1989-90 to the effect that the payment Sasol received from the Equalisation Fund had been increased from 6 to 10 cents per litre and backdated to 1 July 1989, what was the backdated component of this payment;

- (2) what formula is being used to determine this payment at present? **B610F**

The MINISTER OF MINERAL AND ENERGY AFFAIRS:

- (1) R80,7 million.

- (2) The protection formula is based on a floor price of \$23 per barrel of crude oil.

ANDREA WEISS
Health Reporter

98
ARG 14/5/92

Masa knocks 'private' plan

THE MEDICAL Association of South Africa has reacted with "dismay" to announcements by Health Minister Dr Rina Venter in parliament giving "private patients" greater access to state hospitals.

Dr Venter said state hospitals would now provide diagnostic centres for private patients seeking a "second opinion" and would also admit more private patients.

But Masa points out that the

state is unable to fund the existing services which are under-catering for the needs of the population it serves.

Masa said it strongly believed that access to health-care services had to be expand-

ed as a matter of urgency and it supported a partnership between private and public health sectors.

But until now the accessibility to public health-care services by private patients had been restricted by the state's inability to manage and fund these services.

Industry grows at amazing rate

STAR 14/5/72

Health care is the fastest growing industry in the world and escalating costs go hand in hand with an aging population.

Secretary of the South African Day Clinic Association Carl Grillenberger says:

"Much of the problem is due to the new technology which has entered the health care arena over the past 15 years. Technology is keeping people alive longer, but costs escalate. The present health-care cost hikes are felt particularly in South Africa where many people are faced with affording higher bills but their incomes remain static.

"There is also a strong shift into private-sector health care as the Government does not have the financial resources to fund new technology or, in many cases, replace existing equipment.

"Maintaining and upgrading services is essential in a good health-care service." He believes that cost cutting is merely being given lip service and that there is a lack of effective action.

Surgery

He says the Government seems reluctant to make the necessary changes via the Amendment to the Medical Schemes Act of 1967 to allow free market principles to prevail.

He points out that in the USA almost 50 percent of surgery is carried out on an out-patient basis.

"I estimate that in South Africa only 10 percent of surgeries are on this basis. If this is changed there will be immediate cost savings.

"However, the medical aid societies are required to pay for any procedures which meet the rates published in the government gazette, regardless of whether there are more cost-effective ways.

"Therefore many procedures are carried out with hospitalisation that could be done far cheaper in a day clinic. If patients had to foot the additional costs themselves they would have an incentive to take the more cost effective route," says Grillenberger.

He argues that the Department of Health Services should also facilitate the granting of licenses to day clinics as they tend to be around 40 percent cheaper than using a hospital and, in many instances, match the costs of provincial and government hospitals.

PRESMED FM 15/5/92

Healthy growth (98)

Almost exactly a year ago Presmed shares were 130c. Having doubled by January, they have come off this peak to 230c — still 77% up. Bearing in mind the exceptional earnings growth, this is not so surprising. Since Presmed was listed in 1986, earnings have beaten projections for six straight years.

Starting the year with three hospitals and seven day clinics, two more hospitals and one day clinic were added. It is clear that there remains large potential for a group like Presmed to expand all over SA.

To extend growth with an appropriate capital structure, Presmed went to market with a rights issue of 3m unsecured compulsorily convertible subordinated debentures to raise R7,5m. By year-end permanent capital had almost doubled, to R21,5m.

Already, cash is being absorbed in the development of two more day clinics, at Kempton Park and Witbank. There is also the acquisition of a majority interest in Sandton-based Zandfontein Clinic.

GOOD MUTI

Year to Feb	1991	1992
Turnover (Rm)	51,3	74,3
Operating profit (Rm)	8,0	11,6
Pre-tax income (Rm)	6,7	10,3
Attributable (Rm)	2,6	3,6
EPS (c)	22,3	30,9
Dividends (c)	5,0	6,7

FM 15/5/92

(98)

Ordinary shareholders can still be sanguine. The directors' message is clear: "The growth tempo and philosophy will be maintained." If this is realised, EPS for 1993 could move up to between 38c-42c.

At 230c this puts a p:e ratio of between 6 and 5,5 on the share: too low for a group that has done so well.

Gerald Hirshon

Hospital crisis: women to march

South 16/5 - 21/5/92

THE lack of hospital facilities in Khayelisha has prompted the ANC Women's League to stage a protest march on Friday May 15.

Members of the ANCWL will march to the Khayelisha Day Hospital to hand over memoranda which must be presented to the Minister of Health, the hospital's medical staff and to the maternity unit.

The protest action reflects the dissatisfaction in the community with the service the hospital provides.

Medical staff at the hospital have had several meetings with the Cape Provincial Administration to improve conditions.

However, there have been no tangible changes and the hospital faces a crisis. It is understaffed to the extent that doctors turn away many patients without adequate assessment.

Six doctors at the hospital said they found this situation "totally unacceptable". They said their working conditions were dehumanising for patients and doctors and destroyed the relationship between the medical staff and the community. The doctors cannot be named for professional reasons.

Khayelisha Day Hospital serves between 500 000 and 700 000 people. It is usually staffed by eight doctors and two primary health care

sisters. The turnover rate of doctors is high because of the workload and conditions of service. This has a negative impact on the community.

Groote Schuur and Tygerberg hospitals regularly turn patients away from their polyclinics if the patients do not have letters of referral from the day hospitals or general practitioners. This means the bulk of primary health care rests on inadequate facilities that cannot absorb the patient load.

One doctor pointed out that the Khayelisha hospital daily treated patients from the Transkei and

Ciskei. They travel to Cape Town because of the inadequate primary care facilities in their areas.

The doctor said the authorities should take account of this and the rapid growth of Khayelisha's population.

He said the hospital desperately needed more doctors, nursing staff, primary health care sisters and clerical staff. The emergency facilities and ambulance service also had to be upgraded.

A senior staff member confirmed that the hospital was experiencing the problems mentioned by the doctors. **By Justin Pearce**

WHO's Health for all thwarted by poverty

South 16/5 - 21/5/92

WORLD Health Organization (WHO) campaign to guarantee basic health care for everyone by the year 2000 is being thwarted by poverty, an African official said.

Botswana's health minister, Mr Bahiti K Temane, said the target "has become unattainable in many parts of the world — definitely in Africa" because Aids is spreading and the gap between rich and poor countries is widening.

In 1978 member states of WHO, a UN agency, set themselves the goal to promote "Health for All by the Year 2000". It includes ideas like providing safe water, immunization against childhood diseases and enough nutrition

for mothers and children.

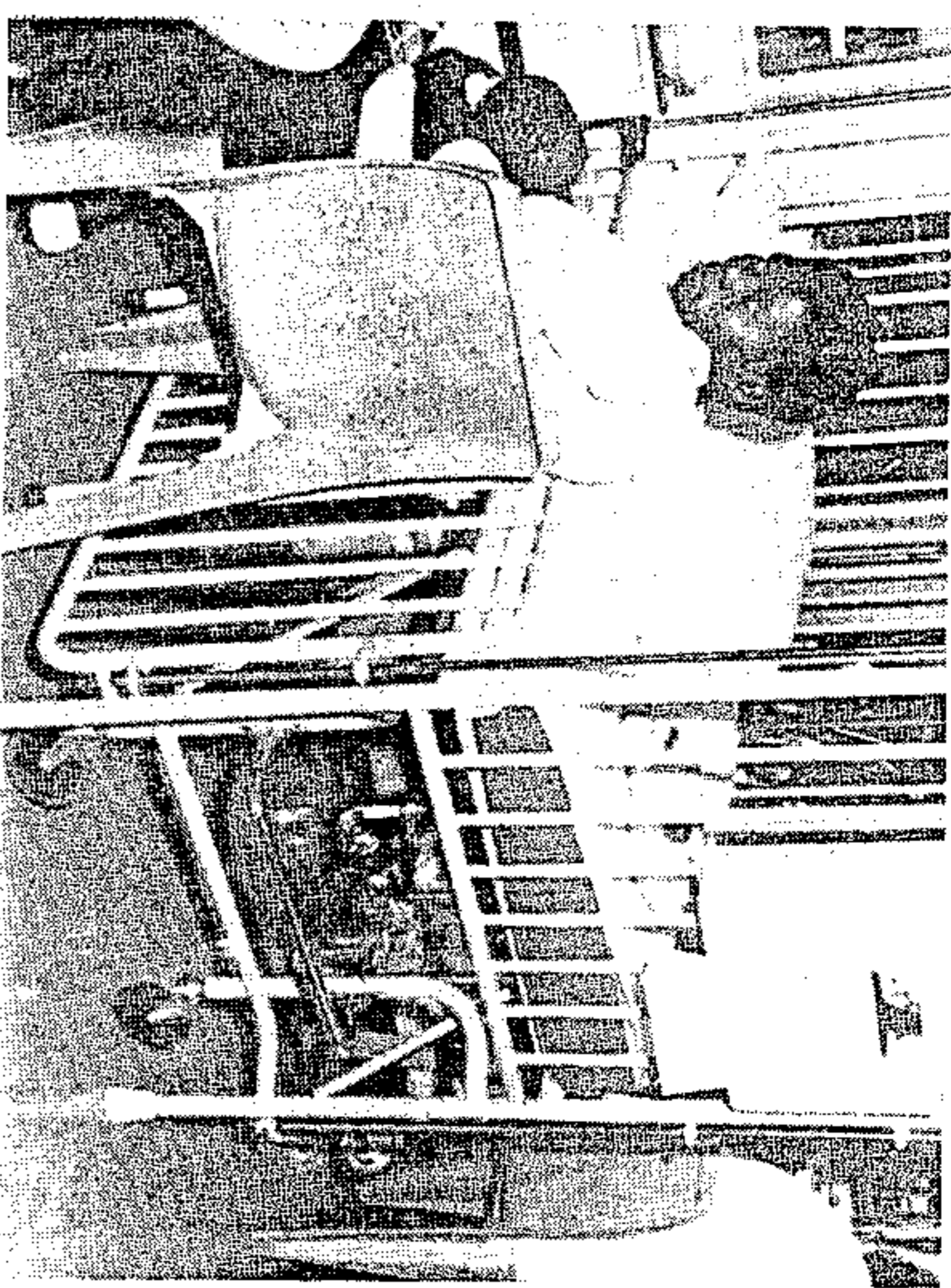
"There is no way the poverty in Africa can be eliminated in eight years," Temane told WHO's annual assembly recently. "Furthermore, Aids will reverse even the little achievements that had been attained to date."

Future efforts to widen health care "will founder ... as long as the rich nations are getting richer and the poor nations are getting poorer," Temane told a nearly empty meeting hall.

He asked rich countries to provide technology and help market reforms through investments.

WHO delegates are reviewing the global health programme, the

DECENT TREATMENT: ANC members in Khayelisha are demanding better treatment at the day hospital



framework for much of the agency's current work.

An example of how poverty overrides medical progress is cited in a WHO report to the meeting.

Treatments exist for diarrhoeal diseases like cholera — a major child killer — but little progress can be expected if people return to live in germ-infested conditions, it says.

While people are living longer everywhere, "improvements in life expectancy do not necessarily mean a healthier life," the report says.

Many scourges — cancer, cardiovascular disease, tropical sicknesses and the deadly immune system destroyer Aids — are spreading in the

Third World, it says.

It admits "the expectations of health for all by the year 2000 will not be realized in most countries".

Since the end of the Cold War, developing countries have worried that western aid — already tight in an economic recession — will shift to rebuilding eastern Europe and the former Soviet Union.

Temane said "euphoria has now cleared" after the wave of democracy in eastern Europe and signs of economic hope for Africa that ended the 1980s.

Botswana, with close economic links to neighboring South Africa, is one of Africa's richer countries. — **Sepa-AP**

Health care an ordeal if you

(98) ARG 16/5/92 Live in Khayelitsha

THE letters T.C have a completely different meaning for the sick and weary of Khayelitsha.

Instead of getting tender loving care, those suffering from illness in the sprawling township can only grit their teeth and say "tough luck, comrade".

Long walks from home to the Khayelitsha day hospital in the bitter cold before dawn and even longer waits to see a doctor, are what those in need of medical attention have to endure.

At 5 am yesterday it was dark in the township. The sick, wrapped in blankets and scarves, walked in the rain to the hospital, where they joined a group of people already seated in the waiting room.

"Once I stayed at the hospital the whole day waiting to see a doctor, but there were so many people waiting I was told to come back the next day. I didn't even manage to get a doctor's note to say where I was."

When the queues are very long in the morning, the doctors sort the patients into those needing urgent attention and those merely receiving preventative care. Patients in the latter category are told to come back at another time.

Mrs Nonus Mashwau had been sitting in the waiting room for hours yesterday morning while nurses in the hospital attended to her sister, whom she believed may have been having a miscarriage.

"We were sitting here waiting for the doctors to arrive, but my sister began to bleed quite

"We come here early to make sure we are able to see the doctor," said Mrs Karin Dingiswayo, whose young daughter, Lindye, had a bad rash on her chest.

"Once I came here at 8 am, waited for hours and then was told the doctors were too busy to see me. I had to come back the next day."

Mrs Dingiswayo and Lindye were seated next to about 50 people in the waiting room, which was filled with the sounds of wheezing old men and crying babies.

Yet, it was a quiet morning at the hospital. Sometimes, there are hundreds of patients waiting to see a doctor by 8 am.

Sometimes, patients are turned away because of pressure of numbers and have to return

again and again, missing days of work.

"I have to come to the hospital once a month to check my blood pressure," said Miss Rose Nogekewa, of Section E. "I come early or else I have to miss an entire day's work while waiting here."

"When it's really busy, usually in summer, you have to be here by four or four-thirty in the morning in order to get attention early."

"It's really a problem getting here at that time because there are a lot of skollies wandering around the township then and it's dark and dangerous."

When employers were told their workers had been to the doctor, they seldom understood why it took them virtually the entire day, said Mrs Dingiswayo.

badly. After a while, the people in the waiting room said she had to get attention and told her to see the nurses.

"I'll wait here until she has seen a doctor, even if she has to wait for three hours until the doctors start seeing the patients at 9 am," said Mrs Mashwau, who had her baby daughter, Cynthia, with her.

A pregnant Mrs Angelina Yantolo said "it's not easy" to get to the hospital as she was afraid the cold weather and the long wait could adversely affect her health.

That is the ordeal that awaits you if you are unable to afford the comfortable interior of a general practitioner's consulting rooms with an appointment...

(98) ARG 16/5/92

Official speaks of 'top priority'

ARG 16/5/92
THE Cape Provincial Administration's regional health service has responded to complaints about the Khayelitsha Day Hospital saying it is getting "top priority".

Replying to questions, Dr Saheed Hassim, a superintendent of the regional service in charge of day hospitals, said: "The hospital is maximally staffed for its size.

"There is a constraint on placing more health-care professionals here at present due to a lack of space. This problem is being addressed."

Dr Hassim said two more centres the size of the day hospital were in the pipeline.

He said he was personally committed to improving the health-care system with whatever resources he had at his disposal.

"As far as this office is concerned, Khayelitsha is a top priority.

Doctors' Disast and sea of sick

DOCTORS to the Khayelitsha Day Hospital are confronted by a sea of faces in every corridor and outside every room.

"And this is a quiet day," says one of the seven doctors who this week spoke out about the working conditions at the hospital serving an estimated 700 000 people. The way the seven doctors who run the hospital in shifts have to work flies in the face of all their training.

None is named here because officially they are not supposed to speak to the Press. But their circumstances have made them a "medico-legal disaster" because time constraints leave them open to making fatal errors of judgment.

Each doctor sees 60 or more patients a day, who are lucky if they get more than two or three minutes of the doctor's time — time even more limited by the fact that doctors and patients often communicate through an interpreter.

"At medical school they teach us to form a relationship with the patients. How can you form a relationship in a few minutes?" asks one of the doctors.

All the doctors are young. Some are there because they have chosen to be there; others are working off bursaries. Some returned to South Africa optimistic about political change and eager to do their bit.

But anybody working at the hospital for more than six months is something of a veteran. Of the six doctors interviewed, four were planning to get out soon. The remaining two were not saying.

There are no reprieves, and repeated requests for help from the Cape Provincial Administration department have been unanswered.

The doctors say the hospital, which is open 24-hours a day for outpatients only, needs a minimum of eight doctors on duty to keep things ticking over. At present, if one doctor is sick or on leave, there is a crisis, if one doctor is would like to have two doctors on duty, but generally there is only one assisted by three nurses. As the only hospital open at night in the township, the population it serves during these hours is estimated at nearer a million.

"Last night, one nurse was off sick, so there were two nurses, one working full stick on stitching up people, but there were two babies I wanted to reassess, but they got lost in the meal and their mothers were nowhere to be seen when I had them again," said a doctor. never saw described weekends when only emergency services are handed. "You might find yourself working in a pool of blood in the trauma room. One Sunday I saw 100 emergency patients."

The complaints roll in. "We are at the forefront of a developing city in Cape Town and doing a hell of a job here, but it seems this is just a dumping ground." "It's just sloppy medicine." "Every day is a bit of a risk."

Seven doctors work at the Khayelitsha Day Hospital, serving about 700 000 people. At night, with no other hospitals or clinics open in the townships, one doctor and three nurses are on duty for about one million people. The doctors, worried about the service they are providing, are concerned and angry at having to wait in endless queues. Health Reporter ANDREA WEISS spoke to the doctors and Weekend Argus Reporter DALE KNEEN spoke to the patients.

"There is such an incredible load, you can't work with the patients."

"I am very frustrated. They should have twice the number of doctors. At Tygerberg Hospital polyclinic (a State-run day-hospital at Tygerberg) they see only 10 to 15 patients a day."

"There are days when we see 90 patients." "The government has made a commitment to primary health care, but it ought to go from words to action. In the six months I've been here, nothing has changed."

"I have been coming here for 14 months, and nothing has changed in that time."

"I'm fed up. Doctors are self-motivated. We want to do things the right way. But my enthusiasm has just gone. We push numbers through, but don't have the time to follow the intellectual process that gives you a kick in medicine."

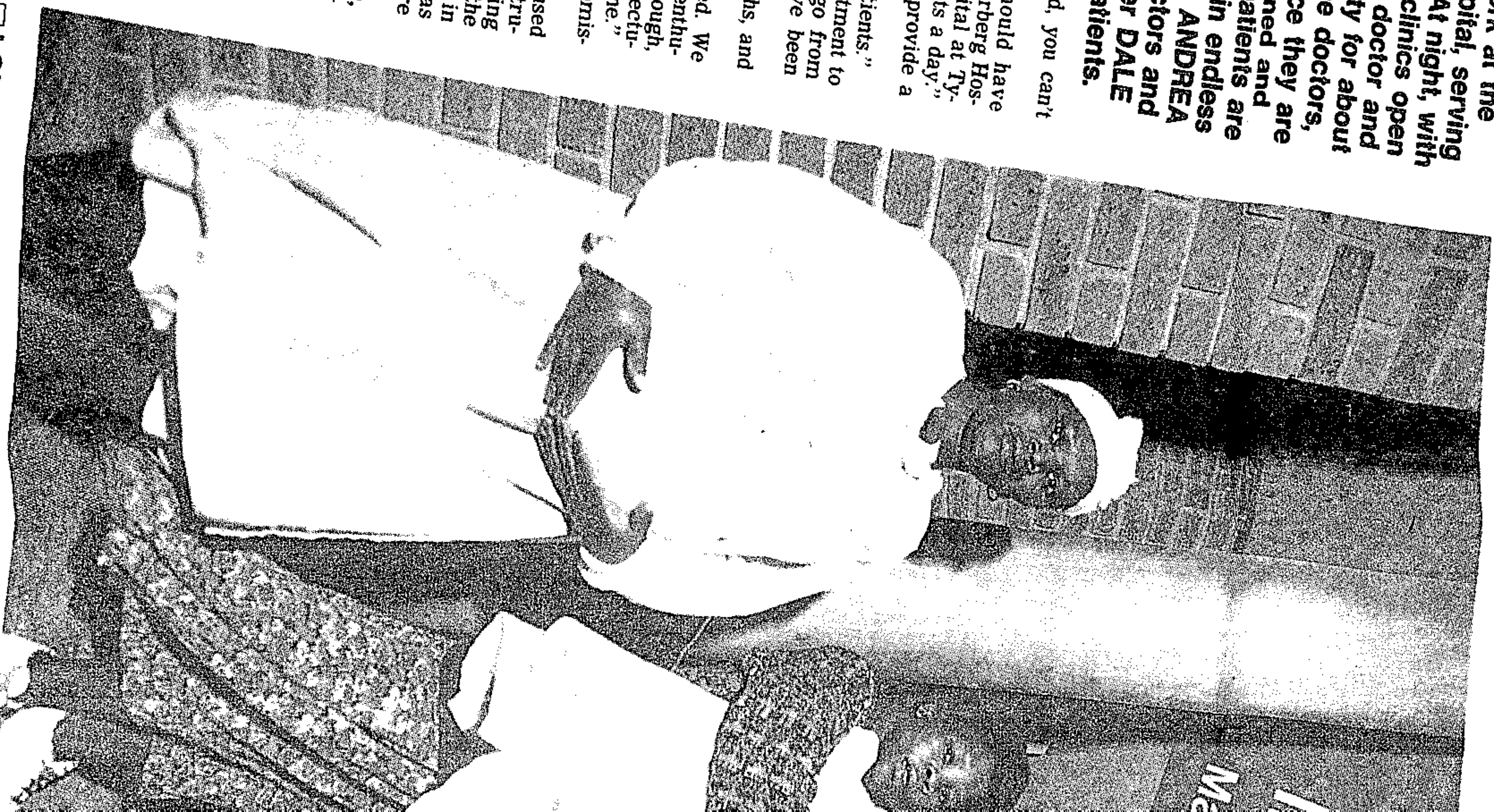
The doctors also pointed out serious omissions in the hospital's make-up.

● There are only a handful of stitch kits used for sewing wounds. This means that the instruments can't be properly sterilised, exposing staff and patients to a risk of infection by the HIV or Hepatitis B viruses. The CPA office in charge of the hospital said the problem has been resolved, although a doctor working there maintains it hasn't.

● There are no basic facilities for children, although up to 70 percent of the patients are under 12. There is no drip room for oral rehydration to treat children with gastro-enteritis, an endemic health problem for which poor sanitation in the township is to blame.

This means that children needing drips have to go to the Red Cross Children's Hospital, a 20km taxi-ride away costing about R5 return. Although a sign has been posted on a door indicating a "drip room", this is window-dressing. The CPA response to this was that as soon as staff could be supplied to run the unit it would be opened.

● The trauma room consists of four beds without any sides to restrain patients who might be babies, or confused, or drunk. People have fallen off these beds on to the floor. People cause of the lack of space. On weekend nights, nurses spend all their time sewing up knife wounds. The doctor on duty doesn't have time.



□ **LONG WAIT:** Pregnant mothers wait patiently outside the Khayelitsha Day Hospital.

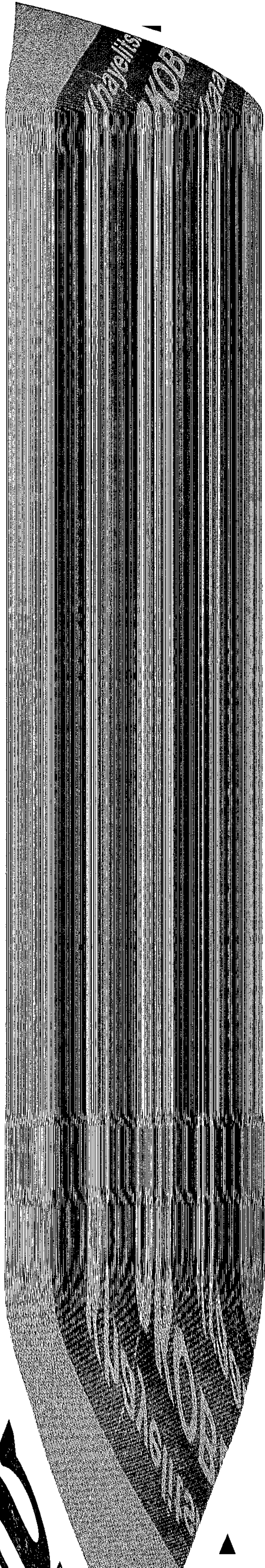
● There are no overnight beds. Patients are treated and sent back out into the night, some in a confused state. One doctor said he knew of a case where the security guard "would a man who..."

the hospital. The CPA require overnight observation to general hospital.

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amid sea of sickness

VISITORS to the Khayelitsha Day Hospital are confronted by a sea of faces in every corridor and outside every room.

"And this is a quiet day," says one of the seven doctors who this week spoke out about the working conditions at the hospital serving an estimated 700 000 people.

The way the seven doctors who run the hospital in shifts have to work flies in the face of all their training.

None is named here because officially they are not supposed to speak to the Press. But their circumstances have made them.

They all maintain the hospital is heading for a "medico-legal disaster" because time constraints leave them open to making fatal errors of judgment.

Each doctor sees 60 or more patients a day, who are lucky if they get more than two or three minutes of the doctors' time — time even more limited by the fact that doctors and patients often communicate through an interpreter.

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All the doctors are young. Some are there because they have chosen to be there; others are working off bursaries. Some returned to South Africa optimistic about political change and eager to do their bit.

But anybody working at the hospital for more than six months is something of a veteran. Of the six doctors interviewed, four were planning to get out soon. The remaining two were not saying.

The psychological toll is heavy, they say. There are no reprieves, and repeated requests for help from the Cape Provincial Administration health department have been unanswered.

The doctors say the hospital, which is open 24-hours a day for outpatients only, needs a minimum of eight doctors on duty to keep things ticking over. At present, if one doctor is sick or on leave, there is a crisis. At night, they would like to have two doctors on duty, but generally there is only one assisted by three nurses. As the only hospital open at night in the townships, the population it serves during these hours is estimated at nearer a million.

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Another described weekends when only emergency services are handled: "You might find yourself working in a pool of blood in the trauma room. One Sunday I saw 100 emergency patients."

The complaints roll in.

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"It's just sloppy medicine."

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"We don't provide health-care; we provide a service."

"There are days when we see 90 patients."

"The government has made a commitment to primary health care, but it ought to go from words to action. In the six months I've been here, nothing has changed."

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□ **LONG WAIT:** Pregnant mothers wait patiently outside the maternity unit at the Khayelitsha Day Hospital.

● There are no overnight beds. Patients are treated and sent back out into the night, sometimes in a confused state. One doctor said he knew of a case where the security guards found a man who had been treated lying dead outside ambulances for these transfers arrive.

the hospital. The CPA says that patients who require overnight observation have to be referred to general hospitals. Doctors complain that patients sometimes wait for hours before ambulances for these transfers arrive.

Calls to up hospital security

By MOSES MAMAILA

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CONCERN is growing over the apparent lack of security in hospitals which has left two Pretoria nurses killed in less than a month. *CPM 17/5/92*

Nursing sister Rose Mogale was fatally shot about three weeks ago at Pretoria's Kalafong Hospital while a male colleague, Abram Shitlhane, was shot dead at Ga-Rankuwa Hospital last Sunday.

Decrying the serious lack of security at the hospitals which has left nurses exposed to cold-blooded murderers, the assistant general-secretary of the National Education, Health and Allied Workers Union, Neil Thobejane, said: "It is not that security is not enough -

there is no security at all.

"Nurses have to risk working during the night, but the authorities do not provide any form of security."

A spokesman for Ga-Rankuwa Hospital, Dr J J Crous, conceded that the existing hospital security was not enough.

"We have stepped up our security following the tragedy."

Witnesses claimed the slaying of Shitlhane, who was shot four times with a pistol at the hospital, followed an argument between the dead man and his assassin. The incident occurred after several people reportedly arrived at the hospital wanting to have a friend admitted to hospital. He had already passed away.

Crime

busters

Hospital squad to uncover thefts

98
CT19/5/92

By GLYNNIS UNDERHILL

A GROUP of undercover investigators has moved into Groote Schuur Hospital to combat widespread thefts.

The director-general of Hospital and Health Services, Dr George Watermeyer, revealed this yesterday.

Groote Schuur has been hard hit by what the Cape Provincial Administration calls "major shrinkage".

A report in the Cape Times earlier this month exposed the massive scale of the thefts.

Thieves are stealing goods ranging in size from chairs and trolleys to wall-clocks from under the noses of security guards.

Dr Watermeyer, who would not give details of the undercover group, said Groote Schuur Hospital was in a "unique situation" because it was located in a high crime area.

There had been a number of successful prosecutions of people caught pilfering, he said. Thieving at the hospital had been found to be a mixture of an organised racket and pilfering.

The medical superintendent at Groote Schuur, Dr Jocelyn Kane-Berman, issued a statement yesterday expressing "deep concern" about the continuing problems of theft and security.

She said annual losses due to theft amounted to about R1 million.

One facet of the problem was petty pilfering by staff, patients and visitors, she said.

"Efforts to control this are focused on organised random searches and better control of stores," said Dr Kane-Berman.

Major linen losses had sometimes resulted in inadequate supplies of theatre and bed linen for patients.

New control measures had reduced linen losses by about 40% in the past year, said Dr Kane-Berman.

Other measures taken by the hospital include:

- Foot patrols by hospital security personnel.

- The installation of electronic alarm systems and the extension of the existing closed circuit television camera network.

- The appointment of a security committee to identify new ways of resolving the problems.

Dr Kane-Berman said that 10 000 people moved in and out of the Groote Schuur Hospital complex every day.

"People — patients, visitors, students and staff — must have easy access to the hospital at all times. A hospital cannot be guarded like a fortress," she said.

New private Sandton clinic aims to cut costs

By Anna Cox

A new R100 million clinic opened its doors in Sandton this month, raising the ire of several private clinics in the country.

The Sunninghill Medical Institute is unique in that it operates strictly within medical aid rates, a first for private clinics in South Africa.

The 230-bed clinic has more than 40 doctors on the premises, seven operating theatres and the latest available equipment worth R60 million.

It specialises in cardiology and cardiothoracic surgery and has an 11-member team headed by an internationally renowned heart surgeon.

It has the backing of two major medical aid companies: Eskom and Sanmed.

The doctors who started the clinic — they cannot be named for professional reasons — said they had battled for four years to establish the clinic and had faced stiff opposition from medical circles.

Eventually National Health Minister Dr Rina Venter, who agreed that the country needed this kind of facility to bring down the cost of medical care,

had personally granted the clinic its licence.

"Surgical procedures will be done at medical aid prices, thereby putting sophisticated medicine within the reach of everyone," one doctor said.

"The only requirement is that the patient be on a recognised medical aid. The dispensary offers medicine at uninflated prices.

"Even patients living in other provinces travelling to Sandton would benefit from the cheaper tariffs.

"The building is plain but we have the best equipment in the country."

"There is R40 million worth of specialised equipment in the radiology department and R6 million in the intensive care unit alone," said the doctor.

The clinic offers cardiology, cardiothoracic surgery, ear, nose and throat surgery, neurology and neurosurgery, physiotherapy and an extensive rehabilitation unit, and maxillofacial and plastic surgery.

There is also a 10-bed paediatric ward.

The clinic has a 24-hour ambulance service and helicopter landing strip for emergencies.

Botswana corruption scam

Star Africa Service

GABORONE — The entire board of the Botswana Housing Corporation (BHC) has been replaced following the disclosure of massive corruption and mismanagement in this parastatal body.

An audit report on the BHC's operations criticises inadequate procedures and serious failures that could result in losses of tens of millions of rands, according to a statement released by the Ministry of Local Government, Lands and Housing.

The auditors found considerable evidence of improper or

unusual behaviour on the part of several consultants and contractors engaged by the corporation.

Last month several top officials of the corporation were suspended and the management taken over by an interim task force headed by a senior civil servant.

A new general manager, Constantine Mendic, a Yugoslav, has since been appointed, together with a new board chaired by ZS Pitso.

The audit investigation was ordered after the former general manager, Joe Letsholo, was

killed in a car crash while carrying a large sum of money. An even larger sum was subsequently found in his safe.

The Assistant Minister of Local Government, Lands and Housing, Michael Tshipinare, resigned after it was disclosed that he had received a loan of R660 000 from the South African company Spectra Holdings, a subsidiary of Premier Milling.

Spectra was awarded the contract for the construction of a R70 million new headquarters for the BHC but the Gaborone City Council has stopped work on the building as no plans have been approved for it.

Police find 2 bodies in Phola Park

By Monica Oosterbroek
Crime Staff

Two bodies were found and a Phola Park resident was arrested in the East Rand squatter camp yesterday during another police raid in the area.

Witwatersrand police liaison officer Captain Eugene Opperman said a man had been battered to death and a woman fatally stabbed on Sunday night.

Police were unable to supply the names of the dead people. A man, arrested in connec-

tion with a petrol bombing, was the tenth person arrested in Phola Park since Thursday.

Captain Opperman said the raid was an ongoing crime prevention exercise following the deaths of five policemen in the camp this year.

"There is no way we can allow people to attack security forces, and Phola Park residents are constantly attacking the police," he said.

Police came under attack by residents yesterday with

snipers firing shots at passing SAP vehicles.

ANC regional spokesman Ronnie Mamoepa accused the police of harassing Phola Park residents.

He said eight armoured cars riddled the camp yesterday and added: "This is part of a strategy to destabilise Phola Park."

Replying to allegations that policemen had fired shots at residents, Captain Opperman said police had used rubber bullets and teargas.

Sina costs golfer R78 000

At least 26 listed as dead in SAP's violence update

AT LEAST 26 people died and 24 were injured in political violence in the PWV region at the weekend and yesterday, police said.

Two killings were reported by police in the Vaal Triangle yesterday, and the Soweto Civic Association claimed one of its officials had been gunned down in Zola on Sunday.

Earlier, police detailed 23 unrest-related deaths on Friday, Saturday and Sunday.

Police raided Phola Park squatter camp, near Thokoza on the East Rand, yesterday for a second time in five days in what Witwatersrand liaison officer Capt Eugene Opperman described as "a continuous crime prevention" operation.

ANC spokesman Ronnie Mamoepa said at least eight armoured carriers drove into the settlement yesterday afternoon and shots were fired. Opperman said he had no knowledge of any shooting during the raid.

Vaal Triangle liaison officer Capt Piet van Deventer said that at 2am yesterday, at Sebokeng near Vanderbijlpark, police found the body of a man who had been hacked and

8/04/19/1992

STEPHANE BOTHMA

stabbed before being set alight.

Also yesterday, at 5.08am, outside Sebokeng single-sex hostel No 4, a gunman with an AK-47 rifle opened fire on a minibus taxi, killing a man.

The Soweto Civic Association said its Zola branch chairman Ernest "Mtungwa" Mabaso was shot dead near his home on Sunday. Police were unable to confirm the shooting.

The police unrest report for the weekend said a man's body was found in the veld in Sebokeng on Sunday night. He had been shot several times in the head.

The report also told of sporadic incidents of violence near Kimberley and in Natal — including the bombing of a University of Natal chemical laboratory at 12.15am on Sunday. Damage to the building was extensive, but no one was injured.

According to police unrest figures, 11 people died on Friday, and three each on Saturday and Sunday.

Police reported yesterday the discovery of three more bodies in the Vaal Triangle on Friday, three on Sunday, and two on Monday.

In Alexandra, north of Johannesburg, the body of a man, and another injured man with severe hack wounds, were found.

In a separate incident a man was shot and wounded, and a woman was hurt when a group attacked her.

Van Deventer said that on Sunday night, two men burst into the home of a Sebokeng policeman, searched occupants and opened fire on the policeman. Both intruders were shot dead. The policeman was not hurt.

According to the official unrest report, police found a woman who had been badly burnt at the Ivory Park squatter camp near Tembisa, on the East Rand.

On Friday, in suspected taxi violence, police reported that one person was killed and three others wounded when unidentified men sprayed a minibus taxi with gunfire.

In another incident, Van Deventer reported that on Friday at 7.35pm, three youths died instantly when an unknown man opened fire with an AK-47 on a group of youths on a soccer field in Zone 12, Sebokeng. Six youths were seriously injured.

Barnett Sales CC

Auctioneers 334-5858, 29-4881

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Duly instructed by our clients, we will sell by Public Auction at our Warehouse No 13, Crucible Road, Heriotdale, Johannesburg East, on Monday, 25th May at 10 am.

Buyers will find complete restaurants of goods including: Cutlery, crockery, tables, chairs, finger bowls, cups and saucers, platters, glassware, plates, dishes, banana boats, dishes, tea-pots, Espresso cups and saucers, knives and forks.

CATERING EQUIPMENT INCLUDES: 2 and 3-door underbar fridges, coldroom doors, stainless steel prep tables and wash-ups, chip fryers, grillers, refrigeration units, toasters, juice makers, Bains Marie, milkshake machines, Swarma machines, Waffle makers, Hobart dishwasher plus lots more.

Shopfittings include: Bars, counters, shelving, panels, wall frames, bulkheads, timber, door frames, etc.

NB: This sale is a must for restaurateurs, all goods must be sold at this Auction. If necessary the sale will continue the next day. All goods are in good condition.

TERMS: Cash or bank cheques only. Registration prior to the sale. R500 deposit (refundable).

ON VIEW: Friday 22nd, 10-4. Saturday 9-12.
BARNETT SALES, 32 Troye Street, Johannesburg. Phones: 29-4881, 334-5858. Fax: 29-4820.



JJ1190

Hospital chief in court on bribery and fraud charges

Own Correspondent

DURBAN — A former colleague of King Edward VIII hospital's suspended chief medical superintendent told a regional court magistrate yesterday that she was asked to pay R6 000 for a job at the hospital.

Dr Miroslawa Popis was giving evidence in the trial of Dr Justin Morfopoulos, who faces five counts of bribery, and one of attempted bribery with alternate charges of fraud, involving about R50 000. He pleaded not guilty.

Popis, a Polish immigrant, told the court she met Morfopoulos at the hospital in 1985 to inquire about employment but was told there were no posts.

She said that Morfopoulos later told her she could get a job if she paid R6 000 in cash, which would be given to someone "higher up", so she did this.

Popis also testified that in 1988 the accused asked her to pay R15 000 if she wanted to be successful in an examination to become a specialist.

It was further alleged that from 1986 to 1990 Morfopoulos fraudulently collected an annual cash donation of R5 000 from a Mr and Mrs A Joosab who operated a store at the hospital. They paid the amount for four years.

Morfopoulos allegedly told Mrs Joosab he could allow her to run a food kiosk in the hospital if she paid the NPA R25 000 once, instead of a monthly rental, and later made this R10 000.

It was alleged he was paid R7 500 as a result. The hearing continues today.

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pernatural. ... messages from the su-

Medical training is 'under siege'

Monday 18/5/92
ACADEMIC medical centres which trained all categories of health personnel were under siege, SA Medical and Dental Council vice-president Prof Jan van der Merwe said last week.

If academic medicine was neglected, health standards would drop disastrously — as had been proved in other African countries, Van der Merwe warned at the National Association of Private Hospitals (NAPH) AGM at Sun City.

Academic medicine was facing its toughest financial constraints ever. Van der Merwe compared the R39m allocated to medical research with the R207m given to the CSIR (1990-1992) and questioned whether the state took health care seriously.

"Without First World research SA is merely a Third World country. We will also lose our best medical brainpower to other countries," he said.

Eighty per cent of doctors and specialists in SA were trained in academic hospitals, but because of the low salaries offered by the public sector, these hospitals had a great problem keeping doctors once they were trained.

Low income was the main reason why staff moved to the private sector.

Van der Merwe said academic hospitals used 40% of the R8bn national health budget and were, therefore, big business which had to be managed effectively. This had not been the case in the past, but problems were being addressed.

"If academic medicine wants to maintain its standards and wants to survive, it is essential that an effective and appropriate management model be established," he said.

Medical Association of SA (Masa) secretary-general Dr Hendrik Hanekom told the conference the future of health care had for too long been left

(98)
in the hands of politicians who were more interested in scoring points than in producing cures.

It was vital to involve the community in finding solutions to the country's health problems.

Hanekom said Masa had not been sufficiently active in finding solutions to these problems.

Although the organisation had been critical of the state of health provision, it had never properly formulated its own recommendations on the future of health care.

A change of government would not make vast sums of money available for a bigger and better health system, he said, so facilities would have to make better use of their resources.

"We also need to utilise the best natural asset and ally we have — the 13-million women of SA. Women play a pivotal role in healthy living.

"Imagine what could be achieved if we added a support structure of 13-million amateur health care providers to the approximately 160 000 health professionals serving a population of 35-million at present.

"I am not proposing more work for women, I am suggesting more education and information on the level of preventative health care."

The problem of wastage and duplication needed to be addressed, but ultimately South Africans needed to realise that it was not the state, but ordinary citizens, who had to pay for health care.

Hanekom emphasised the need to develop a comprehensive information system to ascertain health resources and needs.

Private and public facilities needed, also, to complement each other's services and contribute to a national data base and research forum.

KATHRYN STRACHAN

Workers in pay protest at Red Cross Hospital

ABOUT 100 workers staged an hour-long sit-in at the Red Cross Children's Hospital in Rondebosch yesterday.

The sit-in was part of countrywide demonstrations for pay increases.

Mr Wilfred Alcock, chairman of the National Education, Health and Allied Workers' Union in the city, said the workers occupied all offices in the administration building at Red Cross.

A memorandum, listing demands that included a non-racial health and educational system, permanent status for all workers and for all public sector workers to be covered by the Labour Relations Act, was handed to medical superintendent Dr Rodney Marshall.

The union was also seeking a minimum wage of R724 and a 15,3% across-the-board increase, Mr Alcock said.

He said workers also staged sit-ins at the road and works branches in Kraaifontein, Nyanga, Bellville and Paarl.

The union planned to hold a march in Cape Town on May 27.

● Meanwhile in Klerksdorp, workers at two hospitals staged a sit-in yesterday in support of pay demands. — Sapa

ANC calls cops over bomb threat



Sowetan 20/5/92

THE African National Congress has called in the police for protection and advice after a threat to bomb its headquarters was received from alleged former undercover agents of the South African security forces, it was learnt yesterday.

The organisation learnt of the threat in the past two days, a senior official said yesterday. "It was not the usual crank who phones and hangs up quickly. We get lots of those. This time we learnt from reliable sources that this was someone deadly serious, people who know what they are doing."

Asked to confirm a report that the threat came from former agents of an undercover military hit-squad unit, the Civil Co-Operation Bureau, the official replied: "We take threats from the CCB extremely seriously."

Responding to a call from the ANC on Monday, a high-ranking policeman travelled from Pretoria to Johannesburg to discuss the bomb threat with ANC security officers.

A police spokesman confirmed yesterday that such a visit was made but said the details of the discussion were confidential.

Yesterday security arrangements at the ANC building in central Johannesburg were the tightest they have been since the organisation moved into the building last year.

Talks 'a way forward'

Sowetan 20/5/92

TOP-LEVEL business and trade union leaders who met Finance Minister Mr Derek Keys in Cape Town this week about establishing an economic forum, were optimistic about the talks which they said were "a way forward".

They agreed on joint consultations and to try to reach consensus on restructuring and addressing various problems relating to the economy.

It was also agreed that another meeting be held, possibly in Johannesburg or Cape Town, within two weeks to take decisions on the issues raised.

Some of the points raised on the broad agenda were: the Government's economic policy, future economic investment, trade, retrenchments, provident funds, taxation, housing and education.

The Minister was accompanied by his special adviser Mr Japie Jacobs, while labour was represented by Cosatu and Nactu.

900 in hospital wage strike

THE Transvaal Provincial Administration says voluntary helpers have stepped in to maintain services at the Klerksdorp and nearby Tshepong hospitals, where

as many as 900 health workers are on strike.

Workers went on strike on Monday, demanding a minimum monthly wage of R724 and a 15,3 percent

across-the-board salary increase for all general assistants, permanent employment status for all general assistants and that retrenchment be stopped.

†The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

- (1) No, but a document which deals with the involvement of local authorities in the establishment and maintenance of schools did in fact serve before the Council for the Co-ordination of Local Government Affairs on 27 March 1992. The Council decided to appoint a committee, including representatives of education departments, to advise it in this regard.

(2) and (3) Fall away.

Disappearance of certain person

*3. Mr L FUCHS asked the Minister of Justice:

- (1) Whether an investigation has been conducted into the disappearance of a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply; if not, why not; if so, (a) what are the circumstances surrounding this person's disappearance and (b) what is his name;
- (2) whether he will make a statement on the matter?

B610E

The MINISTER OF JUSTICE:

- (1) Yes. The investigation by the South African Police is still continuing.
- (a) Evidence regarding the circumstances surrounding the disappearance of Mr Sono is privileged and the particular Attorney-General is not prepared to disclose the evidence.
- (b) Lolo Sono.
- (2) No.

Mr L FUCHS: Mr Chairman, arising from the answer of the hon the Minister, the question I have asked has absolutely nothing to do with the present charges against Mrs Winnie Mandela. I would like to know from the hon the Minister on what basis he suggests that the evidence is privileged.

The MINISTER: Mr Chairman, I do not know whether the hon member is still practising, but I assume he has been away from his practice for some time, otherwise he would not have asked the question. [Interjections.] I would like to refer him to Van Nickerk, and I shall be translating as

The MINISTER: Mr Speaker, is the hon member suggesting that I should be his messenger or is he asking me because he is afraid of the hon the Minister of Law and Order? What is the purpose of his request?

Limiting of private practice: legislation

*4. Mr M J ELLIS asked the Minister of National Health:

Whether she intends introducing legislation limiting private practice for full-time hospital specialists; if not, (a) why not and (b) what is the position in this regard at present; if so, (i) when is it anticipated that such legislation will be introduced and (ii) what matters will be provided for in it?

B611E

†The MINISTER OF NATIONAL HEALTH:

No.

- (a) the Public Service Act, 1984 (Act 111 of 1984), limits it sufficiently and
- (b) measures have already been announced which enable registered medical practitioners, dentists and medical/dental specialists in the Public Service to participate in limited private practice;
- (i) and (ii) fall away.

The State vs Chiti: Winnie Mandela

*5. Mr L FUCHS asked the Minister of Justice:

- (1) Whether, with reference to a statement placed on record during the trial in the matter of *The State vs Chiti*, particulars of which have been furnished to the Minister's Department for the purpose of his reply, he intends to (a) investigate and (b) charge (i) Mrs Winnie Mandela and/or (ii) any other persons or political organizations involved; if not, why not; if so, what are the relevant details;
- (2) whether he will make a statement on the matter?

B613E

The MINISTER OF JUSTICE:

- (1) (a) (i) and (ii) The Attorney-General concerned has already requested the South

African Police to investigate the allegations in the statement and report to him.

(b) (i) and (ii)

The investigation concerning the allegations has not yet been completed. As soon as the investigation is completed, all relevant evidence will be submitted to the Attorney-General for his decision

(2) No.

Harmful chemicals: Kommetjie

*6. Mr J H MOMBORG asked the Minister of National Health:

- (1) Whether her Department has taken or is going to take any steps with regard to the harmful chemicals recently washed ashore on the beach at Kommetjie; if not, why not; if so, (a) what steps and (b) when;
- (2) whether her Department has inquired into the origin of the chemicals concerned; if not, why not; if so, with what result;
- (3) whether she will make a statement on the matter?

B621E

†The MINISTER OF NATIONAL HEALTH:

- (1) Yes.
- (a) the Western Cape Regional Services Council was contacted in connection with the collection and disposal of the containers, and enquiries were made as to the origin thereof and
- (b) immediately after news of the washing up of the containers was received:
- (2) yes, the chemicals are used for the fumigation of grain and most likely originate from a ship transporting maize. The Maize Board has been requested to ask via its overseas suppliers that crew members exercise more care;
- (3) no.

Groote Schuur thefts probed

CAPE TOWN — A group of undercover investigators has moved into Cape Town's Groote Schuur Hospital to combat widespread thefts, director-general of hospital and health services Dr George Watermeyer has revealed.

Thieves have removed goods ranging from chairs and trolleys to wall clocks from under the noses of security guards.

Dr Watermeyer, who would not give details of the undercover group, said Groote Schuur Hospital was in a "unique situation" because it was located in a high-crime area.

There had been a number of successful prosecutions of people caught pilfering, he

STAR 2015/92
said. Thieving at the hospital had been found to be a mixture of an organised racket and individual pilferers.

The medical superintendent at Groote Schuur, Dr Jocelyn Kane-Berman, expressed deep concern about the continuing problems of theft and security.

She said annual losses due to theft amounted to about R1 million.

One facet of the problem was petty pilfering by staff, patients and visitors.

"Efforts to control this are focused on organised random searches and better control of stores," she said.

Major linen losses had sometimes resulted in inadequate supplies of theatre and bed linen for patients.

New control measures had reduced linen losses by about 40 percent in the past, Dr Kane-Berman said.

Other measures taken by the hospital included:

- Foot patrols by hospital security personnel.
- The installation of electronic alarm systems and the extension of the closed-circuit television network.
- The appointment of a security committee to identify new ways of resolving the problems.

Dr Kane-Berman said that 10 000 people moved in and out of the complex daily. "People must have easy access to the complex at all times. A hospital cannot be guarded like a fortress," she said. — Sapa.

Clinic a boon for cancer patients

A new oncology day clinic for the treatment of cancer in patients was recently opened in Morningside, Sandton.

The Sandton Oncology Centre caters for all non-surgical therapies in one location. In the past, cancer patients often had to travel to different locations for the various components of their treatment.

It comprises advanced diagnostic facilities as well as comprehensive paramedical services ranging from clinical psychology to dietary advice and physiotherapy.

STAR 2115792.

EACH year a steady supply of foreign medical students — mainly from First World countries — apply to complete three months of their final-year practical training in South African hospitals. The big attraction: unlike their own hospitals, local institutions have an endless supply of knife and gunshot victims.

Baragwanath Hospital, for instance, is regarded as one of the best training grounds in the world in dealing with victims of violence — or trauma cases, as they are known to medics.

"In this country we get better experience of injuries which come out of brutality such as gunshot wounds and stab wounds," says Ultra Gausmann (26), a sixth-year medical student from Germany. She has been in the country for six weeks, attached to the surgical units of the Baragwanath Hospital.

With Lisa Baden (30), based at Hillbrow Hospital, she applied to come here through the University of the Witwatersrand's Medical School Foreign Student Elective Programme.

In the hospitals where they work, trauma or casualty units deal mainly with "cold cases": ulcers, cancer treatment or motor car accident injuries, for example. Gunshot and knifing victims appear once or twice a year.

They say that in Germany there is more concentration on theoretical training.

"There, as a final-year student, you are not allowed to ask many questions; you are expected to know because of your advanced level of training," says Gausmann. "In the Bara unit where I work, training is of great quality and very practical. But we do attend lectures and tutorials, and you are much freer to learn by asking seniors."

Baden says she has been seeing "a lot of things here that I would not have in Germany" and feels the course is a good experience for any

SA's just what the doctors ordered

W/Mon 22/5-28/5/92

*For the many foreign
medical students flocking to
South Africa's crowded
hospitals it's a case of the
more "traumas" the better.*
By **BEATHUR BAKER**

medical student.

One of the more gruelling aspects of training is a 24-hour shift of "intake duty" in the trauma section, says Gausmann.

"In a hospital like Bara, this is a responsibility in itself. There are already very few doctors and these few have to work around the clock almost non-stop.

"But you get used to it. We like it a lot because you learn so much from being there and assisting in various procedures, maybe going into surgery a few times as well."

According to the Wits Medical School administration, more than 300 inquiries are received annually and between 150 to 175 students are placed in hospitals for clerkships ranging from four to 16 weeks. The applications come mainly from Europe, North America and Australia.

The sixth year is a junior intern year or practical training year. Final examinations at the end of the sixth year lead to graduation and to internship at a hospital for one year.

The foreign students programme

— technically the "foreign student elective clerkship" — is open to students who have completed basic medical training and at least one year's clinical training in a hospital.

There are more than 50 professors and associate professors, some located in the clinical departments at teaching hospitals, to oversee final year students.

Foreigners applying to work at an academic hospital have to register with the South African Medical and Dental Association after arriving in South Africa.

In an information brochure, the medical school puts Baragwanath Hospital's main attraction this way: "Experience both First and Third World conditions endemic to Africa and the effect of urbanisation and Western cultural influences on a deprived and rapidly changing community."

These students are also given a choice between two psychiatric hospitals — Sterkfontein and Tara centre.

Three basic options available to students are:

● A clerkship in the clinical departments of two different teaching hospitals.

● Working in a rural hospital but spending part of their training in a teaching hospital.

● Spending the duration of their visit working in a rural hospital, which as emphasised by administration, is not a teaching hospital.

Local hospitals are also differentiated from each other by a listing of the number of beds they can accommodate. For example, Baragwanath Hospital's maximum bedding capacity is 3 000, Coronation, 500 beds, and Hillbrow, 800 beds. Johannesburg Academic Hospital takes 650 beds and the JG Strijdom 450.

The brochure explains the "clearly identifiable characteristics" of each hospital as being due to "the heterogenous society that comprises the South African population".

Amid the health crisis, a hospital goes to ruin

W/Week 22/5-28/5/92 98

A DISUSED sanatorium, which would cost millions to replace at today's prices, has been allowed to stand idle and fall into disrepair by the House of Representatives.

Situated in Tokai, between Westlake Hospital and housing for coloured warders at Pollsmoor Prison, the vast complex was unguarded when a *Weekly Mail* team visited it this week.

It appeared to have become the haunt of vandals.

We found doors and windows in the complex's many single-storey, brick buildings standing open to the winter rains.

A damaged pipe had caused widespread flooding in a section of one of the buildings, spreading a coat of slime and smelly water down corridors, wheelchair ramps and into rooms.

Outside, a tap — its head ripped off — poured litre upon litre of water to waste. Stacked in tangled piles between buildings, hundreds of sprung hospital beds lay exposed to rust in the wind and rain. Under a tree stood one of many abandoned hospital trolleys.

Inside the buildings, vandals' work was evident. Taps on scores of hand-basins were torn out, hot-water cylinders and toilet cisterns had been removed and baths were filled with dust and other debris.

In one large room, a graffiti-scrawled blackboard and footprints in what appeared to be the contents of a fire-extinguisher testified to its use as a meeting place for gangs: "*Mr Nobody was hier en het huis toe gegaan*" (Mr Nobody was here and went home) was one of the many messages.

In some rooms — obviously once wards — steel cabinets, cupboards, beds, a massage table and other furniture stood in splendid isolation.

Ivy growing in through open windows cast a green light in the corridors. Fire extinguishers — last inspected in November 1984 — lay abandoned.

As the health care crisis deepens, an

empty hospital — previously used for tuberculosis sufferers — has become

the haunt of vagrants and vandals.

GAYE DAVIS reports on the

Dr AJ Stals Hospital in Tokai

ing.

In an unlocked building used as a storeroom lay box upon box of files — containing, among other things, the confidential records of people convicted of drunkenness during the 1970s and committed to rehabilitation centres run by the then Department of Coloured Affairs.

Some of the boxes appeared to have been sent to the House of Representatives in Cape Town in 1985 from the De Novo Rehabilitation Centre in Kimberley.

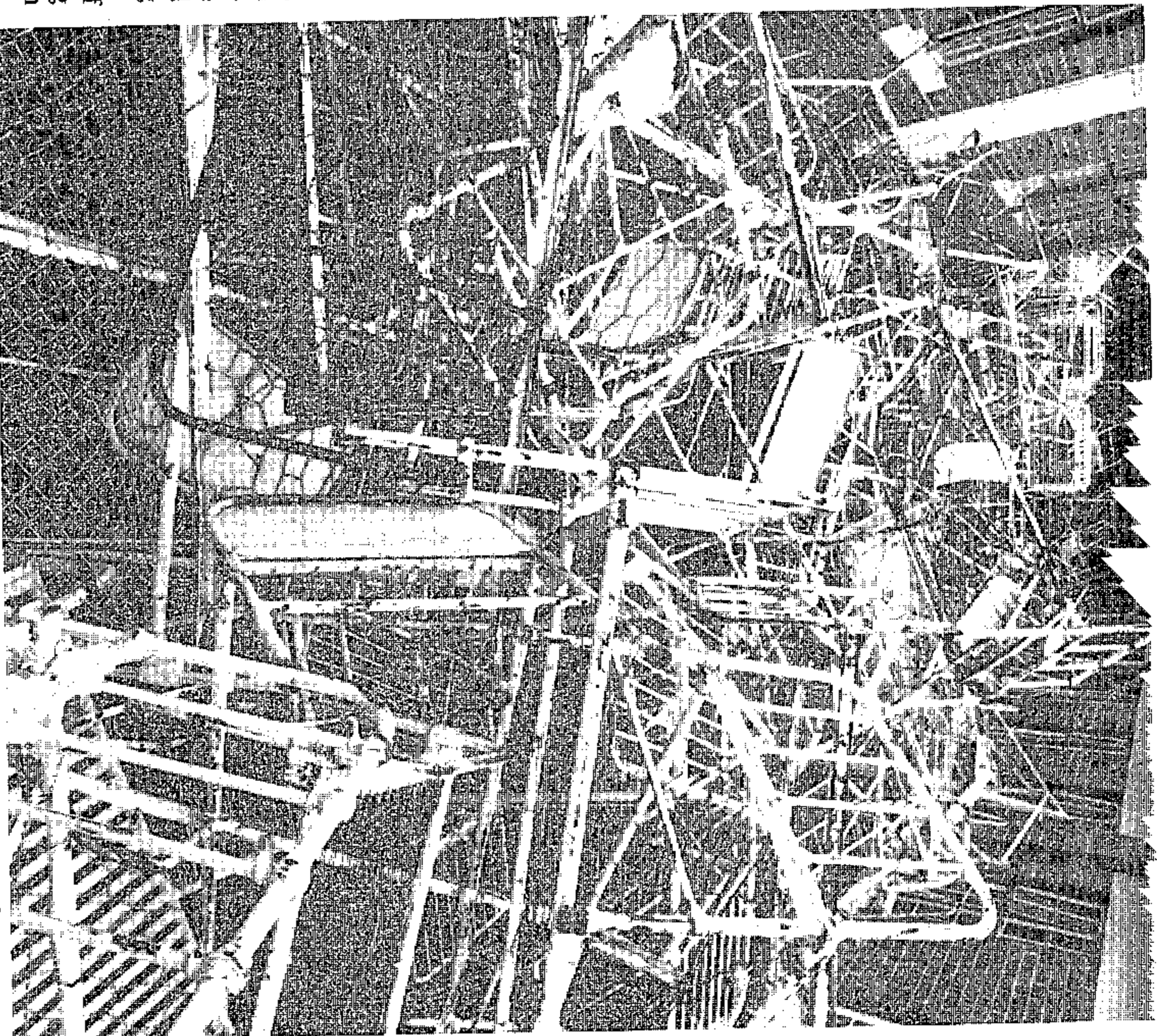
In one building, we found a room containing cardboard pistol-shooting targets riddled with bullet holes. Amid a pile of rubbish we discovered typewritten notes describing how to use batons, and the cover of a course manual issued by the House of Representatives for training security personnel.

The complex sprawls over a large piece of ground shaded by old poplar trees and offering pleasant open spaces now overgrown with weeds and knee-high grass.

As an example of sheer waste, it competes with the R7-million ghost town of Restaurant — the piles of rusting beds are a grim echo of the landscape littered with millions of glass-fibre toilets spawned by the Department of Development Aid and uncovered by the Pickard Commission of Inquiry.

Dr Jo Heydenreich, director of Health Services and Welfare in the House of Representatives, said the facility — once known as the Dr AJ Stals Hospital — was used "many years ago" for chronic tuberculosis sufferers classified as coloured. It fell into disuse after the approach to treating TB shifted to an out-patient basis, she said.

"Until recently, part of it was used to train



Rack of ruin ... Hospital beds lie stacked in the open air between buildings at the disused hospital
Photo: ERIC MILLER

security guards for the House of Representatives," she said.

She was unaware that it was currently unguarded.

As far as she knew, negotiations were under way to put the complex to use as an education and training facility. But she could not comment on why it had been allowed to deteriorate in the interim — although she was "obviously" concerned that it was going to waste.

Responsibility for the maintenance and guarding of the complex lay with the Department of Local Government, Housing and Agriculture and the Department of Budget and Auxiliary

Services in the House of Representatives respectively, she said.

House of Representatives spokesman Narriman Sangster said the only person with information who could comment on the issue was the administration's director of public relations, Thinus Dempsey.

He was "on the road" in the Ciskei and unavailable, she said.

The director general of the Department of Local Government, Housing and Agriculture, Patrick McEnery, was also out of town, she said, "and he would probably have referred you to Mr Dempsey anyway".

500 000 luxury flats for hospital

The chairman of the Addington Hospital Board, Dr L. Robertson, also said he knew nothing about the matter.

Natal's administrator, Mr Con Botha, who is in ultimate charge of the province's finances, was in Cape Town yesterday and could not be reached for comment.

Mr Botha was formerly the chief information officer of the National Party and was a leading contender to become the leader of the NP in Natal.

An outraged Democratic Party spokesman on health, Mr Mike Ellis, has called the expenditure "disgusting" and a "total abuse".

He said he was appalled to find the province's much-needed money used in this way.

Natal's health budget has to accommodate a R198 million shortfall this year.

Estimates of the province's expenditure on health services were R1,384 million but the allocation was R1,186m.

He said even if the health budget in Natal was in a satisfactory state this would have been a total abuse.

On a tour of the two flats yesterday, reporters found that the larger flat boasts solid oak doors and four remote-controlled air-conditioning units cost-

ing R5 000 each.

It has one bedroom, which is fully fitted, and a tiled kitchen and built-in cupboards throughout.

The two-bedroomed flat has a fully-fitted tiled kitchen, en-suite bathroom, a second bathroom and a separate toilet and built-in-cupboards throughout.

All work on the flats has been conducted by provincial staff and not private contractors.

The director-general of NPA health services, Dr C P Louwrens, said he could not comment on the refurbishment of the flats and referred the matter to Dr Neville Howes, director-general of the NPA.

However he said the flat on the 14th floor of the hospital was being refurbished for the use of health services officials who needed to stay overnight after meetings.

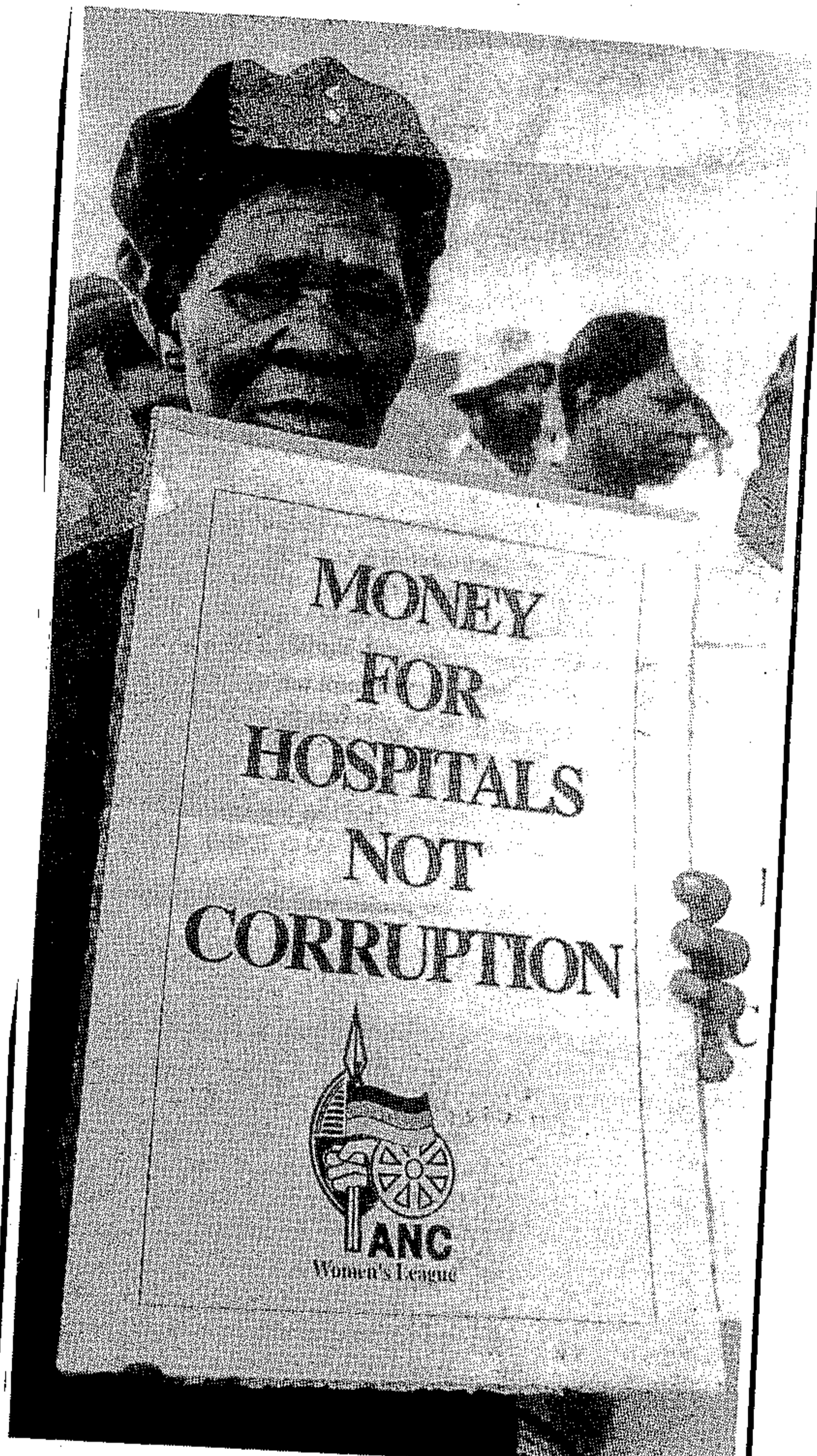
"The flat in the hospital has been there all the time but was under-utilised — we merely added another room to it to use for meetings.

"A decision was made to use the flat for health services accommodation instead of booking into hotels or hiring hotel suites for meetings."

A "disillusioned Addington patient" wrote to the Cape Times' Natal correspondent that "poorly paid junior doctors are having to find accommodation outside hospital confines instead of being able to reside in the flats".

"Surely an amount this large could be spent more appropriately, especially as every day we read in the press that the health services are on the verge of collapse." (98) CT 23/5/92

THOMPSON



PATIENT PROTEST: A demonstrator in Khayelitsha
 Photo: Yunus Mohamed

March injects action into health protest

South
 23/5-27/5/92

(98)

A SHARP injection of mass action prescribed by the ANC Women's League has focussed attention on the health care crisis in Khayelitsha.

About 100 women led a march from the Site C taxi rank last Friday and were joined by about 2 500 residents by the time a memorandum was handed over at the Khayelitsha police station.

Addressed to the Minister of Health, Dr Rina Venter, the memorandum protested against the lack of adequate health care facilities.

In Khayelitsha there is one 24-hour day hospital with seven doctors working in shifts. With a population of about 700 000, the ratio of patients to health services is at least eight times greater than that recommended by the World Health Organisation.

In a list of complaints, the memorandum said that:

- Some women in labour have had to share beds because of a lack of beds. Some women have given birth on the floor.
- Some women in labour have been turned away from the day hospital because they had

not made appointments and have given birth in cars or outside the hospital

- One of the doctors treat women in a rude, sexist and even aggressive manner.
- Patients have to leave home at 4:30 in the morning to join the queue if they want to be seen on that day.
- Critically ill patients often have to find their own way to a hospital because there is no ambulance available.
- Patients have died in the queue because there is no trauma unit and everyone waits in the same line.

"We are prepared to bring some of the complainants to your office if you need verification of the problems," the memorandum said.

A spokesperson for Dr Rina Venter said the memorandum had been referred to the Provincial Administration offices.

Ms Gerda Pretorius, spokesperson for the Provincial Administration said: "We will be looking into the matter and will make an announcement within the next few days."

— **Quentin Wilson**

R500 000 luxury flats for hospital

DURBAN. — While Natal health services face huge cutbacks, two flats in the doctors' quarters of Durban's Addington Hospital are being converted into luxury apartments — at a cost of R500 000.

And apparently it is happening without the necessary approval from the province's executive committee.

The MEC for health services, Mr Peter Miller, said he knew nothing of the refurbishment.

"If it had gone through executive committee I would know about it because it directly concerns hospitals," he said.

MEC for local government Mr Val Volker said he had heard about this project informally but that it was "difficult to say whether authority was given by the executive committee".

He conceded that a R500 000 project would "normally be worthy of executive committee attention".

The chairman of the Addington Hospital Board, Dr I. Robertson, also said he knew nothing about the matter.

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98 CT 23/5/92

Nehawu is a major player in the sector

B10 29/5/92
WORKERS in the health sector are organising to fight "health for profit and the unilateral restructuring of services," says the assistant general secretary of the 50 000-strong National Education, Health and Allied Workers Union (Nehawu). Neal Thobejani.

Thobejani says the union is involved in a Progressive Health Unity Forum — that includes organisations like the ANC and the National Medical and Dental Association — where policy for a future health system in SA is being discussed.

He says the bottom-line is that the state must take responsibility for the health of people — especially the young, old and unemployed.

This month tariffs at public hospitals were increased by 12% and the union is "consulting with the community" about action against the increase. Nehawu sees the increase as part of the "commercialisation" of health services which is putting health out of reach of most people.

Dispute

Nehawu and three other unions are in dispute with the Commissioner of Administration over wages and working conditions.

Thobejani says industrial action — including sit-ins, demonstrations and strikes — is certain in the industry if the commissioner does not improve on the wages offer.

On private hospitals Thobejani says the conditions are slightly better. "But our main struggle is for centralised bargaining in the private hospitals."

The Nurses Forum has called on Codesa to decide the status of the SA Nurses Association (Sana), which, with about 150 000 members, has a majority of black members. Membership is compulsory.

Thobejane says many black nurses are also members of Nehawu and the referendum is a response to pressure on Sana to be a trade union. If Sana accepts union status the prospects for unity will be better.

Nehawu and Sana are at loggerheads on issues like the right of nurses to strike, whether health is an essential service or not and whether health workers should be covered by the Labour Relations Act.

Nehawu has been organising in hospitals for the past seven years, but it was only after the nationwide hospital strikes in 1990 that it was taken seriously by the health authorities and other unions in the sector.

Merging

Now Nehawu is on the brink of merging with four other unions in the sector — the Cape-based Health Workers Union, Northern Transvaal Public Sector Union, Venda Public Sector Union and the Kwa Ndebele Public Sector Union. This will increase its membership by a further 12 000.

In addition, Nehawu is discussing unity with Nactu's 30 000-strong Public Sector Union (PSU) under the auspices of the joint Cosatu-Nactu Workers Summit this weekend.

Outside the staff associations, Nehawu and the PSU are the main players in the health sector.

If they unite, the new union will be the major force among health workers.

HEALTH CARE INDUSTRY

Taking a scalpel to high prices

Health Minister Rina Venter finally appears to have realised that she will never be able to appease the vested interests in the health-care industry as she tries to halt spiralling medical costs for the public.

Certainly, introducing the Medical Schemes Amendment Bill in parliament last week, despite continued strong opposition from the Medical Association of SA, shows a resolve few of her critics could have anticipated. With only a month to go before parliament closes, Venter seems determined to deregulate the industry. Her proposed changes will give medical schemes more scope to keep costs in check and halt doctors' sole discretion in dispensing health care.

If passed, the Bill will put an end to guaranteed payments and scales of benefits. It will allow schemes to provide healthcare services, by running hospitals and clinics and employing doctors, nurses and pharmacists, a move that has lowered costs by as much as 40% elsewhere in the world.

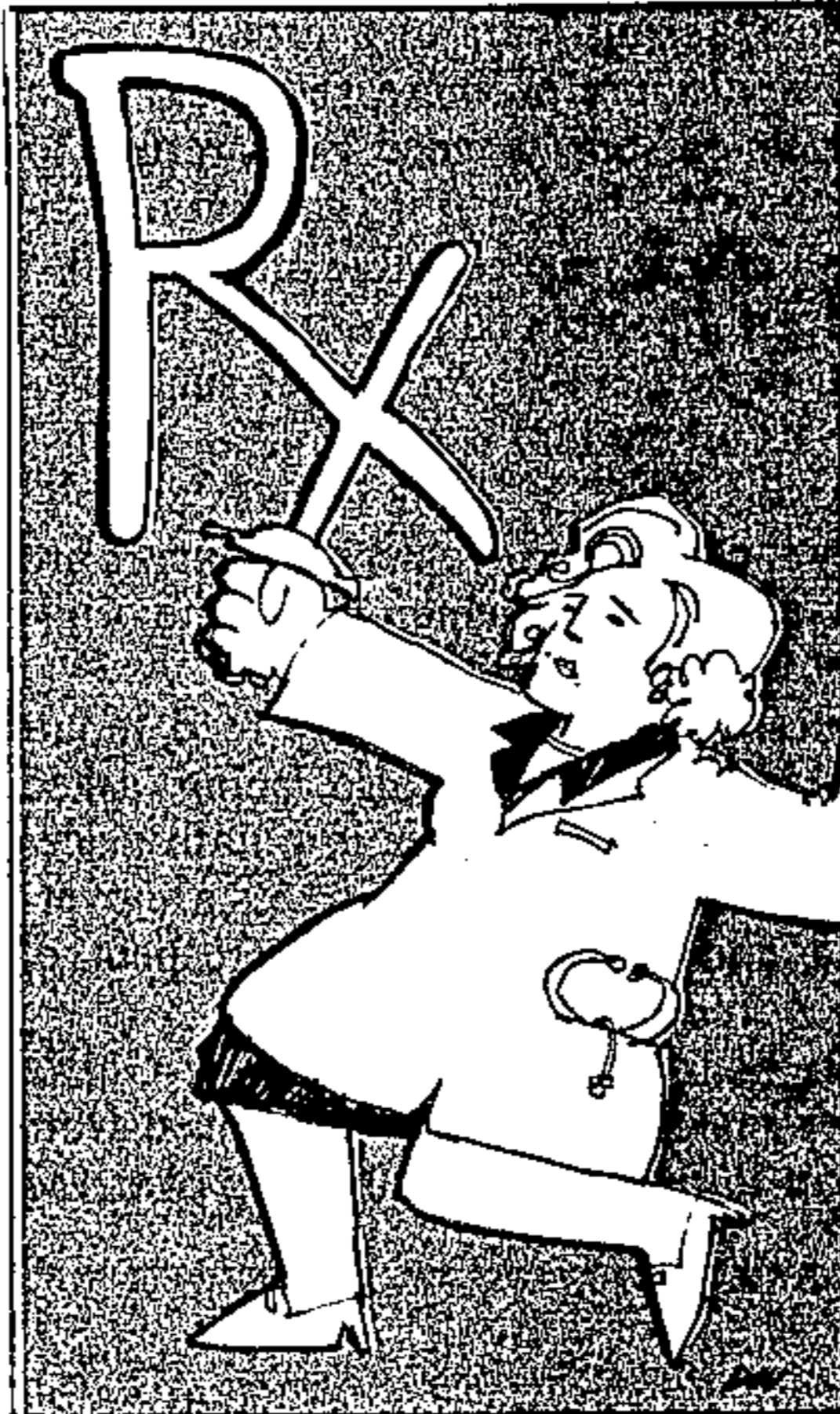
In cutting medicine costs, the Minister's resolve to deregulate the pharmaceutical industry will have to be just as unflinching. SA drug prices are among the world's highest.

Last week's annual conference of the Pharmaceutical Society of SA showed little initiative in addressing the costs issue. The debate merely depicted an industry wracked with internal tensions and lacking direction. While retailers, wholesalers and manufacturers battled to define their roles in the industry's apparent identity crisis, little consensus was reached on containing spiralling medicine costs.

The industry is not short of suggestions. Several recommendations — based on the findings of the Browne Commission and believed to contain many of the recommendations of the uncompleted Wim de Villiers report — were canvassed earlier this year at a forum convened by the Minister.

Generic substitution, ending the ban on imports of medicines that could compete with locally made ones, pharmacist-initiated therapy, rescheduling some medicines so that you would not need prescriptions to get them, and allowing other retailers to compete with pharmacies are all proven cost-cutting mechanisms that have dropped medicine prices in other countries. But vested interests — mostly doctors and drug manufacturers — continue to prevent their being implemented in SA.

The heated debate on generic substitution is a case in point. Manufacturers and doctors are still debating the efficacy and safety of generic drugs in SA. Yet generic drugs have been used safely for 30 years in State hospitals, resulting in huge cost-savings. The anomaly is that, legally, the widespread use



of the drugs remains prohibited.

Still, there has been some progress on the issue of generics. In February, Venter's department tabled a list of 36 substances that could not be substituted by generics, implying that all other medicines could be. Considering the discord on the issue, she is expected to table legislation allowing the widespread use of generics long before consensus is reached.

Medical administrator David Boyce says: "While the pharmaceutical industry broadly favours generic substitution, the multinational drug companies do not." Boyce, a former retail pharmacist who heads TPS, a claims processing arm of Medicredit, says the multinationals are preoccupied with protecting the market share of their patented drugs and with recouping their research investments. International studies suggest manufacturers secure a return of more than 45% on capital investment.

The conference did resolve to investigate allowing the parallel import of cheaper medicines. In the UK, parallel imports accounted for £250m in medicine purchases last year. But local manufacturers have already begun to stress that these imports could pave the way for counterfeit medicines, lowered standards and lost jobs.

The call for volume-based prices from manufacturers remains a great source of controversy in the industry. Wholesalers and retail pharmacists have persistently criticised manufacturers for giving big discounts to dispensing doctors, who buy only small quantities of drugs compared with the far

higher prices paid by retail and wholesale chemists for larger quantities.

"This encourages doctors to drive the product through the (prescription) pen," says Len Keating, CE of wholesalers ACA and PDC. "They get deals for buying a thousand rands worth of merchandise that a pharmaceutical wholesaler could not secure when buying even a million rands worth of the identical product." The matter is now before the Competition Board.

Rescheduling schedule two and three medicines to allow pharmacists more room to initiate therapy would lower prices and sometimes save on a doctor's consultation fee. Tom Carse, past president of the Pharmaceutical Society of SA, says a list has been compiled by Potchefstroom University detailing no less than 96 ailments that could be treated by a pharmacist without any need to consult a doctor.

Venter has indicated her support for such a move but the powerful Medicines Control Council appears to be the stumbling block to implementing this reform.

The council's director, Johan Schlebusch, asks why too little has been done to familiarise pharmacists with the clinical aspects of medicines in higher schedules "in anticipation of the day when these schedules become a reality." However, many argue that the council, a scientific body, must consider the economic needs of a Third-World population rather than apply unsuitable First-World standards.

Regrettably, nothing was said at the conference about dropping the ban on pharmacists working for nonpharmacists in retailing. Such a move would certainly pave the way for large retail chains such as Pick 'n Pay and Clicks to enter the market and challenge the manufacturers' drug-price stranglehold, described by a conference observer as "obscene and inappropriate to the needs of the country." ■

THE DROUGHT *Sean*

Fuelling the price spiral

FM 29/5/92
Government says food prices have soared by nearly 30% over the past year, while Pick 'n Pay's Raymond Ackerman and the Premier Group's Peter Wrighton put the figure at around 15%. But, whatever the increase, food prices are sure to rise faster in the months ahead as the effects of the drought kick in.

With much of the maize crop wiped out, downstream users of imported yellow maize will be hit hard, sending a ripple effect of higher prices through the food chain. In

Another escape from mental hospital

98

ET 11/6/92

By BRENT SIMONS

ANOTHER Valkenberg patient escaped yesterday following the breakout of four patients just over a week ago.

A police spokesman confirmed last night that they had received a report that one patient had escaped.

The matron on duty at Valkenberg last night said that a patient had "absconded" but would not give any further details.

Security

A Valkenberg security officer said security measures had been stepped up last night.

Yesterday's escape was the third breakout recorded at the hospital in the past two weeks.

Triple murderer John Madudu, 42, was one of the four patients who escaped last week. He was picked up by police while walking back to Valkenberg Hospital.

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MADE IN SOUTH AFRICA-LIND

Taking medicine to masses

The Argus Correspondent

JOHANNESBURG. — A new mobile clinic, which could revolutionise South Africa's primary health-care system if widely used, has been launched here.

Designed by a medical professor from Tel Aviv University, Professor Mordchai Ravid, the mobile medical unit (MMU) is regarded as a possible solution to the country's critical lack of health care in thousands of rural and squatter areas.

Professor Ravid is an advisory committee member of the World Health Organisation.

The MMU was described by Professor Erik Glatthaar, head of Community Health at Pretoria University and president of the Community Health Association of SA, as a "major breakthrough" in providing primary health care.

"In the past, South Africa led the field in primary health care,

ARG 116/92
but now we can't seem to get on with the job.

"We have heard over and over of the great emphasis on primary health care. However, it is having an agonisingly slow birth."

He said there were many areas of great need, even in cities — while squatter communities were growing at twice the rate of cities.

"Time is running out. Communities are desperate and disillusioned, saying: 'Where are the services which were promised?' This MMU could make an immediate, dramatic impact," said Professor Glatthaar.

"It is a golden opportunity to bring a level of service which the country has not had until now."

The mobile clinic concept is intended to take health care to people who have been unable to reach existing medical facilities. It is not intended to replace exist-

ing medical facilities, but rather act as the "long arm" of a hospital or clinic.

Mounted on, or towed by trucks, the MMU could care for a population of between 30 000 and 50 000 people spread over 50 to 100 km remote and rugged terrain.

Its contents can be adapted entirely to the health needs of a particular area, but usually it includes a radiology unit, automated laboratory, means for gynaecological examinations, minor surgery, basic dental equipment, medications, dressings and medical records.

It also contains educational equipment like slide projectors, screens and demonstration facilities.

According to Professor Ravid, the MMU provides the most immediate, visible and cost-effective way available to provide health care for those without it.

Day care clinics set to boom ⁹⁸ ~~99~~ PresMed

B1 Day 3/6/92

MICK ELLINGHAM

DAY care clinics in SA are set for "spectacular growth" as the medical aid industry begins to recognise the importance of cost-effective health care.

President Medical Investments (PresMed) MD Carl Grillenberger — speaking at a presentation in Johannesburg yesterday — said the trend towards day clinics had been prompted by three developments:

- New technology, which had opened the door to "same-day surgery" and shortened hospital stays;
- Concern about the cost and affordability of medical care; and
- Managed healthcare programmes,

which had put pressure on patients and medical practitioners to cut costs.

PresMed recently reported a 39% increase in earnings a share of 30,9c (22,3c) and a 34% rise in dividend payments of 6,7c (5,0c) for the year ended February 1992. Turnover rose 45% to R74,3m from R51,3m. Grillenberger said the state supplied 80% of SA's hospital facilities, and the private sector 20%, with many patients forced into private hospitals by government's tight budget.

PresMed is taking advantage of this trend by providing compact, no-frills "contracted-in" hospitals and day clinics.

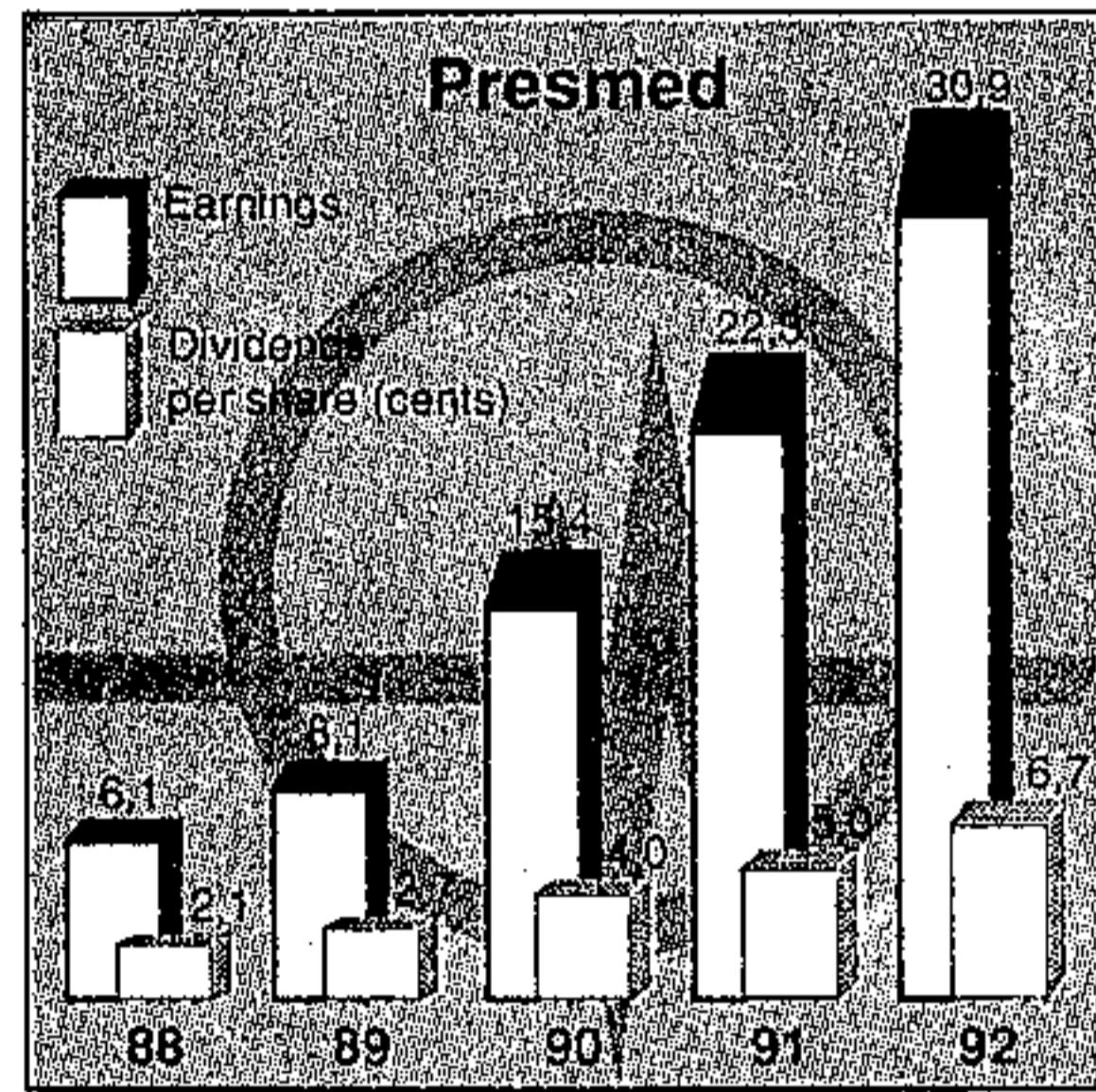
"Excellent" occupancy levels at the company's five hospitals were reported by PresMed chairman Naude Bremer, with the new Peglerae Hospital in Rustenburg expected to contribute to profits this year.

PresMed has acquired the Zandfontein Clinic in Sandton, and expects to open the Kempton Park Day Clinic in September.

Work on the Witbank Day Clinic is set to begin shortly, and an application has been made for a day clinic licence in Welkom.

Government's health policy made strategic planning difficult, Bremer said.

Grillenberger said PresMed was looking at ways to increase the tradeability of the company's shares on the JSE, and were evaluating a proposal to consolidate and subdivide its ordinary shares to create a greater number of shares.



Graphics: RUBY-GAY MARTIN Source: PRESMED

Hep E broke out at Groote Schoor

CT 5/6/92

98

Own Correspondent

LONDON. — The first recorded hospital outbreak of Hepatitis E occurred at Groote Schoor Hospital last year, but news of it became known only this week.

The authoritative British medical journal the Lancet reported the outbreak.

According to the journal, researchers at Groote Schoor's liver unit reviewed the case of a pregnant woman who was diagnosed soon after a holiday in India, where the disease is prevalent.

She was attended at Groote Schoor by a doctor and two theatre sisters in the maternity unit. They became ill six weeks later.

No vaccine

The report said the viral infection — which affects mainly young to middle-aged adults — is largely waterborne and is predominantly found in developing countries.

According to Dr Nicola Brink, co-author of the study, symptoms are similar to those of Hepatitis A — pain in the right side of the abdomen and possible jaundice. There is no available vaccine. Pregnant women have a 20% mortality rate.

The authors emphasise that to prevent the spread of Hepatitis E in hospitals, good standards of hygiene and control of infection must be observed.

● A spokesman for Groote Schoor said it was "highly unusual" that the virus had been transmitted in South Africa. The disease was prevalent in the India.

He said the contamination had been contained and no one had died.

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THE Transvaal Provincial Administration was granted an urgent interdict in the Rand Supreme Court yesterday to prevent 1 500 striking Baragwanath Hospital workers from protesting on hospital premises.

The non-medical workers went on strike on Tuesday after negotiations between the National Education, Health and Allied Workers' Union (Nehawu) and the Commission for Administration (CFA) failed.

Wage negotiations broke down last month after the union demanded a R1 100 minimum wage and a R400 across-the-board increase. The CFA offered a minimum wage of R724 and R108 across-the-board increase.

According to a TPA statement, the strikers demonstrated outside the hospital's administration block, vanda-

Interdict as Bara strike turns nasty

STAR
6/6/92
CHARMEELA BHAGOWAT

lised offices and prevented workers from doing their work.

Late yesterday, the administration offices were deserted — most of the workers having left to assist in the wards.

Graffiti on the office walls indicated strikers' demands. According to the TPA, strikers also damaged a gate which was put up on Thursday night to keep them off the premises.

A TPA statement yesterday said only acute emer-

gency cases were being handled in casualty and theatres. "Under these circumstances the TPA calls upon prospective patients not to report at the Baragwanath Hospital but rather to go to other hospitals."

TPA spokesman Sonja de Wet said the strikers were intimidating other staff and there was "a problem with the distribution of bandages and medicine" because of interference.

However, Nehawu shop steward Philda Mabula said

the workers were not disrupting services. She denied that workers were on strike and described their action as a "daily three-hour work stoppage".

Other demands by Nehawu include:

- Permanent status with all benefits for all workers.
- An end to privatisation and retrenchments.
- Free and equal health care and education for all.

Mabula said the negotiations were strained but still on track. Union members would convene an emergency meeting to discuss their plans.

She said workers would not return to work until their demands were met and "if push comes to shove, we want Dr Rina Venter, Nelson Mandela and F W de Kerk to sit together and resolve our problem".

'Strikers' barred from Baragwanath

CT 6/6/92 (152) (98)

JOHANNESBURG. — The Transvaal Provincial Administration yesterday afternoon obtained a Supreme Court interdict effectively barring striking workers from Baragwanath Hospital premises.

Baragwanath workers have embarked on the industrial action in support of wage demands.

The Transvaal Provincial Administration's hospital spokesman, Dr Pieter van den Berg, said a "strike" had forced the hospital to put emergency plans into operation, including the admission of as few patients as possible and the early discharge of other patients.

The National Education, Health and Allied Workers' Union (Nehawu) ap-

proached the TPA to discuss their demands, a TPA statement said last night.

A closed-door meeting will take place this morning at the hospital.

However, Nehawu spokesman Mr Phillip Dexter denied that workers had embarked on a strike.

"What is happening at Baragwanath, Kimberley and Frere Hospitals is that workers are picketing and demonstrating in support of their wage demands," he said.

The union has not decided on strike action. Instead members were protesting against the Commission of Administration's alleged intransigent attitude about real collective bargaining, he added. — Sapa

Bara has to release ill patients

By MOSS MAMAILA (98)

AN undisclosed number of seriously ill patients have allegedly been discharged prematurely from Baragwanath Hospital this week following a strike by more than 300 hospital workers.

Sources at the hospital said many patients, some of whom were still seriously ill, were released in a desperate bid by the hospital authorities to get the dramatically deteriorating situation under control. *CP News 7/16/92*

Hospital spokeswoman Seugnet van Niekerk conceded that patients were discharged prematurely, but not those that were "very" sick.

No drugs available for vital operations

Nurses are forced to recycle bandages

Up to four babies have to share cot

SI Times 7/6/92

PATIENTS are living in appalling conditions in Transkei's second biggest hospital as health services deteriorate throughout the cash-strapped state.

At Butterworth Hospital some patients are naked, up to four infants share cots and medical equipment is so scarce that nurses wash and recycle bandages.

"We are often not able to operate because we do not have the equipment or drugs. We put patients in ambulances and send them elsewhere, usually across the border," said a senior hospital staff member.

Medical sources — whose names have been withheld at their request — said the Department of Works and Energy had run out of money and had not been able to pay maintenance costs in some hospitals for more than a year.

Three hospitals visited by the Sunday Times all had shortages of some sort — particularly linen, eating

98

utensils and bandages. In Butterworth, nurses said they were reluctant to change sheets because they had no replacements. Some patients lay on uncovered and worn foam mattresses or pieces of rubber.

"Even if there were sheets, our washing machines have been broken for about five years. Our patients are naked — not because they want to be, but because we have no pyjamas for them to wear," a nurse said.

One small boy lay in traction on his stomach attempting to feed himself without a spoon or assistance from a nurse. When he spilled his soup from a battered tin plate he tried to suck it from the sheet.

While mobile clinics service the rural areas, the network of voluntary village health workers who bring in vital information from the rural areas has all but collapsed, according to a hospital matron.

Transkei Red Cross chief Denise Hoare said: "There is no way the government reaches all the remote places. If you go 10 kilometres off the

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main roads and people who have never seen a doctor and are in dire need.

"Water is not pure, dysentery and polio are common. Mothers are sometimes so malnourished they have no milk to feed their babies. When the children die, the villagers simply bury them."

Doctors and matrons from rural hospitals said they tried to raise money themselves to keep their institutions going. But even when funds were forthcoming they were hamstrung by red tape.

"We had no vehicle and, when someone finally donated one to us, it had first to be given to the Transkei government which took two months to deliver it," a hospital source said.

A senior nurse from a remote rural clinic said she had all but given up visiting outlying districts to inoculate people against life-threatening and debilitating diseases, like measles and polio, because she had no transport.

Promise

"I have to pay for my transport out of my own pocket. They say they will reimburse me, but they never do," she said.

"Things are getting worse and worse. Last month we had to fetch antibiotics and cough mixture from the hospital ourselves after we got no response to our order.

"We don't have electricity here and sometimes they don't even give us candles. We have been without a heater for more than three years and I have to deliver babies in this freezing stone room."

The crisis comes at the onset of a bleak winter in which money is tighter than ever before. Crops have failed and thousands of unemployed miners and political exiles are flooding home.

Medical sources at Butterworth Hospital, second in size only to Umtata hospital, said 27 children had died from diseases related to malnutrition last month, compared with the monthly average of 16 for 1991.

These figures, hospital staff say, represent only the tip of the iceberg as many people cannot reach the hospitals.

Doctors — many of whom are from Uganda and Asia — and senior nurses said working conditions had become so unbearable that they were ashamed of their profession and wanted to quit.

"We are barely able to function. We have lost three doctors this month.

We have an occupancy rate of 139 percent. Things have never been as bad as they are now," a senior staff member said.

"The truth is that we wish we were back in the days before independence. If I were a young woman starting out today, I would never ever go into nursing. It's a joke," said a hospital matron.

Notwithstanding the government's cash shortage and large-scale theft from hospitals, doctors said the authorities were also to blame for the decline in standards — an allegation denied by the Transkei government.

"The big problem is that you can never have access to the people at the top to try and apply pressure. And even when you do manage to get through they always say they will look into it but nothing ever happens," one source said.

The director-general of the Transkei Ministry of Health, Mr VS Mjamba, said there were gaps and shortcomings, some of them of a serious nature.

Easy

This was due to rapid urbanisation, inadequate mission hospitals inherited from South Africa, and the fact that prolonged negotiations with the South African government had resulted in funds only becoming available in October last year.

"The department has no funds on its budget for capital expenditure. Erections and upgrading of health care facilities depends on loan funds from SA," he said.

He said hospital staff had easy access to the higher echelons.

Neither clinic nurses nor village health care workers were expected to travel beyond "the limitations of walking distance and therefore were not expected to use public transport," he said.

"As regards the vehicle, it was necessary to make it a government vehicle as financial regulations do not allow us to put fuel paid for by the government into a non-government vehicle," he said.

AWB assault trial resumes today

ELEVEN members of the Afrikaner Weerstandsbeweging who allegedly assaulted black children in Louis Trichardt in November 1990 are to stand trial in the Pietersburg Regional Court today.

BY DON SEOKANE

19 when the magistrate, Mr WJ Fourie, acquitted four of the accused - Mr Bernard Jordaan, Mr Stephanus Jacobs, Mr Albertus Pretorius and Mr Ignatius Terblanch - due to insufficient evidence.

The case resumes after being adjourned on March 19 when the magistrate, Mr WJ Fourie, acquitted four of the accused - Mr Bernard Jordaan, Mr Stephanus Jacobs, Mr Albertus Pretorius and Mr Ignatius Terblanch - due to insufficient evidence.

and 15, were on a church outing when they were attacked. Some of the children had to be hospitalised as a result of the beatings. The accused have all pleaded not guilty.

The remaining accused are Mr Lucas Beyer, Mr Jeffrey Sculliard, Mr William Schaap, Mr Christoffel Wolvaard, Mr Gethadus van der Linde, Mr Bernard Terblanch, Mr Jan Beyer, Mr Phillip Terblanch, Mr Johan George Nagel, Mr Johan Frederick Kruger, Mr Stephanus Hendrik Boshoff.

Apartheid killed environment - writers

A BOOK showing how apartheid in South Africa played a major role in environmental degradation and pollution in the world has been published to coincide with the Earth Summit be-

ing held in Rio de Janeiro, Brazil. The book, entitled Restoring the Land, shows how the environment is emerging as a central issue as South Africa debates its

political and economic future. The writers examine key environmental issues across the region, from poor farming practices to energy policies, from the

legacy of asbestos dumps to laws about conservation. "We are fighting to free the land, the sky, the waters as well as the people. We are calling for the restoration of the land, the forest

and the atmosphere: the greening of our country is basic to its healing," says Mr Albie Sachs, constitutional spokesman for the African National Congress. - Sapa.

Strike at Bara in balance

THE National Education Health and Allied Workers' Union will advise its members to resume work at the strike-affected Baragwanath Hospital, the hospital's PRO Mrs Annette Clear said yesterday.

At a meeting between the union and hospital authorities on Saturday, Nehawu received permission to hold a meeting with its members on the hospital's premises at 8am today.

Nehawu will also explain the hospital's Supreme Court order indicating the workers to go back to work.

The union's members went on strike last Tuesday following a wage dispute and a demand for casual general workers to be employed permanently.

Today's meeting between Nehawu and its members will decide whether the strike will end or continue.

a top job . . .

PRINTING | DOWN WINN

Four babies to a cot

EAST LONDON. — As many as four babies had to share a single cot at Butterworth Hospital and bandages there were often used more than once, a Transkei Health Department official admitted yesterday.

This admission followed reported appalling conditions in three Transkei hospitals.

Yesterday a senior

Transkei Health Department spokeswoman, Dr G Solleder, acknowledged that the situation at some homeland hospitals was far from satisfactory.

She confirmed that nurses washed and recycled bandages.

However, it was "exaggeration" to say that no drugs were available at Butterworth for vital operations. — Sapa

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erday.

P, has washed up on the
Transkei coast, but does
not yet pose a hazard.

Bara strike ⁽⁹⁸⁾ set to end ⁽⁹⁸⁾

STIMES 7/6/92
STRIKING general
workers at Baragwanath
Hospital in Soweto are
set to go back to work
tomorrow.

It was agreed at a
meeting between the
National Education,
Health and Allied Work-
ers Union and the Trans-
vaal Provincial Admini-
stration yesterday that
"the situation should
return to normal".

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Baragwanath 'quite a mess'

CT 9/6/92

98

JOHANNESBURG. — Soweto's Baragwanath Hospital is treating emergency cases only and is said to be in "quite a mess" after 1500 general workers unanimously voted yesterday to continue a strike over wage demands.

Medical staff were maintaining essential services as best they could, said hospital spokeswoman Ms Seugnet van Niekerk. Only serious cases were being treated, while others were being transferred to other hospitals.

Very little cleaning was being done as all cleaners were on strike.

"The hospital is quite a mess," Ms Van Niekerk said.

Although the laundry was still operating, doctors and nurses, when available, would fetch fresh linen themselves as all porters and transport workers were striking too.

"The situation is still under

control. We don't really need any outside help at the moment. But if it becomes worse, we might make use of any voluntary help that is available," she said.

Baragwanath and the Transvaal Provincial Administration said in a joint statement yesterday that unionists had indicated that the strike might spread to other hospitals if workers' demands were not met.

Defiance

The decision to continue the seven-day strike was taken at a meeting at the hospital yesterday morning involving workers and officials from the National Education, Health and Allied Workers' Union (Nehawu).

Strikers had vowed to defy a Supreme Court interdict barring them from hospital premises, said Nehawu assistant general-secretary Mr Neil Thobegane.

The TPA obtained a Supreme Court interdict on Friday in

terms of which strikers are prohibited from entering the hospital premises until tomorrow, except to return to work or negotiate their demands.

Yesterday's meeting was made possible through special permission from the TPA, following talks between Nehawu and the administration on Saturday.

The joint TPA/hospital statement yesterday said Nehawu had been urged to make use of existing structures for negotiations on wage adjustments.

Workers were told that their demand for a withdrawal of the interdict would not be complied with unless they returned to work.

Meanwhile, Nehawu has appealed directly to the Minister for Administration, Dr. Org Marais, to respond to workers' demands for a 15% across-the-board wage increase and a monthly minimum wage of R724.

Workers have been offered a six percent increase. — Sapa

Strike-hit Bara in 'quite a mess'

BARAGWANATH Hospital is treating emergency cases only and is said to be in "quite a mess" after 1 500 general workers yesterday unanimously voted to continue their strike over wage grievances.

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The hospital and the Transvaal Provincial Administration said in a joint statement yesterday that

unionists had indicated the strike might spread to other hospitals if workers' demands were not met.

The decision to continue the strike was taken at a meeting yesterday involving workers and officials from the National Education, Health and Allied Workers Union.

Strikers vowed to defy a Supreme Court interdict barring them from hospital premises, said Nehawu assistant general secretary Mr Neil Thobejane.

"They will have to be physically removed. Mem-

bers feel that it would not be the first time they were arrested. They are used to fighting for their rights," he said.

The joint Baragwanath/TPA statement urgently appealed to Nehawu and the strikers to immediately report back for work as health services were being hampered.

TPA's legal representatives were yesterday afternoon in contact with Nehawu officials regarding the situation. - Sapa.

Sowetan 9/6/92

98

Money runs out for transplant flights

98

CAPE TOWN — The Mother City's internationally respected liver and heart transplant programmes are in crisis.

Flights at the weekend almost exhausted Organ Donor Foundation funds available to fetch donor organs from other centres, and dozens of lives of transplant patients are at stake.

Star 9/6/92

A flight to East London to fetch a heart yesterday may be the last the foundation can afford. The flight, sponsored by the foundation and subsidised by Denair,

On Saturday, surgeons flew to Durban on a Denair-chartered flight to fetch a liver which was transplanted into Andrew

MacKay (42) of Kimberley.

On Sunday, a transplant team travelled by SAA to East London to fetch a heart for Lorraine Venter (31) of Silverton, Pretoria.

Anyone wishing to sponsor flights should contact the Organ Donor Foundation at (021) 462-4310. — Own Correspondent.

Marrow registry seeking donors

CT 10/6/92 (18)

The first bone marrow donor registry in Africa opened in Observatory recently.

The aim of the registry is to find bone marrow donors for patients with blood diseases. It matches patients and donors for transplants in the Cape Province and is seeking black donors in particular.

The registry works closely with the Cape Leukaemia Centre at Groote Schuur Hospital and the Organ Donor Foundation of Southern Africa.

Sanlam has pledged financial support.

Professor Ernette du Toit, head of the provincial laboratory for tissue immunology at UCT, said: "The greatest chance of finding matching tissue types is from brothers and sisters.

"For kidney, heart, lung and liver transplants a good tissue match improves results but is not crucial. Bone marrow transplantation, however, is extremely sensitive to tissue type.

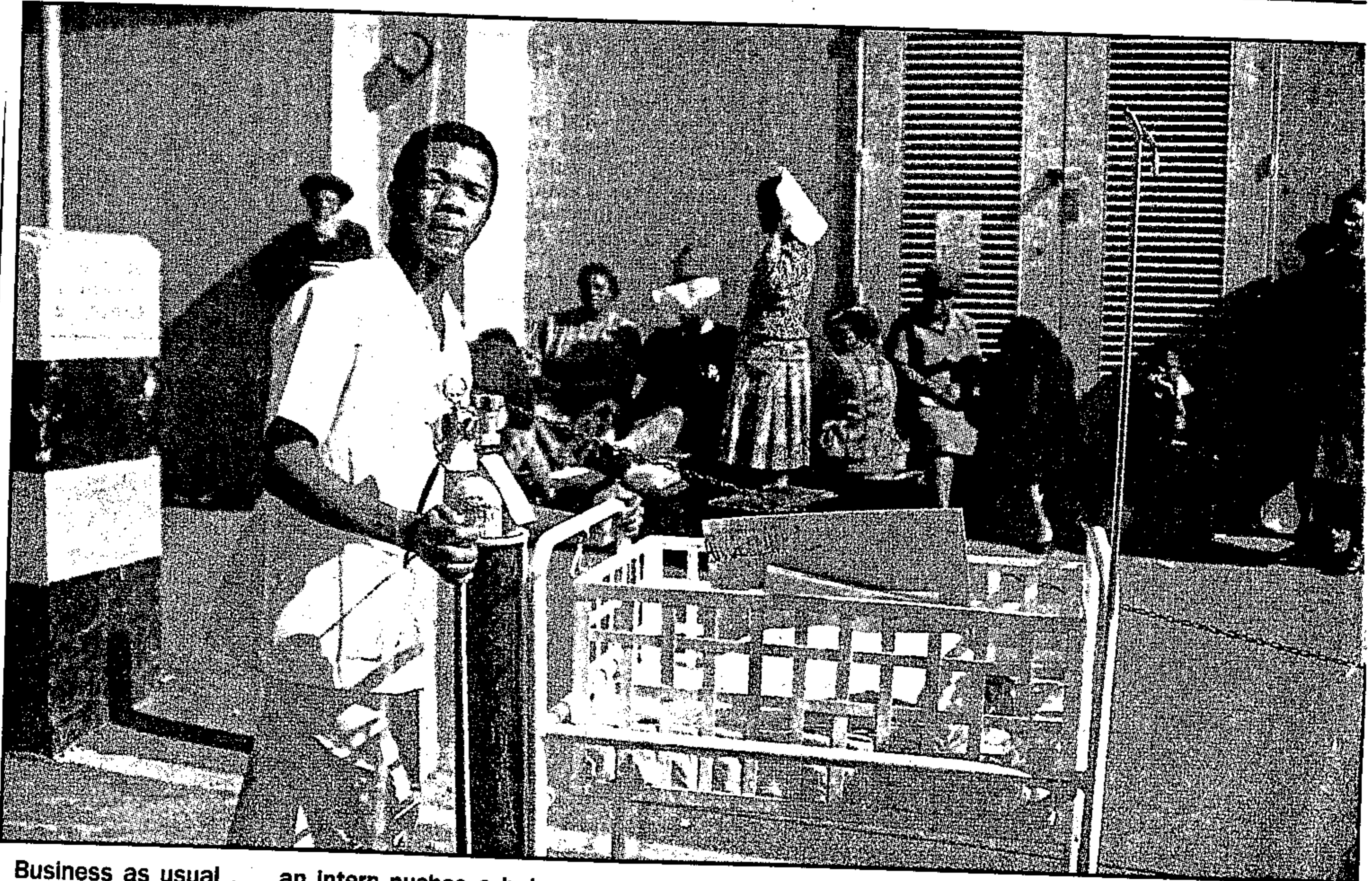
"The existing marrow registries are located in Western nations only, where most of the donors are white. There is a great shortage of donors for black patients needing transplants and the registry will put its main effort into recruiting black volunteer marrow donors.

"Technically, a bone marrow transplant is not difficult. The bone marrow is removed from a living donor under anaesthesia and given to the patient, like a blood transfusion.

"One of the greatest problems in transplants is to find a suitably matched donor."

A drive to recruit marrow donors began in Cape Town in December. There are 210 registered donors.

□ Inquiries to the Organ Donor Foundation on (021) 462-4310 or to Box 21628, KLOOF STREET 8008



Business as usual . . . an intern pushes a baby cot containing a sick infant back to the children's ward past striking workers at Baragwanath Hospital yesterday.

Picture: Joao Silva

Strike spreads from Bara to other hospitals

Staff Reporters and Sapa

Strike action by general hospital assistants spread from Soweto's Baragwanath Hospital to the Natalspruit and Boksburg/Benoni hospitals on the East Rand yesterday.

The strike was called for by the National Education, Health and Allied Workers Union (Nehawu) on Monday to force the TPA to give in to its demands.

TPA spokesman Elsabe Ferreira confirmed that general assistants had demonstrated at Natalspruit and Boksburg/Benoni yesterday morning in solidarity with the Baragwanath wage strikers. However,

everyone had returned to work by noon, she said.

Meanwhile, the crisis at Baragwanath deepened with the hospital claiming that strikers were intimidating other staff.

Transport services were disrupted early yesterday when strikers pulled drivers from their official vehicles.

Strikers also prevented staff working at the hospital stores from delivering stock.

Out-patient services ground to a halt.

Medical care at Baragwanath was limited to emergency cases with all other patients being transferred to other hospitals.

Hospital spokesman Annette Clear said strikers had toy-

toyed on hospital premises early yesterday, but by noon had settled down.

The TPA was yesterday granted a second urgent interdict in less than a week against Nehawu.

Mr Justice R Zulman granted an interim order restraining Nehawu strikers at Baragwanath from entering the hospital premises, gathering or marching on the hospital grounds, interfering with anyone on the grounds or preventing staff from performing their duties.

The matter is expected to return to the Rand Supreme Court today.

The strikers want a minimum wage of R1 100 and an across-

the-board increase of R400, six-months' paid maternity leave, a 40-hour working week, and temporary appointments to be made permanent.

Nehawu spokesman Neal Thobejane said yesterday the union was updating its branches on the strikes.

Meanwhile, the TPA remained cagey on whether the strikers would be removed from the premises.

Ms Ferreira said TPA labour relations officers were negotiating with Nehawu yesterday.

Mr Thobejane said the union and the TPA were in frequent contact through a telephone "hot-line", set up after the 1990 health strike.

draft operating budget of R1 060 million of the Corporation for the 1992/93 financial year. A further R28 million is required, for which approval must still be obtained.

(a) The additional amount of R28 million is required because of the fact that the Corporation's five year security plan has been shortened to three years, and on account of the Goldstone Commission's investigation into violence on trains. The five year security programme which would have ended on 31 March 1995 has been expedited and shall already be fully phased in on 31 March 1993. This entails that all stations will be secured for policing by erecting security fences, providing lighting, introducing access control and providing on-site accommodation for the SAP. Communication between the train driver, control room and the SAP is being improved to permit the speedier reporting of dangerous situations and incidents. Approximately R96 million of the draft capital budget of the Corporation of R288 million for the 1992/93 financial year, will be spent on security.

(b) The five year security plan has been shortened to three years with the aim to protect travel fare income by means of more efficient access control, and to appoint additional personnel to ensure better control at stations, to ensure better safety and to accomplish better crowd control. A total amount of R250 million has been budgeted for the five year plan and will remain the same for the three year programme.

Tax deduction scheme: Films

*9. Mr K M ANDREW asked the Minister of Finance:

- (1) Whether, with reference to the film incentive tax deduction scheme, the Receiver of Revenue has reached a decision in respect of tax deductions for films for which deductions were claimed for the tax

†The DEPUTY MINISTER OF FINANCE (Dr T G Alant):

- (1) No. The reasons are furnished in the following statement.
- (2) During March 1992 the hon member posed a question in regard to medical services and as his question was fully answered at that stage, I do not consider it necessary to discuss VAT on medical services in general.

It is well known that sales tax at the rate of 13 per cent was payable on all medicines prior to the introduction of VAT. As the VAT rate is only 10 per cent and suppliers of medicines are now in a position to pass on to consumers the benefits of input credits in respect of capital and intermediate goods which are provided under the VAT system, the VAT system has created the climate to bring about a reduction in the cost of medicines.

As regards life-saving drugs, the question arises what are life-saving drugs. For one person a certain drug may be a life-saving drug but not for another. For practical reasons it is not possible to provide for the same item to be supplied to one person without VAT and to another with VAT.

Mr K M ANDREW: Mr Chairman, arising from the hon the Deputy Minister's reply, may I ask him, in the light of the fact that he has the answer to next week's question which has not as yet been asked, does he possibly have the results of the next by-election which has not as yet been held? [Interjections.]

(Question arising from wrong answer read by Deputy Minister of Finance (Dr T G Alant).)

Limited private practice: public service medical practitioners

*11. Mr M J ELLIS asked the Minister of National Health:

- With reference to her reply to Question No 4 on 20 May 1992, what measures have been announced which enable registered (a) medical practitioners, (b) dentists and (c) (i) medical and (ii) dental specialists in the public service to participate in limited private practice?

The MINISTER OF NATIONAL HEALTH:

(Reply laid upon the Table with leave of House):

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

S29/7/3
S29/7/4
1 April 1992

POLICY IN CONNECTION WITH LIMITED PRIVATE PRACTICE

1. Introduction

With regard to the national goal of an effective, efficient and affordable health service, the Cabinet approved the principle of limited private practice during a session on 2, 3 and 4 December 1991 and on 11 March 1992 which will enable medical and dental personnel to perform work outside employment in the Public Service and receive and retain the income which is generated from this, subject to certain conditions.

2. Purpose of limited private practice

To promote the recruitment and retention of medical and dental personnel.

3. Scope of application

All officers and employees employed in a full-time or part-time capacity who are registered with the SA Medical and Dental Council as medical practitioners, dentists and medical/dental specialists, qualify for participation in limited private practice.

4. Operational measures

4.1 Approval for participation in limited private practice by officers/employees still rests with the relevant Minister/Administrator or his delegate.

4.2 Limited private practice is performed outside and over and above the prescribed official duty times and duty hours, in other words such work must be performed outside the approved duty times and after the official minimum of 40 hours of service per working week or 56 hours of service per working week in the case of personnel who declare themselves willing to comply with a working week of at least 56 hours, or in the case of part-time personnel after the relevant number of hours of duty. (A working week is that period which extends from midnight between a Saturday and

- (2) No.

Exemption of life-saving drugs from VAT

*10. Mr M J ELLIS asked the Minister of Finance:

- (1) Whether he is considering or will consider exempting life-saving drugs from value-added tax (VAT); if not, why not;
- (2) whether he will make a statement on the matter?

B735E

Sunday to midnight between the following Saturday and Sunday).

4.3 A maximum number of hours equal to 20% of the official hours may be spent on limited private practice. In respect of full-time personnel it is 8 hours per working week of 40 hours and 11½ hours per working week of 56 hours.

4.4 Additional control measures aimed at achieving the goals and in order to comply with the conditions in this document, may be laid down by departments/administrations (The South African Defence Force is naturally also a department) after consultation with the supervisory board where applicable.

4.5 The type of limited private practice or combination of practices (faculty group practice, departmental group practice/unitary group practice and individual private practice) is the option of the relevant department/administration in consultation with the supervisory board and the faculty where applicable. A faculty group practice is recommended where possible. Limited individual private practices at academic hospitals should only be permitted if the Policy Council for Academic Hospitals approves the principle thereof.

4.6 The supervisory board of each academic complex must itself manage and finance the implementation and operation of limited private practice. At non-academic hospitals/institutions the relevant department/administration must ensure that the principle of non-involvement by the government is maintained.

4.7 Private practice may in special circumstances and in the discretion of the department/administration, be performed outside the own institution at private institutions or other state institutions. In respect of academic hospitals the supervisory board must be consulted beforehand.

4.8 Participation in limited private practice will be with retention of salary, compensatory payments (including the non-pensionable professional allowance) and other conditions of service including future adjustments/improvements of the dispensation.

4.9 Because of the possible implications of limited private practice on the private sector, this should be discussed with local

interest groups in the health sphere prior to the implementation of limited private practice.

4.10 Private patients who are prepared to serve as training cases will not receive any discount.

5. Preconditions

5.1 Personnel must submit applications to operate a private practice for consideration in accordance with the provisions of section 24 of the Public Service Act, 1984 (Act 111 of 1984).

5.2 Limited private practice is a privilege and not a right. The continuation thereof will be considered from time to time to determine whether its objectives are still being met. The first such evaluation for the period ending on 31 March 1993 must be done by the submission of a report to the Department of National Health and Population Development.

5.3 Neither the care of state dependant patients, nor the training of personnel or research may in any way be curtailed and may under no circumstances be jeopardized by private practice.

5.4 Expansion related to the administration of limited private practice—financial or otherwise—may not be defrayed from state funds. State revenue may not be sacrificed and no resources/facilities may be utilized without the necessary levy. If levies other than those already approved occur, motivated requests must be referred to the Department of National Health and Population Development for co-ordination and submission to the Department of State Expenditure.

5.5 Private patients must still be able to exercise a free choice regarding their medical practitioner, dentist or specialist and in respect of treatment by the limited private practice.

5.6 It is not the intention that the financial needs of health authorities regarding treatment of state dependant patients be offset against funds generated by limited private practice.

5.7 Limited private practice must be administered within the current scale of benefits which is determined by the Representative Association of Medical Schemes.

5.8 At hospitals where limited private practice is in operation, the 30% levy on profes-

sional fees applicable to patients who are treated by participants of the scheme, is discontinued.

6. Legal requirements

6.1 The legitimate rules and regulations of the hospital/institution/clinic where limited private practice is in operation must still be observed by the relevant personnel.

6.2 Personnel who participate in limited private practice are accountable in respect of that practice and all resulting claims will consequently be the responsibility of the persons concerned.

6.3 Registration of the group practice with the SA Medical and Dental Council and the Association of Medical Schemes is the responsibility of the faculty/personnel.

6.4 Existing agreements between health authorities and universities must, where necessary, be adjusted.

6.5 The measures contained in this document may at any time be adjusted, amended or revoked.

Kaolin mine at Noordhoek

*12. Mr C W EGLIN asked the Minister of Environment Affairs:

- (1) Whether the Government has inspected the site of the proposed kaolin mine at Noordhoek to determine whether protected trees and other flora are growing on the site; if not, why not; if so, (a) when and (b) what are the findings;
- (2) whether he has taken any steps to safeguard any such protected trees and other flora; if so, what steps?

B739E

The MINISTER OF ENVIRONMENT AFFAIRS:

- (1) The Department of Environment Affairs itself did not undertake a vegetation survey on the site. Such a comprehensive vegetation survey was however done by the consultants, Steffen, Roberison & Kirsten with the assistance of personnel of the National Botanical Institute at Kirstenbosch, as part of the environmental impact study which accompanied the application. This report clearly states that no rare or endangered plant species in terms of the Red Data book occur on the site itself. But even if that were the case,

the conditions pertaining to the authorization to mine require that appropriate measures shall be applied to protect and conserve non-alien flora on the site.

Moreover, the said conditions oblige the mining company to rehabilitate the land and, if required to do so by the monitoring committee, to introduce fynbos on the rehabilitated land.

- (2) Falls away.

Publications Appeal Board: new appointments

*13. Miss M SMUTS asked the Minister of Home Affairs:

- (1) Whether new appointments are to be made to the Publications Appeal Board; if so, when;
- (2) whether he is taking or intends taking any steps to ensure that the said board will in future be more representative of the South African population than it is at present; if not, why not?

B740E

The MINISTER OF HOME AFFAIRS:

- (1) Yes. New appointments will be made in the forthcoming month or two.
- (2) Section 35(3)(b) of the Publications Act, 1974 (Act 42 of 1974), requires that persons designated must be persons who by reason of their educational qualifications and experience are fit to perform the functions entrusted to the appeal board. The Act does not specifically require appointments to be representative of the South African community, but every reasonable effort will be made to designate properly qualified persons to reflect as far as possible the norms of the entire South African community in all its variations.

Mr P G SOAL: Mr Chairman, arising out of the hon the Minister's reply, he says that every effort will be made to achieve the desirability of having a representative board, for which we are grateful, but will he consult those parties and organizations involved with Codesa to ensure representativeness?

The MINISTER: Mr Chairman, I do not have any intention of doing so, because I am ade-

Bara ~~1970~~ strike ⁹⁸ spreads to E Rand

CT 10/6/92

JOHANNESBURG. — Industrial action by 1 500 general assistants at Soweto's Baragwanath Hospital spread to the East Rand hospitals of Natalspruit and Boksburg/Benoni yesterday.

General assistants had demonstrated at the two hospitals, a Transvaal Provincial Hospital spokeswoman said, but everyone had returned to work by noon.

National Education, Health and Allied Workers' Union (Nehawu) spokesman Mr Neil Thobegane also confirmed protests had spread to the two hospitals.

The TPA is taking legal steps to enforce a Supreme Court order that prohibits the strikers from demonstrating within the Baragwanath grounds.

The crisis at Baragwanath worsened yesterday with the hospital claiming that strikers were intimidating other staff members.

Medical care at Baragwanath has been limited to emergency cases, with all other patients being transferred to other hospitals.

Workers are demanding permanent status and a 15% across-the-board wage increase, with a minimum monthly income of R724. The government has offered a 9,2% increase. — Sapa

Baragwanath strike spreads

KATHRYN STRACHAN

PROTEST action by 1 500 general assistants at Soweto's Baragwanath Hospital spread to the Natalspruit and Boksburg-Benoni hospitals on the East Rand yesterday.

Nehawu East Rand representative Martha Sehlogo said more than 600 workers, including medical staff, had held demonstrations in protest against the minimum wage offered and alleged poor working conditions.

The TPA said protesting workers had damaged hospital property and broken windows. It said appropriate measures would be taken if the situation deteriorated, and another court appeal made if necessary.

Boksburg-Benoni Hospital superintendent Freda Pretorius said the situation had returned to normal yesterday afternoon, but she did not know what to expect today. *Business Day 10/6/92*

Nehawu assistant general secretary Neil Thobejane said demonstrations by general assistants continued at Baragwanath Hospital yesterday. The TPA said it would act strictly in accordance with the court order — issued last week in the Johannesburg Supreme Court in favour of the TPA against Nehawu and the strikers — to ensure no further disruptions at the hospital.

Thobejane said members countrywide were balloting for a strike — the results of which would be known next week. The union would also launch a campaign of demonstrations throughout the country to highlight its demands under the motto "No pay, no work."

He said communities across the country would be consulted "to ensure that the lives of people are not affected in an adverse manner".

Phola Park units hijacked police

WILSON ZWANE

FORMER Renamo instructors and dissident members of the ANC's military wing Umkhonto we Sizwe had hijacked self-defence units in the East Rand's Phola Park squatter camp, police said yesterday.

In an open letter to the Phola Park Women's League, police said the squatter camp had a "terrible" history of violence and intimidation.

In the past 18 months, police in Phola Park came under attack on 121 occasions. Five policemen were killed, and 12 others, including two soldiers, were injured.

"Criminals see Phola Park as a haven because its so-called defence units supply some protection by carrying out armed attacks on policemen and soldiers when they enter it in search of suspects.

"Renegade MK members, who have hijacked the self-defence units, have used firearms and other brutal methods to murder, rob financial institutions and individuals in and around Phola Park — even as far afield as Soweto and Bethlehem.

"During their investigations into several murders and armed robberies on the Reef and elsewhere, police have uncovered evidence that MK dissidents and former Renamo instructors are actively involved in the training and supplying of firearms to the self-defence units in Phola Park," police said.

They said they would remain in the squatter camp until armed attacks on security forces had ceased and criminals stopped operating from there.

Meanwhile, the national peace committee meets in Johannesburg tomorrow to set the stage for its meeting with political leaders on July 31.

Committee spokesman Val Pauquet said yesterday invitations would be issued to President F W de Klerk, ANC president Nelson Mandela, Inkatha leader Mangosuthu Buthelezi and other leaders.

It was understood the leaders would be required to debate the Goldstone Commission's second interim report with the committee executive.

□ Sapa reports that in the latest unrest incident on the Reef, a child was killed and another seriously injured when two youths threw a handgrenade at three policemen in Soweto yesterday morning.

The injured child was taken to Baragwanath Hospital. Two of the policemen were slightly injured by shrapnel. No arrests were made and police were investigating.

In their daily unrest report, police said four bodies — including that of a policeman — were found in the Vaal Triangle township of Sebokeng on Monday. On the East Rand, a man armed with an AK-47 rifle opened fire on a police vehicle. One person was killed and two injured. No policemen were injured in the attack.

In Daveyton, near Benoni, police found a body of a man, who had apparently been hacked to death and set alight.

Bara strikers dig in their heels

98
Sowetan 10/6/92

THE NATIONAL Education and Health Workers Union yesterday vowed to defy a court interdict and continue with their strike and pickets over wage grievances at Baragwanath Hospital.

A Nehawu spokesman yesterday said the union members from 10 other clinics in Soweto were expected to join the strike.

A *Sowetan* team which visited the hospital yester-

By KENOSI MODISANE

day found workers at the kitchen preparing food.

The workers, as well as those in the theatres and mortuary, are exempted from the strike.

Nurses and doctors have to fetch the food from the kitchen for distribution to patients.

"We are operating nor-

mally although the floors and other areas are not clean. Nurses fetch the food for patients in the wards," a chef said.

Some workers at the theatre were found performing their normal chores, though one said: "It is a bit slow since Monday. But we are all the same on duty and exempted from joining the picket."

Nehawu spokesman Mr Chicks Moletsane yester-

day accused the hospital authorities of unfairness and said: "They asked the TPA to apply for an interdict restraining us from picketing in the hospital instead of solving the problem."

Baragwanath officials yesterday locked doors leading to the administration block and security personnel barred reporters from entering.

An attempt to reach the

hospital spokesman for comment through the telephone also drew a blank.

It was yesterday reported that student nurses at the hospital held a meeting on Monday where a decision was taken to picket daily for an hour in sympathy with the striking workers.

"We are prepared to resume our duties as soon as the authorities respond to our demands," Moletsane said.

Hospital strikers 'may be fired'

98 102 CT 11/6/92
JOHANNESBURG. — The Transvaal Provincial Administration is considering tough action against strikers at Baragwanath Hospital, including dismissals, in an attempt to stem the spread of health services disruptions in the PVW region.

TPA health services spokesman Mr Fanie Ferreira warned last night of the possibility of disciplinary action against strikers, and dismissals at Baragwanath Hospital.

A TPA official had been assaulted and strangled at a Soweto clinic. He was treated at hospital, Mr Ferreira said.

Strikes have spread to Natalspruit on the East Rand, Hillbrow in Johannesburg and Leratong near Krugersdorp, and the TPA were expecting the labour unrest to spread to other hospitals.

General hospital assistants, all members of the National Education, Health and Allied Workers' Union, are striking in support of a 15% across the board wage hike and a minimum monthly income of R724. They have been offered 9,2%.

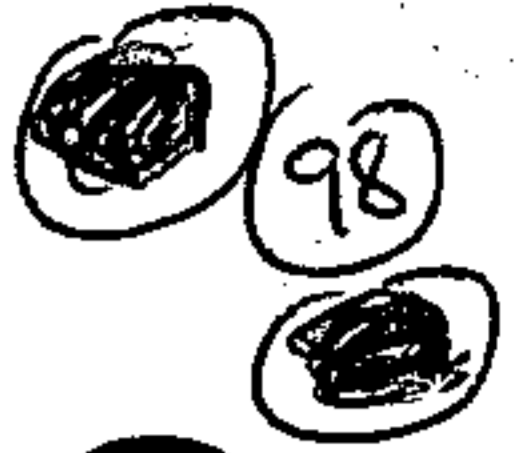
Natalspruit superintendent Dr Beata Binkowska claimed a mob of 250 Nehawu supporters had emptied dustbins, thrown food around, ripped off pictures, damaged desks and hampered patient care in the casualty and out-patients wards. — Sapa

Brawl leads to miners' strike

JOHANNESBURG. — A brawl between a black worker and a white worker has sparked a strike by 500 mineworkers at the Khutala mine near Witbank.

A National Union of Mineworkers' spokesman said workers were protesting because no action was taken against a white worker who stabbed a black miner two weeks ago while a Num member was dismissed for assaulting a white worker. — Sapa

5 Reef hospitals now hit by strikes



Sowetan 11/6/92
STAFF at another Reef hospital yesterday downed tools in solidarity with strikers at Soweto's Baragwanath Hospital, unionists said.

National Education, Health and Allied Workers Union Johannesburg branch secretary Mr Bongane Tsimo said all general assistants as well as 50 percent of nurses at Krugersdorp's Leratong Hospital went on strike at 2.15pm.

The hospital's superintendent would not com-

ment on the issue.

The Leratong work stoppage brings to five the number of Witwatersrand hospitals hit by full-blown or partial strikes this week.

The TPA yesterday applied for an urgent court interdict to restrain strikers who yesterday allegedly went on the rampage at Natalspruit Hospital near Germiston.

Natalspruit superintendent Dr Beata Binkowska claimed a mob of 250 Nehawu supporters had damaged hospital property.

She alleged protesters

had emptied dustbins, thrown around food, ripped off pictures, damaged desks and hampered patient care in the casualty and out-patient wards.

Tsimo said Nehawu had not received reports of looting.

The union did not condone such criminal behaviour, he said.

Tsimo claimed about 600 workers and a few nurses downed tools at Johannesburg's Hillbrow Hospital yesterday morning.

Hillbrow's superintendent would not comment.

5/1/0/11
The superintendent of the Benoni/Boksburg Hospital, Dr Frieda Pretorius, said about 200 Nehawu members went on a three-hour strike yesterday but all had returned to work by 12 noon.

This followed a two-hour work stoppage on Tuesday.

At Baragwanath Hospital, 1 500 general assistants continued their wage protests on hospital premises yesterday in defiance of a court interdict against them. Bara spokesman Mrs Annette Clear

said negotiation efforts were continuing despite the TPA's decision on Tuesday to take further legal action and disciplinary steps against the strikers.

Both Baragwanath and Natalspruit are only treating emergency cases and medical staff have been maintaining essential services since the start of the labour crisis.

Although unionists yesterday alleged that Tembisa Hospital workers would down tools by noon, hospital superintendent Dr IG Joubert said the claims were untrue. - Sapa.

Train security 'inadequate'

11/6/92
ARMED people were still able to board trains because many stations continued to lack adequate security facilities, police said yesterday.

The police admission came after a spate of attacks on Reef trains and at stations yesterday morning and on Tuesday night.

Two people were injured in two separate incidents on the Reef yesterday morning. One person was injured after he had been hacked and thrown off a train near Soweto's Nancefield station, while another was stabbed several times at Johannesburg's Braamfontein station.

On Tuesday night, three people were injured when they were attacked on a train between New Canada and Nancefield.

A Witwatersrand police spokesman said since Law and Order Minister Hernus Kriel banned the carrying of dangerous weapons on trains and at stations, police had been doing everything possible to prevent armed people from boarding trains.

However, a number of people carrying weapons had been able to board trains because many stations lacked adequate security facilities, the spokesman said.

He also admitted police found it difficult to arrest armed commuters because culprits got rid of their weapons when they saw policemen.

Trains and commuters arriving from

11/6/92
WILSON ZWANE

Soweto were extensively searched at Johannesburg station yesterday morning. A number of dangerous weapons were found but no arrests were made.

Spoornet, Transnet, the SA Rail Commuter Corporation and police signed an agreement in April with community leaders which stipulated that people carrying dangerous weapons should not be allowed to board trains.

Sapa reports that police, in their daily unrest report, said the body of a man was found in Thokoza, on the East Rand.

□ Sapa-AFP reports that award-winning Time magazine photographer Peter Magubane's 30-year-old son Charles has been murdered in Soweto.

Magubane, 55, said Charles, unmarried and a budding photographer, left his home in Soweto's Mzimhlope district on foot on May 18.

His body was picked up by police two days later a few hundred yards from the Dube migrant workers' hostel.

Magubane found his son's body in a police mortuary on Tuesday. Charles had been hacked and shot.

"I've been covering violence from the '50s to now. It has never struck me as it's struck me now."

Hospital strike spreads

STAFF at Leratong Hospital in Krugersdorp yesterday stopped work in solidarity with strikers at Soweto's Baragwanath Hospital, unionists said.

National Education, Health and Allied Workers' Union (Nehawu) Johannesburg branch secretary Bongane Tsimo said all general assistants as well as 50% of nurses at Leratong had gone on strike.

The hospital's superintendent would not comment, referring reporters to the TPA's head office in Pretoria. TPA spokeswoman Elsabe Ferreira said a statement would be issued later.

The work stoppage at Leratong brings to five the number of hospitals on the Witwatersrand hit by strikes this week. The others are Natalspruit, Benoni/Boksburg and Hillbrow.

Meanwhile, the TPA has applied for a court interdict to restrain strikers who yesterday allegedly went on the rampage at Natalspruit Hospital near Germiston.

Natalspruit superintendent Dr Beata Binkowska said a mob of 250 Nehawu supporters had systematically damaged hospital property.

She said protesters had emptied dustbins, thrown around food, ripped off pictures, damaged desks and hampered patient care.

However, Tsimo said Nehawu had not received reports of looting and that the union did not condone such criminal behaviour. — Sapa.

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for a major operation. And it
arm and a leg.

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ced whenever you desire.

ert a standard Intel processor
at. No need to go through the
lex procedure of replacing an
rd. And no chance of compli-

98 Schulenburg, Arcadia and C F Vermaak, Lynnwood Ridge. The donors are mainly countrywide members of the Genealogical Society of South Africa. Researchers using the library of the HSRC are being requested to donate copies of information collected to the library of the HSRC.

The HSRC also receives copies of publications from the State Archives and the Master of the Supreme Court.

(2.3) the information for *South African Genealogical Registers* be edited and incorporated in the series. (Information that is not incorporated is kept in the family files.)

Academic hospitals: chairpersons of supervisory boards 98

286. Mr M J ELLIS asked the Minister of National Health:

(a) What are the names of the chairpersons of the supervisory board of each academic hospital and (b) what procedure is followed in the election or nomination of these chairpersons?

B713E

The MINISTER OF NATIONAL HEALTH:

(a) Tygerberg Mr Carlo Loubser
Groote Schuur Professor G Eyringham
Johannesburg Mr B B Humphris
H F Verwoerd Mr C H H Scheepers
King Edward VIII Dr T G Cleasby
Garankuwa Advocate D D Moshupye
Universitas Dr J H Kruger

(b) the Minister of National Health appoints a chairman from members nominated by the relevant provincial administration and university. 98

Own Affairs:

College of Education for Further Training

69. Mr A GERBER asked the Minister of Education and Culture:† 98 98
(1) Whether staff members of the College of Education for Further Training were consulted on the opening of this college to all races; if not, why not; if so, in what manner; 98

(2) whether they will be given the opportunity to retire on early pension; if not, (a) why not and (b) in terms of what measures; if so, what are the relevant details;

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

B721E

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, the rector discussed the matter with all the members of the staff during a number of meetings and with the heads of department during meetings for heads of department;

(2) no,
(a) no posts were abolished,

(b) the relevant provisions of the Transvaal Education Ordinance No 29 of 1953;

(3) no.

HOUSE OF ASSEMBLY

Teachers: qualifications

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

281. Mr E W TRENT asked the Minister of Education and Training:
How many teachers at each school falling under his Department in the (a) Port Elizabeth and (b) Uitenhage metropolitan areas have (i) university degrees, (ii) three-year diplomas, (iii) senior certificates plus diplomas, (iv) qualifications lower than senior certificates plus diplomas and (v) qualifications lower than senior certificates? 98

B694E

The MINISTER OF EDUCATION AND TRAINING:

School Names:	(i)	(ii)	(iii)	(iv)	(v)
(a) Emalini Primary School	1	12	13	14	0
Lungisa Secondary School	8	10	16	1	0
Kwamagxaki Secondary School	5	16	27	1	0
Spenser Mabija Primary School	0	4	5	12	0
Sivuyiseni Primary School	2	7	7	23	0
Masakane Primary School	0	2	5	12	0
Kayser Ngxwana Primary School	0	0	0	17	0
Ebongweni Primary School	0	2	2	16	0
B J Manyanda Primary School	0	4	4	13	0
W B Tshume Primary School	0	2	2	17	0
Ben Nyati Primary School	0	4	4	12	0
Mzomthsa Primary School	0	2	4	13	0
J K Zondi Primary School	0	4	4	11	0
K K Newana Primary School	0	1	1	16	0
Seyise Primary School	0	2	2	15	0
Ihla Primary School	0	5	5	18	0
Phakama Primary School	0	0	0	22	0
Kwazakhele Secondary School	19	8	28	7	0
Aaron Goadu Primary School	0	10	10	5	0
Enkuselweni Primary Farm School	0	0	0	2	0
Tamsanga Secondary School	13	12	27	1	0
Inkqubela Primary School	0	5	6	11	0
Matodlana Primary School	0	2	2	16	1
Ezikweni Primary School	0	3	3	14	0
Henry Nginza Primary School	0	1	2	18	0
Mzontsundu Secondary School	7	13	27	7	0
Masibambane Secondary School	8	15	20	2	0
Ilungelo Primary School	0	5	6	12	0
Engqeni Primary School	1	12	13	14	0
Nxanetwimfundo Primary School	2	16	16	8	1
Douglas Mbopa Secondary School	16	23	35	1	0
Elundini Primary School	0	7	8	12	0
Mbonisele Primary School	0	34	34	16	0
Fumtsukoma Primary School	0	10	11	15	0
Siyaphambili Primary School	2	13	16	10	0

HOUSE OF ASSEMBLY

Hospitals in disarray as dispute spreads

WMM cut 12/6-18/6/92

THE Transvaal hospital strike — now crippling six major institutions — shows ominous signs of spiralling into a more damaging dispute than the acrimonious 1990 battle in the province's health services.

The strike, which centres on wage demands, has left health services in disarray, with most hospitals offering only emergency care. Doctors and nurses are working long hours and doing cooking, portering and laundry. None of the hospitals are being cleaned.

The Transvaal Provincial Administration

The hospital strike is spreading through Transvaal institutions — and threatens to be more damaging than the 1990 action, reports FERRAL HAFFAJEE

(TPA) has warned that 1 500 strikers at the giant Baragwanath Hospital in Soweto face dismissal.

The affected hospitals are Baragwanath, Hillbrow, Leratong on the west Rand, Tembisa, Natalspruit and the Benoni/Boksburg hospitals

on the east Rand.

The TPA said in a statement that it believed the strike would spread to the HF Verwoerd Hospital, the Willem Cruywagen Hospital in Germiston, the AG Visser Hospital in Heidelberg and the General Hospital in Johannesburg.

Nurses have stopped work at the Hillbrow and Natalspruit hospitals while the strike is restricted to general workers at the other hospitals. Skeleton staff are providing emergency services at all the hospitals, but even the skeleton staff are on a go-slow. About 7 000 workers are on strike

at all the hospitals. The strike took an ugly turn this week when allegations of intimidation and violence were levelled at striking workers.

They were accused of having removed non-strikers from their stations, threatened people delivering medical supplies and prevented student nurses from attending classes at Baragwanath hospital.

At the Natalspruit hospital, workers went on the rampage causing large-scale damage to property. "They started on Tuesday. Everything is being turned upside down. Some desks have been damaged, pictures are being ripped off walls and they are throwing dustbins around," said a hospital representative.

At Leratong hospital, operating theatres were allegedly disrupted. Workers at the Dunswart laundry are also on strike. This laundry services all the strike-hit hospitals and there is no clean linen or clothing at any of the hospitals.

The TPA alleged that an official had been "severely strangled and beaten at a clinic in Soweto" and accused National Education, Health and Allied Workers' Union (Nehawu) of not "being able to control their members".

Two urgent interdicts were brought against striking workers at Baragwanath and Natalspruit hospitals, barring them from entering the premises of either hospital. The TPA warned on Wednesday that it would start disciplinary measures against striking Baragwanath workers and that these could include dismissals. The union has denied the allegations of intimidation and has accused the TPA of paying starvation wages and practising outdated industrial relations.

Hillbrow, Baragwanath, Natalspruit and Tembisa hospitals are the major feeder hospitals for victims of train, taxi and other violent incidents.

The strike ignited at Baragwanath last week when the administration prevented workers from clocking in to start work after a three hour sit-in. This week the strike spread fast when what started out as solidarity pickets with the Bara workers soon became full-blown strikes. The union seems to have been caught by surprise by the levels of militancy and the speedy growth of the strike.

Union officials denied allegations of harassment but could not substantiate their denials. This lack of communication between the branches and the national office of the union reflects the poor level of organisation in Nehawu. The union — the only public service trade union affiliated to the Congress of South African Trade Unions — was suspended last year for failing to pay its subscriptions.

Part of the reason for Nehawu's weakness is that it only won recognition by provincial administrations this year. Until now, it did not enjoy trade union rights, like access and stop-order facilities. At this year's national congress, the entire executive was overhauled and members installed a young and militant leadership charged with resuscitating the union.

Behind the strike is a complicated wage dispute with the government. Nehawu refuses to settle for the 9,2 percent increases given to other public servants' associations. They are pushing for a 15,3 percent increase and a minimum monthly wage of R724, because many of their members are unskilled and semi-skilled workers and suffer the lowest wage levels.

Children's hospital disrupted

CT12/6/92

(98)

Staff Reporter

THE hospital strikes on the Reef spread to Cape Town yesterday when about 50 workers disrupted work at the Red Cross Children's Hospital.

The workers were protesting in support of the strikes at six Reef hospitals, including Soweto's huge Baragwanath, where the strike started.

The city workers demonstrated inside the administration block and demanded that the medical superintendent send a fax with a list of demands and grievances to the Transvaal Provincial Administration.

Talks to resolve the wave of strikes on the Reef are to be held today between the TPA and the National Education, Health and Allied Workers Union.

Protests took place between 1pm and 2pm at Groote Schuur Hospital

and a Nehawu spokesman said workers at Somerset Hospital and Tygerberg Hospital were considering action.

A Nehawu shop steward at Red Cross Hospital, Mr Mathew Boks, said yesterday's action and a planned joint protest march on Monday with Groote Schuur Hospital workers was "a build up to a strike".

Mr Boks said work at the administration block was disrupted and the children would not get their food on time as there were no general assistants available to carry food from the kitchens to the wards.

The SA Nursing Association expressed concern about the "circumstances in which nursing staff must function".

In Soweto police made an undisclosed number of arrests when striking workers left the Baragwanath Hospital grounds yesterday afternoon.

Crippled Bara needs volunteers

STAR 12/16/92

Baragwanath Hospital authorities have made an appeal for volunteers as the strike by 1 500 workers continues to cripple the giant complex.

The appeal for help from the public came as crucial talks to resolve a wave of strikes that has disrupted health services at Baragwanath and eight other hospitals around the Reef were due to be held today.

The strike is threatening all State-run hospitals on the PWV.

At Baragwanath, the hospital hardest hit, a hospital spokesman said there were no supporting services for patient care.

Members of the public wanting to help should phone (011) 933-1100 ext 2415 or 3111.

A crisis meeting is due to be held at the Johannesburg Hospital today between representatives of the National Education, Health and Allied Workers' Union (Nehawu) and Transvaal provincial officials.

Strikers at Natalspruit Hospital near Alberton returned to work yesterday after a peaceful demonstration.

At Baragwanath, police yesterday arrested 13 strikers, enforcing a court order granted to the TPA last Friday.

Nehawu general-secretary Neil Thobejane said the union's members in the hospital sector would possibly go on strike at all State-owned hospitals in sympathy.

At that meeting, the CFA offered a R724 minimum wage and an across-the-board increase of 9,2 percent.

Nehawu strikers want a minimum wage of R1 100 and an across-the-board increase of R400, six months' paid maternity leave, a 40-hour working week and temporary appointments to be made permanent.

Bara strike's terrible toll

copies 14/6/92
My son should
still be alive,
weeps mother

By MOSES MAMAILA



THE STRIKE at Baragwanath Hospital has claimed its first casualty. A patient who was discharged early from the hospital due to the strike died soon after he returned home.

Weeping mother, 60-year-old Beauty Skosana, whose son Richard died this week, said from her Orlando East home: "If the hospital had not discharged my son, he would still be alive."

Forty-year-old Richard was still in a serious condition when he was sent home on Monday, and died the following day. "He complained that treatment at the hospital was poor because of the strike. He did not make a scene about it because he was one of many sick patients being discharged," said Skosana.

A hospital spokesman confirmed that patients were being discharged prematurely because of the strike which is now in its second week. There were reports of widespread intimidation at Bara this week and of strikers preventing professional staff from helping with emergency support services.

No operation

According to a hospital statement nine orthopaedic patients received emergency attention on Wednesday, but because of a personnel shortage due to the strike they were prevented from receiving proper professional care.

A patient with a spinal tumour may become paraplegic because the doctors were prevented from carrying out an operation.

The hospital bus taking cancer patients to Hillbrow hospital for radiation treatment was prevented from leaving the hospital premises and the patients, who are all very ill, returned untreated to their wards.

Workers at Leratong, Natalspruit, Hillbrow and Boksburg-Benoni hospitals have stopped work in solidarity with the strikers, according to an official.

The strikers, who have defied two court orders restraining them from entering hospital premises, are demanding a minimum wage of R1 100 plus an across-the-board increase of R400.

Nation braced for mass action

By SEKOLA SELLO and SAPA

THE government and the ANC were yesterday locked in serious talks in a last-minute bid to avoid confrontation over mass action planned for this week.

The emergency talks come in the wake of a hardening of attitudes and trading of accusations by the two parties.

Against a backdrop of deteriorating relations, the ANC alliance announced this week that Tuesday's national June 16 rallies would be a launching pad for mass action on an "unprecedented scale".

In response, the government has put Citizen Force and Commando Force members on standby to help the police "maintain peace, stability and law and order".

This decision amounted to "declaring open war against the people", the ANC said.

C/press 14/6/92.
It further charged that "there can be no question that the mobilisation of the SADF is intended to intimidate the disenfranchised majority with a massive display of force".

The ANC said it would not be intimidated by a show of force. Rather than "participating with sincerity in the negotiation process", the government chose to rely on propaganda and brute force.

Contrasting its hardline attitude towards mass action by the ANC was the government's leniency towards armed vigilantes parading the streets, the organisation added.

"The people of SA and the international community will hold De Klerk responsible for any loss of life or injuries."

ANC spokeswoman Gill Marcus confirmed the emergency talks saying mass action, the

call-up and the "situation in general" were being discussed.

At the time of going to press, the outcome of the talks was not known.

Meanwhile, IFP leader Mangosuthu Buthelezi cut short a trip to the US because he feared the campaign would exacerbate violence, while the PAC and Azapo said they would not support mass action if it aimed to resuscitate failed talks at Codesa.

On arrival at Johannesburg's Jan Smuts Airport, Buthelezi said he was "very disturbed" with the planned action and foresaw clashes between IFP members and those planning the campaign.

Reiterating its commitment to strive for a reconstituted Patriotic Front, the PAC urged the ANC to desist "from further participation in Codesa".

ANC leader Nelson Mandela shrugged off the PAC's decision not to support the campaign. Speaking in Durban, he said: "Whether they support us or not is irrelevant. Progress has been made so far despite the PAC."

Despite behind-closed-doors attempts to make up, the ANC launched a scathing public attack on the government saying: "The De Klerk government, rocked by corruption, proof of police and military involvement in the murder of activists and a complete failure to protect the lives and property of all South Africans, wants to return to rule by the old ways of coercion and repression."

"Instead of guaranteeing the protection of people whose only means to make their views known is to vote with their feet, De Klerk and his colleagues are identifying them as the enemy."

Killings deepen hospital crisis

By THEMBA KHUMALO

THE crisis in black hospitals in the Transvaal deepened yesterday following the brutal gunning down of three trade union members and a bystander in two separate incidents in the East Rand's Natalspruit.

It has also been alleged that strikers have been harassed by police.

A statement issued on Friday by the National Education and Health Workers Union (Nehawu) said Victoria Mazibuko, a

nursing sister at Natalspruit Hospital and Griesell Marubelela, both Nehawu shop stewards, were gunned down by men who burst into a meeting at Mazibuko's house on Thursday evening.

The husband of one of the dead women was also killed in the attack.

In an incident on Tuesday, Nehawu member Vuyo Mtshekeshe was shot dead in Natalspruit.

Nehawu alleged that a nurse at the Boksburg/Benoni Hospital had also been assaulted and her vehicle da-

C/press 14/6/92.
maged on Friday morning. This was confirmed by the TPA.

Nehawu said: "This is clearly a cowardly attempt to scare our members and to stop them from exercising what are basic trade union rights."

Nehawu general secretary Phillip Dexter said in addition to the 11 hospitals that were affected by the strike, unconfirmed reports said more hospitals in the Transvaal and Free State have been hit.

At a press conference in Johannesburg

on Friday the Nehawu leadership said strikers would not be intimidated by "union-bashing tactics". They emphasised, however, the strike was not linked to the planned ANC/Cosatu mass action.

Nehawu president Bheki Phakathi said his union would blame the government for any deaths of patients during the strike.

Nehawu condemned "in the strongest terms the revival of the death of 20 babies who allegedly died during the union's 1990 strike at Ga-

Rankuwa Hospital".

It said the TPA was trying to present the strikers as "insensitive people" and was desperately trying to shift attention from the strikers' legitimate demands.

Cosatu vice-president Chris Dlamini said the union federation supported the strikers' demands.

Nehawu is demanding a 15 percent wage increase and the TPA is offering 9,2 percent. By late yesterday the TPA and Nehawu were still locked in negotiations.

98

Court ban on strikers

THE Transvaal Provincial Administration has obtained an interdict barring striking health workers from all its hospitals.

The interdict against the National Education, Health and Allied Workers' Union was granted in the Pretoria Supreme Court on Friday.

Mr Justice William de Villiers also banned any meetings or protest marches

on the premises and interference with "the free movement of persons on the premises of these institutions".

Transvaal health MEC Fanle Ferreira toured the beleaguered Baragwanath Hospital with Health Minister Dr Rina Venter yesterday afternoon.

The strike, in its seventh day, has crippled the hospital. Only emergency cases are being treated.

It was sparked by a breakdown in pay negotiations and has spread to eight other hospitals in the province.

Mr Ferreira said that despite the impasse, negotiations were still going on.

"The aim of the interdict is to normalise services. Discussions to resolve disputes will continue and we will meet with Nehawu again on Wednesday," he said.

Dr Venter told a news conference the strike was part of the ANC's mass action campaign and that the government was not going to allow the disruption of health services, which would put patients' lives at risk.

Mr Ferreira indicated that the interdict would be strongly imposed.

Warned

Meanwhile, the surgeon who separated the Mathibela Siamese twins warned this weekend that patients at Baragwanath would die unless strikers returned to work.

Professor Robert Lipschitz, one of the superintendents at the hospital, said: "We do not have the time to treat all our patients. Some of them are seriously ill, and they are not getting better. I believe we will soon have people dying here."

Overworked doctors and nurses at the hospital — the largest in the southern hemisphere — have assumed tasks normally carried out by the 1 500 striking general assistants.

Time that should be spent on patients is now being used to wheel gurneys down corridors, clean floors, serve meals, fetch medication and bandages from the stores and collect soiled linen.

Precluded

Mr John Postmus, exchange control general manager at the Reserve Bank, said that without having access to his departmental records, he could neither confirm nor deny the correspondence between Mr Shpilman and Mr Du Plessis.

He added that even if he did have access to the records he was precluded by article 33 of the Reserve Bank Act from discussing matters that were not public knowledge.

However, he said, the actions said to have been taken by the Reserve Bank were broadly in keeping with the bank's procedures.

forex affair

dressed to "Dear Barend" — he mentions "the warm family atmosphere which prevailed at last night's dinner".

He was referring to the private occasion at which he had asked Mr Du Plessis to intervene on his behalf with the Reserve Bank.

That day Mr Du Plessis sent a handwritten note to Dr Lombard.

Three days later Dr Lombard informed the minister that "the matter has been satisfactorily finalised". The transaction was approved.

With conditions for compliance still not met, the Reserve Bank stepped in to cut off gold supplies to Sesom in January 1990.

NESBURG TO RETURN
as little as

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NUMBER FROM CUNARD)

unard Cruise for 5 and you can fly London return on m as little as R625.

about these cruises nearest travel agent or Tereza:

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SAGAFJORD
VISTAFJORD
SEA GODDESS III
CUNARD PRINCESS
CUNARD COUNTESS

TRUST THOMPSONS

WEATHER AND TIDES

TRANSVAAL: Mainly cloudy and cold over the eastern areas, with occasional showers clearing partially. Elsewhere fine and cold becoming somewhat warmer.

FREE STATE: Fine and cold, becoming somewhat warmer over the western and southern parts.

NATAL: Mainly cloudy and mild over the northern half, becoming warmer. Elsewhere fine and mild becoming warmer.

EASTERN CAPE: Fine and cold becoming warmer.

WESTERN and CENTRAL

CAPE: Fine and cold becoming warmer and cloudy later in the extreme south-west.

NORTHERN CAPE: Fine and cold becoming warmer. The coast will be fine and mild.

	High/Low	High/Low
Cape Town	0232/0853	1506/2108
Moosel Bay	0251/0912	1525/2117
Knyena	0311/0922	1544/2130
Port Elizabeth	0256/0814	1528/2123
East London	0301/0816	1533/2126
Durban	0258/0814	1531/2129
Walvis Bay	0252/0841	1510/2105

portedly attending a funeral in Durban.

ANC's battle tactics

From Page 1

brought to justice. Laying siege to prisons to demand the release of political prisoners is also envisaged.

Homeland governments, particularly Ciskei and Bophuthatswana, would also come under pressure. Mass occupation of the casinos has been discussed.

People would be encouraged to boycott products advertised on the SABC, which the ANC alliance believes should be transformed.

Central to the ANC plan is an appeal to the international community to put pressure on the government to bow to the ANC's demands for rapid movement towards an interim government.

"What needs to be understood is that there is a smooth and a rough road to democracy. The government blocked the smooth road at Codesa 2. We must now travel the rough road," Mr Kasrils said yesterday.

The implementation of Operation Exit, adopted at an alliance summit on May 13 and developed at the ANC's policy conference, was discussed at an alliance meeting on Thursday.

Representatives emphasised that all action should be disciplined and peaceful.

Yesterday Constitutional Development Minister Mr Meyer said after a meeting with the ANC that ANC leader Nelson Mandela had twisted the facts to justify mass action in a speech made in Durban on Friday.

It was not true, Mr Meyer said, that the government was clinging to power at all costs and that the negotiation process had reached a dead end. The best proof was the meetings that had taken place with the ANC recently.

The government remained committed to negotiations but would not be threatened. It was also untrue, Mr Meyer said, that progress had not been made in negotiations.

"The ANC knows it has reached agreement with the government on a transitional phase in which provision will be made for a transitional parliament and a transitional government," he said.

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Kwazulu were allowed to send separate delegations in addition to the IFP delegation led by Dr Frank Mdlalose.

have to be convinced of the Zulu contribution it could make.

Hospital strike.⁹⁸ Doctors help out

The Argus Correspondent and Sapa

JOHANNESBURG — Doctors and nurses at Baragwanath hospital near Soweto had to take over the work of hundreds of hospital clerks and general assistants who stayed away yesterday.

Doctors in the casualty section said the administrative infrastructure had completely broken down. Proper records of patients being treated were not being kept.

The Transvaal Provincial Administration said it was difficult to say whether yesterday's absenteeism was due to the strike by National Education, Health and Allied Workers' Union members or the Soweto Day stayaway.

A hospital spokesman said patient care was being adversely affected by the lack of personnel able to transport patients from one section of the hospital to another.

Some patients had waited the whole day in casualty before being taken to wards.

Only emergency cases were being handled. The hospital had discharged as many patients as possible, cutting down bed occupants from 3 400 to about 1 850.

So far strike action has been reported at 16 TPA hospitals.

Girls g of 3 m

The Argus C
JOHANNESBURG — A teenage girl convicted in the Court of magistrates for the murder of a month-old boy.

Selina Studebaker Gloria were yesterday found guilty of the attempted murder of a baby with ages 18 months and 19 months. They were also charged with attempted breaking and entering of arms and ammunition.

The girls, aged 17 and 18, were arrested with two men, Mr Longwe in a car at home on August 6. Mr Longwe was killed when the car was set on fire.

Two days after the robbery, JAB Park. They were arrested with three police officers.

The case was reported at August 6 for

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THURS JUNE 18 — JUNE 30

GRAND OPENING

Hospital warns strikers of dismissals deadline

STRIKING general assistants at Baragwanath Hospital have until today to give reasons why they should not be fired, hospital management said yesterday.

Sapa reports that a letter management said had been read to strikers on June 11 instructed them to "resume duties forthwith . . . or advance reasons why your services should not be terminated".

The situation at Baragwanath had improved due to the help of voluntary workers, it said, but staff members were tiring.

Referring to yesterday's stayaway call, the statement said the majority of professional staff and a small number of clerks had reported for duty.

Meanwhile, services at Soweto's 12 community health centres have become severely disrupted by the absence of general assistants and clerks, which is apparently linked to the Baragwanath strike.

Intimidation, erratic delivery of drugs and a district nursing service which had

ceased to function were "making it difficult to render the service demanded by the community", according to Baragwanath management. *BID cum 1716/92*

A volunteer co-ordinating centre would be launched today to assist strike-hit Baragwanath, Johannesburg and Hillbrow hospitals, Baragwanath chief superintendent Dr Chris van den Heever said yesterday. The centre was being established to receive and organise calls from concerned citizens who wished to offer their services.

GERALD REILLY reports the SA Nursing Association yesterday urged the National Health and Allied Workers' Union to reconsider its pro-strike stance.

An association spokesman said nurses were already under great stress in trying to keep nursing and support services going.

DP health spokesman Mike Ellis yesterday urged the authorities to talk urgently to the strikers. Salaries were unrealistically low and the DP sympathised with the workers, he said.

Ellis urges hospital ⁹⁸ solution

APR 17/6/92
HOSPITAL authorities and strikers should resolve their differences immediately, the Democratic Party's spokesman on Health, Mr Mike Ellis, said.

While it could be that strike action was the only way workers could register their protest, to catch the attention of authorities who had been unwilling to listen in the past, the DP could not condone any action that placed people's lives in jeopardy or that caused additional pain and suffering among patients, he said in a statement.

"We note with concern that hospitals are now turning patients away and we remember that 10 babies died in similar strikes in recent times."

To avoid this, the authorities should be prepared to talk to strikers and to address their real grievances.

Fatigued medical staff take on Bara tasks

By Helen Grange
Abel Mushi and Sapa

Fatigued doctors and nurses at Baragwanath Hospital near Soweto had to take over the work of hundreds of hospital clerks and general assistants who stayed away yesterday.

Doctors in the casualty section said the administrative infrastructure had completely broken down. Proper records of patients were not kept.

The Transvaal Provincial Administration said it was dif-

icult to say whether yesterday's absenteeism was due to the strike by National Education, Health and Allied Workers' Union members or the Soweto Day stayaway.

So far, strike action has been reported at 16 TPA hospitals.

A Baragwanath spokesman said patient care was being adversely affected as a result of the lack of personnel able to transport patients from one section of the hospital to another. Some patients had wait-

ed all day in casualty before being taken to wards.

Only emergency cases were being handled.

The hospital had discharged as many patients as possible, cutting bed occupancy from 3 400 to about 1 850.

Eleven volunteers were assisting doctors and nurses, most of whom arrived at work. But staff were fatigued, the spokesman said.

By late yesterday afternoon, the hospital was quiet.

Baragwanath Hospital has suffered strike action by general assistants since June 2, and yesterday saw an ultimatum by management to workers threatening compulsory leave from today.

"Strikers have until Wednesday to advance reasons why their services should not be terminated in terms of the Public Service Code," a hospital management statement said.

Should reasons not be forth-

coming, the workers would be placed on compulsory leave pending a disciplinary inquiry.

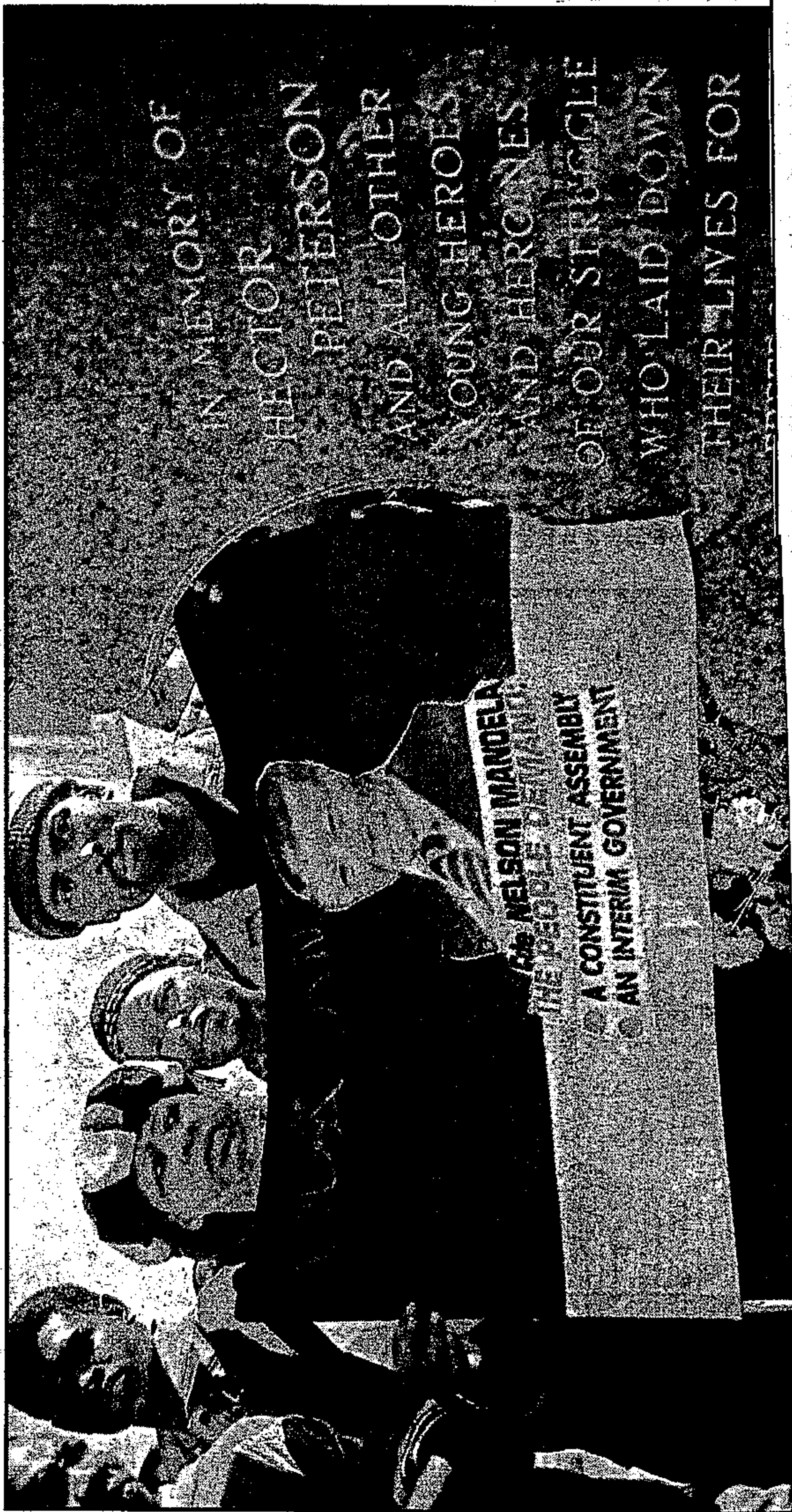
A volunteer co-ordinating centre will be launched today to assist the strike-hit Baragwanath, Johannesburg and Hillbrow hospitals.

Baragwanath chief superintendent Dr Chris van den Heever said the centre would receive and organise calls from citizens who wished to offer their services. The numbers to call are (011) 403-2639 or 403-2630.

Re hit 90

By Shirie

A massive stayaway on Monday which was launched in phase after phase through the Alberton area, capacity 99 per cent, workers in heartland Putco Visser street bus shutd



Bid to end hospital strike fails

By MOKGADI PELA and Sapa

NEGOTIATIONS between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union in a bid to end the three-week hospital strike, reached a deadlock yesterday.

The workers downed tools three weeks ago in demand of a 15 percent across the board wage increase and a R724 a month minimum wage. *Sowe far*

The strike has affected more than 17 hospitals in the Transvaal, the Orange Free State and Natal.

At a Press conference in Johannesburg yesterday, Nehawu appealed to the TPA to allow hospital workers rendering essential services to serve the patients.

A TPA spokesman reiterated its earlier statement that the strike was not in the interest of Nehawu or its members.

The union also appealed to the Minister of Public Administration to meet with it to resolve the dispute. It also proposed the establishment of an interim dispute resolution mechanism. *18/6/92*

Nehawu also alleged that between 300 and 500 members have been arrested.

Hospitals affected by the strike include Baragwanath, Garankuwa, Boksburg-Benoni, Willem Cruywagen, Waterval Boven, Ermelo, Middelburg, Johannesburg, Natalspruit and Pietersburg.

Three shop stewards have died since the strike started.

Doctors 'to strike if workers are fired'

Own Correspondent

JOHANNESBURG.— Many doctors and other professional health care workers would strike if the general assistants currently on strike at provincial hospitals were dismissed, National Health Unity Forum (NHUF) spokesman Dr Aslam Dasoo told a news conference here yesterday.

Sapa reports radiographers and professional nurses at Tembisa Hospital yesterday joined the strike and Baragwanath radiographers and nurses also threatened to join if

talks yesterday between the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers' Union (Nehawu) were not fruitful.

TPA spokesman Mr Piet Wilkin last night said the talks did, in fact, deadlock.

TPA chief superintendent Dr C Van der Heever warned that workers not returning to work by yesterday would have to give an explanation by 4pm, and those who failed to do so would be fired. It could not be established last night what steps would be taken. Nehawu general secretary Mr Phillip Dexter reiterated the union's claim that the TPA

was preventing workers from giving emergency care by locking workers out of the hospitals. He said "skeleton staff" for emergency care was accepted the world over.

He also urged anyone with information on the deaths of babies at Ga-Rankuwa Hospital during a 1990 strike to contact the union. He said the union had evidence that the babies died because "someone panicked and attempted to get them taken from the hospital by ambulance without proper equipment".

Meanwhile, the TPA said there was only R16 separating its offer and Nehawu's demand and that wages had risen by 130% for

general workers since the beginning of 1989.

Yesterday a second hospital in the Free State joined the strike, but Durban hospital authorities denied Nehawu's claim that its members at King Edward VIII Hospital were on strike. The TPA said 14 Transvaal hospitals were affected by strike action.

Nehawu claimed between 300 and 500 of its members were arrested yesterday at hospitals. At Germiston Hospital police allegedly used teargas, sjamboks and dogs to break up a crowd of strikers and one worker was seriously injured.

5 000 now on strike at Cape hospitals

SHARON SOROUR and
ANDREA WEISS, Staff Reporters

MORE than 5 000 members of the Health Workers' Union at Cape provincial hospitals are on strike after a meeting with Administration Minister Dr Org Marais failed to end the nationwide industrial action.

They join National Education, Health and Allied Workers' Union (Nehawu) workers, who have been on strike in Cape Town since Monday.

More than 20 000 workers are on strike in the Transvaal, Free State and Northern Cape.

Hopes of ending the strike were dashed yesterday when Nehawu failed to attend an emergency meeting with Dr Marais in Pretoria but instead marched to the Union Buildings to present a memorandum to the minister.

Nehawu general secretary Mr Philip Dexter said the meeting called by Dr Marais did not deal with "any of the union demands".

"It did not have an agenda and only

'conditions of service' were to be discussed," Mr Dexter said.

Union representatives had planned to attend the meeting at 11am, but the march was delayed because of "police intervention" and it had been "impossible to keep the appointment," Mr Dexter said.

More than 800 Cape workers, including 500 from Frere Hospital in East London, 45 from the Red Cross Children's Hospital, 235 from Kimberley Hospital and 36 from Vryburg Hospital, are on strike, according to the Cape Provincial Administration.

A Nehawu spokesman said about 30 Valkenberg workers, including psychiatric nurses, are on strike and workers at Groote Schuur, Tygerberg, Conradie, Woodstock, Victoria and Somerset hospitals are expected to join.

The workers from both unions are demanding a 15,3 percent wage increase and a R724 minimum monthly wage. The government is offering a minimum monthly wage of R708,50 and an increase of 9,2 percent.

HOUSE OF ASSEMBLY

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Adjustments/cut-backs: health services

257. Mr M J ELLIS asked the Minister of National Health:

Whether, in terms of the budgetary allocations to each of the provinces, the provincial hospital services have had to make any (a) adjustments to and (b) cut-backs in the provision of health services; if so, what is the extent of these adjustments and cut-backs in each province?

B616E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope

(a) Yes, during March 1991 certain emergency measures were introduced to stay within the limits of the 1990/91 budget allocation. At the beginning of the 1991/92 financial year some of these measures were retained, ie:

- Out-patient visits to specialist and academic hospitals are limited to referred cases and/or emergencies, where possible.
- Limitations on laboratory services and special investigations.
- Curtailment of ambulance and other patient transport services and visits by specialists to rural areas.
- Filling of vacancies only after individual consideration.
- Cessation of subsidized transport of staff and free teas.
- Curtailment of overtime remuneration and

(b) further steps to implement adjustments and cut-backs (1991/92):

- Replacement of the system of dispensing by private pharmacists to district surgeons.
- Optimization of provisioning administration.
- Management optimization: Savings made possible by the Directorate: Management Advisory Services and private management consultants (Byrne Fleming).
- Privatization of catering services and incineration services.
- Streamlining of staff establishments.
- Savings measures were also introduced at province aided hospitals.

Provincial Administration of Natal

(a) and (b) Yes, the Health Services Branch requested an allocation of R1 069 708 767 and was given an allocation of R983 608 000.

In order to remain within this budget the following measures were introduced:

- The purchase of new medical equipment and the replacement of ageing, and obsolete equipment has been restricted to the absolute minimum. In some instances essential services have had to be stopped, or severely curtailed, as a result of inadequate equipment and facilities.
- Certain essential services have been limited to the smallest number of patients possible, eg kidney dialysis, bypass operations and the treatment of cancer.
- General measures have been implemented to reduce usage of official transport and electricity, restriction of the prescribing of expensive medicines and limitation on the types of foodstuffs given to patients and staff members.
- In spite of an increased workload, essential post expansion in respect of medical, nursing, ambulance and administrative personnel has had to be held in abeyance.
- HIV testing has been limited to an absolute minimum.

Provincial Administration of the Orange Free State

State

(a) and (b) Yes, the adjustment was in the form of a cut-back of ±R24 724 000 in the 1991/92 financial year. This amount was primarily necessary for the commissioning of the new intensive care unit and theatre complex at Pelonomi Hospital.

Provincial Administration of Transvaal

(a) and (b) Yes, the actual requirement of the Branch: Health Services of the Provincial Administration of Transvaal was R2 685 959 000 against an allocation of R2 336 764 000 which caused a deficit of R349 195 000 for the 1991/92 financial year.

The following adjustments and cut-backs have been made:

- No expansions, including ambulance services.
- Curtailment of Initial Equipment.
- A cut-back of 9,29% on the remaining portion of the need.

Certain person: requests for financial compensation

276. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she has received any requests for financial compensation from a certain person, whose name has been furnished to the Department of National Health and Population Development for the purpose of her reply; if so, (a) what is this person's name and (b) what is the basis of his request for compensation;

- (2) whether any other (a) individuals and (b) organizations have supported this person's request for compensation; if so, what are their names;
- (3) whether any other persons have requested compensation on similar grounds; if so, (a) how many and (b) what was her Department's response to these requests;
- (4) whether she will make a statement on the matter?

B682E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Yes, Mr Gawie Stoltz and (b) he became infected with HIV as a result of receiving HIV-contaminated imported Factor VIII. This happened before 1985 when all Factor VIII was heat treated and before an approved test for HIV was commercially available;

- (2) (a) no and (b) yes, ACT UP and the South African Haemophilic Foundation;
- (3) no;
- (4) no.

Additional flat: Addington Hospital

292. Mr M J ELLIS asked the Minister of National Health:

(1) Whether an additional flat is available on the fourteenth floor of Addington Hospital; if so, (a) how long has this flat been in existence, (b) what is the (i) nature and (ii) size of the flat and (c) what was the cost of (i) developing and (ii) equipping it; (2) from which provincial vote were the funds for this development obtained;

(3) (a) for what purpose is this flat being used and (b) what was the original purpose of the flat?

The MINISTER OF NATIONAL HEALTH:

(1) Yes, (a) since 1971, (b) (i) it is a small beddister with ablution facilities and adjoining office and

(ii) Original area:	39,5 m ²
Additional room:	19,04 m ²
Total area:	58,54 m ² and

(c) (i) and (ii) the office/beddister and ablution facilities have been in existence since 1971. During 1992 the flat was renovated and extended by one room to separate the bedroom and office. The total cost of extending the flat by

one room and carrying out essential renovation work, which included replacement of toilet and bathroom fittings, was R18 009; (98)

(2) Vote 4L1—Works Branch—Minor Works;

(3) (a) and (b) the flat is being used as an overnight and changing facility, as well as a Durban office and meeting venue for the Deputy Director-General: Health Services and his senior staff. The purpose is inter alia to save on overnight hotel accommodation.

SAP: information on applicants for security work

301. Mr C E HERTZOG asked the Minister of Law and Order:†

- (1) Whether the South African Police has any information on persons who apply for work at security firms; if so,
- (2) whether it has been found during the latest specified period of 12 months for which figures are available that an increasing number of members of Umkhonto we Sizwe applied for work as security guards and were appointed in such posts; if so, what are the relevant details;
- (3) whether the Government has taken or is going to take any steps in this regard; if not, why not; if so, (a) what steps and (b) when?

B755E

THE MINISTER OF LAW AND ORDER:

- (1) No.
- (2) Falls away.
- (3) (a) and (b)

No, private security firms are regulated by the Security Officers Act, No 92 of 1987.

Section 12 of the Act determines the requirements with which security officers must comply.

Total amount collected in GST

309. Mr A E DE WET asked the Minister of Finance:

What, in respect of the 1990-91 financial year, was the total amount of general sales tax collected in (a) the whole of South Africa and (b) each of the (i) provinces and (ii) self-governing territories?

B772E

THE MINISTER OF FINANCE:

1990/91-financial year

(a)	Total	18 046 840 392
(b) (i)	Cape Province	4 289 300 964
	Natal	1 805 391 418
	Transvaal	11 297 961 181
	Orange Free State	622 986 700
(ii)	Lebowa	5 995 852
	Gazankulu	2 737 360
	KwaZulu	12 958 936
	OwaOwa	5 726 007
	Kangwane	2 652 727
	KwaNdebele	1 129 787

R

Clinics for sexually transmitted diseases: amount allocated

(a)	Financial year	Rm
(b) (i)	1986/87	3 450
	1987/88	2 838
	1988/89	2 552
	1989/90	2 274
	1990/91	2 201
(ii)	Financial year	Percentage
	1986/87	10,1%
	1987/88	7,5%
	1988/89	5,3%
	1989/90	3,7%
	1990/91	3,3%

341. Mr M J ELLIS asked the Minister of National Health:

What total amount was allocated for the (a) running of clinics for sexually transmitted diseases and (b) establishment of new clinics for such diseases in the Republic for the 1991-92 financial year?

B833E

THE MINISTER OF NATIONAL HEALTH:

- (a) R183 010 million was spent on subsidizing local authorities for the rendering of primary health care services which included sexually transmitted diseases and
- (b) R8 962 million was allocated for the establishment of new services.

317. Dr F H PAUW asked the Minister of Finance:†

In respect of each of the latest specified five years for which information is available, (a) what was the tax revenue from the mining industry and (b) what percentage did this constitute of the total (i) revenue of this industry and (ii) State revenue?

B789E

Sources of GST: certain magisterial districts

308. Mr A E DE WET asked the Minister of Finance:

What were the sources of general sales tax collected in the magisterial districts of (a) Bloemfontein, (b) Welkom, (c) Odendaarsrus, (d) Virginia, (e) Sasolburg, (f) Kroonstad, (g) Bethlehem, (h) Harrismith and (i) Bothaville in the 1989-90 and 1990-91 financial years, respectively?

B770E

THE MINISTER OF FINANCE:

The information requested is not available at present. I have requested my Department to contact the hon member with a view to discussing which available information of this nature may be of assistance to him.

Tvl hospital strike set

STAR 19/6/92

By Helen Grange

98

The Transvaal hospital strike now seems set to spread to other provinces.

In Natal, 15 000 provincial hospital workers have agreed to delay strike action until Monday to give the Government a final chance to address the demands of the National Education, Health and Allied Workers Union (Nehawu).

In Cape Town, hospital workers have been staging lunchtime demonstrations, but are not on strike yet.

The Kimberley Hospital, however, yesterday reported that 98 percent of its work force stayed away yesterday.

Also yesterday, nurses at Transvaal state hospitals joined the strike and desperate doctors made an urgent plea to the parties to settle, "otherwise we are going to lose lives".

Intimidation of nursing staff was reported at Baragwanath, Hillbrow, Tembisa, Johannesburg, Phulesong and Witbank hospitals.

Altogether 159 strikers have been arrested at various hospitals over the past two days for entering hospital premises.

Johannesburg Hospital was last night preparing a list of patients who could be transferred to other hospitals as staff could attend to critical patients only.

Baragwanath Hospital, in Soweto, could be forced to close should it become impossible to retain its emergency services, a hospital statement warned.

On Wednesday, the TPA and Nehawu reached a deadlock when the TPA refused to accept Nehawu's wage and other demands. In response Nehawu said it was preparing for a full-scale national strike.

Nehawu assistant general secretary Neal Thobejane said: "Doctors, nurses, paramedics and radiographers who sympathise with our members promised to join the strike in the case of a complete deadlock. "That time has come."

He said, however, union members would provide emergency services.

But Professor Dimitri Demetriades, chief of surgical services, warned that advanced cancer patients at Baragwanath Hospital have been discharged without undergoing operations and they will "die a slow death" in the township. "The situation

is extremely critical."

Adding to the turmoil 21 student nurses at Baragwanath were arrested.

The TPA said in a statement last night a driver was assaulted and four minibuses were damaged outside the Johannesburg Hospital while nurses on their way to work at Baragwanath were hit with a sjambok.

It was clear that the aim was to bring hospitals to a standstill, the statement said.

The TPA has ordered strikers to return to work within three days and give reasons why they should not be dismissed or disciplined.

Meanwhile, Nehawu is continuing to urge all medical staff, including doctors, to join

the strike for better wages.

At Hillbrow Hospital, a petition by doctors supportive of the strike is being circulated.

It reads: "We, the doctors and paramedical staff of Hillbrow Hospital, regret the necessity for a strike.

"At the same time, it is important to note that wages and working conditions at State hospitals are poor, not only for general workers, but also for all medical and paramedical staff.

"We therefore call upon the State to reopen negotiations with Nehawu immediately in order to bring an end to the strike."

The Medical Association of South Africa has expressed concern over the pressure placed

on doctors.

Nehawu is demanding a meeting with the Minister of Administration to discuss grievances. TPA spokesman Piet Wilkin replied that the Minister felt Nehawu's demands had already been addressed.

Nehawu strikers want a minimum wage of R724 and an across-the-board increase of 15,3 percent, six-months' paid maternity leave, a 40-hour working week, and hundreds of temporary appointments to be made permanent.

The Commission for Administration has offered a R708 minimum wage and a 9,2 percent increase.

● Drastic measures needed to resolve strike - Page 13.

to spread

WITH the hospital strike spreading from the Transvaal to the Free State and Cape this week, it should now be clear that drastic measures are needed to resolve the wage dispute between the strikers' representatives and hospital authorities.

The strike, which began just over a week ago, follows a breakdown in talks last month between the National Education, Health and Allied Workers' Union (Nehawu) and the Commission for Administration (CFA), which regulates public servants' pay.

Nehawu, negotiating with five other staff organisations, withdrew from the talks when the CFA rejected its demand for a 15.5 per cent across-the-board increase plus a new minimum wage of R724. Nehawu also de-

mandated that the Transvaal Provincial Administration reverse its policy of refusing general assistants permanent employee status.

The CFA's offer, accepted by the remaining five employee bodies, comprised a new minimum monthly rate for general assistants of R708 (up from R537), with those in the higher grades getting a general increase of 9.2 per cent.

It is becoming clear that as intermittent talks between the hospital authorities and Nehawu stutter along, the strike is causing untold hardship to patients and nurses.

Although, on the surface, the

dispute centres on the wage issue, it has as the underlying cause the lack of proper industrial relations structures in the hospital services which might help to resolve the crisis.

To begin with, the industrial relations structure in the hospitals, such as it is, provides for neither collective-bargaining nor dispute-resolution mechanisms — a feature shared, incidentally, with the rest of the public service.

This rules out the possibility of resolving disputes through avenues such as mediation, conciliation and arbitration.

As far back as 1978, the Wiehahn Commission, which revo-

lutionised South Africa's labour legislation by, for the first time, extending it to black workers, made key recommendations which would have placed South Africa's public-sector labour legislation on a par with internationally accepted standards.

These recommendations included that the right to collective bargaining be extended to

Healthy basis for hospital talks



public servants, but that the right to strike in this sector be replaced by compulsory arbitration.

With some modifications, especially regarding the right to strike, few today would argue against the Wiehahn recommendations. Some unions, such as Nehawu, might, for instance, want an outright ban on strikes to be restricted to only those workers involved in essential services mutually agreed upon with the hospital authorities.

The urgent necessity to modernise industrial relations in the hospital services has been underlined by the findings of the Cillie Commission, instituted

after the Ga-Rankuwa Hospital strike in 1990, during which 24 babies died.

In its report — released coincidentally as the hospital services are being convulsed again by labour unrest — the commission recommended among other things that the TPA ask the Government to bring hospital workers' rights in line with international standards, and to — in effect — extend the Labour Relations Act to hospital workers.

If carried out, this particular recommendation would breathe some life into current efforts, which are threatening to get bogged down after two years, to

The widening hospital strike shows the need for better industrial relations structures, reports MIKE SILUMA.

lutionised South Africa's labour legislation by, for the first time, extending it to black workers, made key recommendations which would have placed South Africa's public-sector labour legislation on a par with internationally accepted standards.

These recommendations included that the right to collective bargaining be extended to

devise a more liberal labour dispensation for hospital workers and their counterparts elsewhere in the public service.

Clearly, the changes recommended by the Cillie Commission cannot be implemented overnight. But the grave situation in the strike-bound hospitals requires creativity and flexibility — even the bending of evidently archaic hospital service regulations.

As an interim measure, both parties to the dispute should seek third party help to facilitate agreement. At the same time the parties should immediately get down to the business of establishing reputable and mutually acceptable workplace structures to regulate conflict between the authorities and the health workers. □

Hospitals strikes set to widen

98
CT 19/6/92

JOHANNESBURG. — The strikes at Transvaal provincial hospitals look set to explode as the National Education, Health and Allied Workers' Union called on its members in other provinces yesterday to take similar action.

Meanwhile, the striking workers, mostly hospital general assistants, are being ordered by the Transvaal Provincial Administration to return to work within three days or face possible dismissal.

Nurses and radiographers also became involved in the strike yesterday when many did not arrive for work at Tembisa Hospital.

Transvaal Provincial Administration spokesman Mr Gert de Jager confirmed that some professional staff at other hospitals did not arrive for work yesterday.

The strike has spread to the Free State and Northern Cape, and Natal and other Cape provincial hospitals are facing strike threats.

Nehawu general secretary Mr Philip Dexter said yesterday the union would bring the TPA hospitals to a standstill if that was the only way to achieve the union's demands.

All professional health care workers would be called on to join the strike, he said.

In a statement yesterday the Medical Association of SA reaffirmed its commitment to provide a satisfactory service.

Meanwhile, the TPA has said patient care was being affected in certain hospitals, mainly because of intimidation by strikers.

Baragwanath Hospital chief superintendent Dr Chris van den Heever said cancer patients awaiting chemotherapy were turned away, adding the hospital might have to close should the situation deteriorate.

TPA health services spokesman Mr Fanie Ferreira said in a statement all striking workers had been ordered to return to work within three days.

Cape Town threat

Nehawu assistant general secretary Mr Neal Thobejane said workers at another four Free State hospitals had joined the strike, taking to seven the number of hospitals affected in the province.

At a Kimberley Hospital, about 245 workers began strike action yesterday, SABC radio news reported.

In Cape Town, the Nehawu branch regional chairman Mr Wilfred Alcock said they would strike if any of their fellow Transvaal members were fired.

— Sapa

Medical staff lock doors to escape strikers

(98) STEPHANE BOTHMA

MEDICAL staff at the Johannesburg Hospital were yesterday forced to work behind locked doors to prevent the intimidation of nursing staff by striking National Education, Health and Allied Workers' Union (Nehawu) workers.

Earlier, Nehawu shop stewards burst into maternity wards at the hospital in search of possible strike-breakers, medical staff said. *8/10/92 19/6/92*

"They just stormed in and searched everywhere — even in cupboards to see if cleaning staff were hiding in the ward," a source said.

The hospital could not confirm the action, but admitted that "some intimidation" had taken place.

Meanwhile, Baragwanath Hospital administrators warned that the hospital could be forced to close should it become impossible to retain its emergency services, Sapa reports.

They said professional staff were finding it extremely difficult to cope with performing supporting services as well as their duties because of intimidation.

Cancer patients awaiting chemotherapy were discharged because the hospital was scaling down the numbers being treated.

A Johannesburg hospital spokesman said doctors and nurses had to lock themselves into certain wards to "prevent unwelcome guests" from entering wards yesterday.

No arrests were made at the hospital yesterday, but on Wednesday three men and two women were arrested on charges of contempt of court after entering the hospital premises in spite of a court order prohibiting them from doing so.

Police yesterday arrested more than 150 striking workers at three Transvaal Provincial Administration (TPA) hospitals.

At Baragwanath Hospital in Soweto, 21 people were arrested, while three were arrested at Tembisa Hospital on the East Rand.

At Witbank Hospital 101 women and 29 men were arrested for failing to comply with a court order.

□ To Page 2

Hospital strike

8/10/92 19/6/92
At Hillbrow Hospital, nursing staff reporting for work yesterday morning were allegedly intimidated by strikers, but no arrests were reported.

In spite of deteriorating hygiene conditions in at least 16 TPA hospitals, negotiations between the TPA and Nehawu ended in deadlock on Wednesday.

Sapa reported that Nehawu yesterday

98/182 □ From Page 1
said it would call for a national strike by its health sector members from Monday.

The call followed the alleged reluctance of Administration Minister Org Marais to meet the union, Nehawu assistant general secretary Neal Thobejane said.

A Nehawu spokesman said a national public sector strike could be called for.

Gambling Bill on hold

CAPE TOWN — Govern-

Political Staff

ment failed last night in its bid to ram controversial anti-gambling legislation through Parliament before going into recess today.

Justice Minister Kobie Coetsee called a special meeting of the parliamentary justice committee yesterday to process the Gambling Amendment Bill. However, matters were not concluded during last night's session.

The Bill is intended to close the loophole in the Gambling Act which has given rise to the establishment of hundreds of hard-gambling casinos in cities around the country.

Committee chairman Gert Myburgh denied yesterday that the Bill was be-

ing rushed through Parliament to protect the horse racing industry or horse-land casinos.

He said the rate at which casinos were mushrooming had sparked fears that the situation would become uncontrollable.

The proposed legislation changes the definition from "games of chance" — the loophole exploited to set up the casinos. Instead it specifically outlaws popular forms of gambling by name and the mechanisms used for gambling.

It is understood Coetsee could soon announce a commission of inquiry into gambling, as well as lotteries for welfare, health and education purposes.

Venter outlines sweeping cutbacks

CAPE TOWN — Health Minister Rina Venter yesterday outlined sweeping cutbacks in the provision of health services in all four provinces during recent months.

Political Staff

In Natal, budget-trimming measures included the limiting of HIV testing "to an absolute minimum".

Visits by state specialists to Cape rural areas had been stopped because of cutbacks in provincial hospital services.

Sapa reports that Venter, replying to questions in Parliament, said certain essential services in Natal hospitals — such as kidney dialysis, bypass operations and treatment of cancer — had been limited to the smallest number of patients possible.

In some cases in Natal essential services had to be stopped or seriously curtailed because of inadequate equipment and facilities.

The Natal Health Services Branch

had requested an allocation of R1,09bn, and been given R983,6m.

In the Transvaal, cutbacks included stopping expansion of ambulance services.

Transvaal provincial health services suffered a deficit of R349,19m for 1991/2, after asking government for a R2,69bn allocation and receiving R2,34bn.

In the Cape, outpatient visits to academic hospitals had been limited to referred cases and emergencies where possible, and laboratory services and special examinations had also been cut back.

Visits by specialists to rural areas had been ended.

Ambulance and other patient transport services had been stopped. Vacancies were filled only after individual consideration and sub-

dies for staff transport and free tea had been scrapped.

Overtime payment had been stopped.

District surgeons in the Cape had taken over dispensing from private pharmacists.

Catering, and incineration services had been privatised.

The measures in the Cape included cutbacks in 1991/2, plus additional steps for 1991/2.

Vacancies in Cape hospitals and state health clinics were being filled only after individual consideration.

Attention had also been paid to the streamlining of staff establishments. In the Free State, cutbacks totalled about R24,72m in the 1991/2 financial year.

Govt slated for 1992 R11



ournament using
our smashing
Wimbledon guide

■ Section 4,
Weekend

Vaal hospital strike may spread to Cape

Health Reporter (98) ARG 19/6/92

THE hospital strike in the Transvaal could spread to Cape Town on Monday.

Members of the National Education, Health and Allied Workers' Union are to meet in Mbekweni, Paarl, tomorrow to decide on a course of action.

Should workers decide to strike, hospitals likely to be affected are Groote Schuur, Red Cross Children's Hospital and Valkenberg as well as the Lindelani and Siyakathala places of safety.

Workers in the provincial roads department may also take part.

The Paarl meeting follows a call by the union on Administration Minister Dr Org Marais to end the dispute in the Transvaal, or to face the consequences of nation-wide strike action.

Mr Joe Mkuhlwa, acting branch secretary of the union in Cape Town, said the meeting would finalise what action would be taken.

He said the strike would be in support of wage negotiations and in solidarity with workers who were being "victimised" in the Transvaal.

The strike began when negotiations over wage increases and other issues between the government's Commission for Administration and the union deadlocked on May 19.

Harbour payroll grab

Hospitals bailed out by volunteers

Sowetan

15/6/92

98

BARAGWANATH, Boksburg-Benoni and Johannesburg hospitals were yesterday bailed out by volunteers as the strike by general workers entered its third week.

A general SOS was sent out by the TPA as several hospitals threatened to grind to a halt because of the strike by non-medical staff.

"Help is urgently required for

kitchen services, the laundries, general ward services and other areas," said a spokesman.

But a spokesman for the National Education, Health and Allied Workers Union, dismissed the appeal as provocative and inflammatory.

"The TPA has failed to make a constructive effort to resolve the problems...at the heart of the dispute," union official Mr Phillip Dexter said.

Baragwanath, Natalspruit, Jo-

hannesburg, Willian Cruywagen in Germiston, Boksburg-Benoni, Tembisa, Leratong and Hillbow hospitals are among those affected.

Relations between Nehawu and the TPA have worsened following the killing of two shop stewards on Thursday night.

A nursing sister and shop steward at the Natalspruit Hospital, Ms Vicky Mazibuko (46), was shot dead at her Monise Section house in Katlehong just after 7pm.

Her colleague, Mrs Grisell Marubelela, and her husband, Michael, were also killed at Mazibuko's home.

Mazibuko's brother, Simon, said she was convinced that her sister was gunned down by Government sympathisers.

"She would not have been killed by Nehawu, her union," he said.

The killing of the two followed last Tuesday's slaying in Katlehong of another Nehawu official, Mr Vuyo Matsheketshe.

Cops will probe infant deaths - A-G

98
Sowetan 15/6/92

THE Attorney-General of the Transvaal, Dr Jan D'Oliveira, says the report into the 1990 strike at Garankuwa Hospital contains sufficient indicators to warrant police investigations.

The report found that at least 10 babies had died as a direct result of the strike at Garankuwa Hospital, near Pretoria, in April 1990.

The commission of inquiry could not reach a finding on deaths among adults during the strike.

The Attorney-General said he viewed the report in a serious light and it warranted police investigations into charges of homicide, public violence, intimidation, malicious damage to property and other offences.

D'Oliveira said he would ask the Commissioner of Police to investigate the matter as one of priority. - Sapa.

Death stalks strike hospitals

STERN 15/6/92

Staff Reporter and Sapa

Transvaal's strike-hit hospitals managed to pull through the weekend with help from volunteers, but the situation at some was beginning to become serious, according to reports.

Many hospitals have had to keep patient quotas to a minimum as the strike drags on.

Ten hospitals yesterday appealed for volunteers to help them through a pay strike by non-medical staff. The strike, which began eight

days ago, has brought chaos to medical services in Johannesburg and surrounding areas.

"Help is urgently required for kitchen services, the laundries, general ward services and other areas," said a spokesman for the Transvaal Provincial Administration, which is in charge of government hospitals.

Baragwanath public relations officer Annette Clear said the hospital had 1 500 patients on Saturday compared with its 3 400 capacity.

About 50 volunteers had reported on Saturday and 34 yesterday, but this was "not nearly enough", she added.

Dr Robert Lipschitz, one of the superintendents at the hospital, said a serious situation was developing. "We do not have the time to treat all our patients. Some of them are seriously ill and they are not getting better. I believe we will soon have people dying here."

Matron M Perry of the Boksburg-Benoni Hospital said no one had been turned away unnecessarily, and the strike had not "shipwrecked" the hospital.

Health Minister Dr Rina Venter visited Baragwanath hospital on Saturday. She said striking workers were intimi-

dating staff who reported for duty.

The TPA obtained an interdict in the Pretoria Supreme Court against striking National Education, Health and Allied Workers Union (Nehawu) workers on Friday. The workers have been barred from entering hospital premises unless they are reporting for duty or negotiations. This follows two interim orders granted in the Rand Supreme Court last week against striking workers at Baragwanath and Natalspruit hospitals.

Volunteers at the Johannesburg Hospital helped with

cleaning and laundry at the weekend, and the hospital operated as usual, a spokesman said.

A spokesman for Nehawu, which has 6 000 members on strike in the hospitals, dismissed the appeal for help as provocative and inflammatory.

The strikers want a minimum salary of R1 100 a month, an across-the-board increase of R400 a month, paid maternity leave for six months and a 40-hour working week.

The authorities have offered a 9,2 percent increase on the minimum salary of R643.

an increase on the
per cent or a R220-

ROYAL WAVE: So tight was her schedule that Miss World, Nin
of Venezuela, put on an evening gown to fly from Sun City to
whisked off to the charity gala *Night of a Hundred Stars* at t

ling
om

Strike-hit hospitals turn away patients

ARCT 15/6/92
The Argus Correspondent and Sapa
JOHANNESBURG. — Strike-hit hos-
pitals in the Transvaal pulled through
the weekend with help from volun-
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*Quality navels
now available*

Union threat of more strikes

THE National Health and Allied Workers' Union (Nehawu) has threatened to escalate the current strike at several Rand hospitals into a nationwide showdown with provincial authorities.

The strike, which began at Baragwanath Hospital, has spread to nine other Rand hospitals and has been affected by violence. Two Natalspruit Hospital workers — both strikers — were shot dead and a Boksburg/Benoni Hospital employee was wounded while in the same house in Katlehong on Thursday last week. On Friday a Boksburg-Benoni Hospital nurse was assaulted and her vehicle damaged.

Nehawu general secretary Philip Dexter said yesterday the Transvaal Provincial Administration had failed to make a constructive effort to resolve the problems and issues at the heart of the dispute.

Transvaal MEC for health Fanie Ferreira was reported to have said Nehawu's wage demands were beyond the scope of the provincial administration and would have to be negotiated by the union and the Commission for Administration.

Dexter said the whole negotiation process between his union and the TPA had been a "sham".

Friday 15/6/92
 WILSON ZWANE

He said the TPA's response to Nehawu's demands had set the stage for a showdown between the union and the provincial administration. A nation-wide strike was now on the cards.

Sapa reports that Dexter said the TPA reaffirmed on Saturday its acceptance of the 9,2% increase in wages offered by government. The increases were what government could afford and there was no possibility of any further increases.

The TPA urged Nehawu to take the matter up with the Commission for Administration. The TPA reportedly also said the union should take up two of its major concerns — the question of permanent status for general assistants and the issue of skeleton staffs — with the commission.

The TPA said it would continue instituting interdicts and disciplinary action against Nehawu and its members, Dexter said.

He said the visit of Health Minister Rina Venter to the Baragwanath Hospital on Saturday was "a cheap public relations exercise".

The union said its proposals, given to

the TPA on Friday, were:

- A minimum wage of R724, an across-the-board increase of 15,3% and permanent status for general assistants;
- Nehawu and the TPA should undertake to write, jointly, a letter to the commission stressing the importance of a meeting between the commission and Nehawu. This meeting should aim at an interim dispute mechanism, and the commission should resume wage negotiations with Nehawu; and
- The TPA should withdraw all interdicts and undertake not to institute disciplinary action against workers if they returned to work.

Nehawu undertook to persuade its members to stop all strike action and other means of protest action would have to be used.

Dexter said Nehawu would report back to its membership on the TPA's response. A further meeting with the TPA was scheduled for Wednesday.

The 10 hospitals affected by the strike are Natalspruit, Medunsa Dental Hospital, GaRankuwa and H F Verwoerd hospitals near Pretoria, Willem Cruywagen in Germiston, Baragwanath in Soweto, A G Visser in Heidelberg, Tembisa Hospital near Midrand, and Hillbrow and Johannesburg.

● Comment: Page 6

Strike now affects 16 hospitals

Staff Reporters and Sapa

Star 16/6/92

General assistants at six more Transvaal provincial hospitals yesterday downed tools and the union representing them said an appeal could be made this week to professional health workers to join the strike, which began a week ago.

Hospitals affected now number 16 — and volunteers have flocked to the affected TPA institutions to help out in response to appeals from the authorities to maintain essential services while the work

stoppages spread.

National Education, Health and Allied Workers Union (Nehawu) assistant general-secretary Neil Thobejane said the appeal to nurses, radiologists and other professionals to strike would be made if tomorrow's talks with the TPA failed. He said professionals were not immune to unfair labour practices.

The Star has learnt that wards for seriously ill patients in Johannesburg Hospital were closed at the weekend and that doctors feared they would have to close more this week. Some doctors believe the TPA would act only if

white patients faced death or died.

Nehawu claimed the hospital's doctors and nurses supported the strikers' demands.

The TPA said in a statement that staff were being intimidated at the affected hospitals and 234 strikers had been arrested at the Boksburg-Benoni Hospital on the East Rand, where 120 volunteers have been employed.

At the Paul Kruger Memorial Hospital in Rustenburg, 42 strikers were arrested, police said. Nehawu denied charges of intimidation and sabotage levelled at members.

There were no arrests when hundreds of workers staged demonstrations at the Johannesburg and Hillbrow hospitals yesterday, despite threats by authorities to enforce court interdicts preventing striking workers from entering hospital premises.

About 1 500 workers at Tembisa Hospital on the East Rand are reported to have walked off the job, demanding higher pay.

And at Baragwanath Hospital, where strike action started last Monday, a number of strikers had managed to get into the premises as "visitors" and intimidated staff, the hos-

pital said.

At least 100 volunteers had come forward to prop up services, the hospital said.

The TPA said strikes were affecting Johannesburg, Hillbrow, Baragwanath, Far East Rand, Sterkfontein, Pholosoeng, Boksburg-Benoni, Middelburg, Tembisa, H F Verwoerd, Gankuwa, Paul Kruger Memorial, Weskopies, Natspruit, Vereeniging and Sebokeng hospitals.

Workers are striking for a minimum wage of R1 100 and an across-the-board increase of R400, as well as better working conditions.

ARG 16/6/92

Groote Schuur's healthy industry in trash

ANDREA WEISS ⁹⁸
Health Reporter

GROOTE Schuur Hospital is cleaning up its act with a comprehensive waste management project.

The hospital is leading the field in South Africa as probably one of the first large organisations to make extensive use of recycling.

And good news for residents near Groote Schuur is that the hospital incinerator, which has been spewing out clouds of black smoke, is to be decommissioned from August.

Hospital head Dr Jocelyn Kane-Berman said the incinerator could not handle the volume and type of waste it was used for and waste for burning would be sent to an outside company.

Other waste generated by about 10 000 people who visit or work at the hospital daily is to be recycled or re-used.

The hospital already recycles plastic bottles and paper but plans are afoot to make sure practically nothing ends up in the dustbin.

The driving force behind the project is Matron Pat Weaver, a senior nursing administrator, and the infection control committee which has organised an exhibition as a "networking" exercise to see who can make use of whose waste.

From garden furniture made from recycled plastic to bricks from pulped waste paper for burning in the family fireplace, it would appear there is a healthy industry in trash.

Six more Transvaal hospitals on strike

JOHANNESBURG. — Workers at six more hospitals walked off their jobs yesterday, raising the number of strike-bound institutions to 17.

National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Mr Neil Thobejane said nurses, radiologists and other professionals would be called on to join the strike if tomorrow's talks with the Transvaal Provincial Administration failed.

He said the union had so far cautioned against full-scale participation in the strike by hospital workers, but said the support of professionals was now essential.

The TPA said hospitals now affected by the strike were Johannesburg, Hillbrow, Baragwanath, Far East Rand, Sterkfontein, Pholosong, Boksburg-Benoni, Middleburg, Tembisa, H F Verwoerd, Ga-Rankuwa, Paul Kruger Memorial (Rustenburg), Middelburg, Weskoppies, Natalspruit, Vereeniging and Sebokeng.

Volunteers, heeding an appeal, rushed to take up jobs to maintain hospital services.

A TPA statement said 120 volunteers had been taken on at Boksburg-Benoni Hospital and 100 had joined Baragwanath Hospital.

Dr Chris van den Heever, chief su-

perintendent at Baragwanath — where the strike began 14 days ago — levelled charges of sabotage against strikers.

"This morning rubbish bags and containers filled during the weekend for removal today were thrown out on the floor in the casualty department."

'Intimidation'

The TPA said: "The intimidation of personnel is occurring on a large scale at Transvaal provincial hospitals affected by strikes."

Nehawu denied the charges.

A court order last week barred strikers from hospital premises unless reporting for duty or negotiating a settlement to the labour disputes.

The TPA said 234 strikers had been arrested for contravening the court order at Boksburg-Benoni, Baragwanath and Middelburg hospitals since the strikes began.

In a statement yesterday, Nehawu said more than 300 workers had been arrested at Boksburg-Benoni Hospital and at the Dunswart laundry.

The union accused the TPA of blocking attempts to provide a skeleton staff at Hillbrow Hospital, saying strikers attempting to discuss emergency services with the superintendent were ordered off the premises and threatened with arrest. — Sapa

98
CT 16/6/92

mence this month, the response experienced is overwhelming. Apart from the positive response from the educational community, parents are also keen to have the package and have requested a similar programme for themselves. It is user friendly and offers all relevant information;

- (3) yes, response so far has been positive. There have been requests for the package from Canada, Iceland, Namibia, Kenya, Zimbabwe and Swaziland. The European Economic Community in Brussels requested 3 packages and so did the Bureau of Hygiene and Tropical Diseases in London;

(4) no.

Academic hospitals: registrars

287. Mr M J ELLIS asked the Minister of National Health: 98

- (a) How many registrars are there at each academic hospital in South Africa, (b) what is the present patient/registrars ratio at each such hospital and (c) how many registrars in each year of study resigned at each of these hospitals during the course of 1991?

B714E

The MINISTER OF NATIONAL HEALTH:

TYGEBERG ACADEMIC HOSPITAL COMPLEX

- (a) 197,
(b) only the number of beds per registrar is available and that is 9,18 and

(c) 3.

GROOTE SCHUUR ACADEMIC HOSPITAL COMPLEX

- (a) 388,
(b) 15 beds/registrar and
(c) not available.

H F VERWOERD ACADEMIC HOSPITAL COMPLEX

- (a) 281,
(b) 26 patients/registrar per month and
(c) not available.

HOUSE OF ASSEMBLY

lounge, bathroom and kitchen was available for the exclusive use of the Administrator. Several years ago, this area was split into a bedroom with bathroom for each of the Administrator and the Director-General with a shared kitchenette.

- (2) Napac Building — no, due to its inadequacy.
(3) Napac Building — yes. 98
(a) The existing office accommodation, in the Napac Building, for members of the Executive Committee is inadequate. At present five MECs share three offices.
(b) Office accommodation for members of the Executive Committee and overnight facilities for the MECs who reside in Pietermaritzburg.

Differences between White/Coloured warders: Pollsmoor Prison

313. Mr D J DALLING asked the Minister of Correctional Services:

- Whether there were any differences in the (a) accommodation, (b) recreational facilities and/or (c) remuneration offered to White and Coloured warders at Pollsmoor Prison as at 31 December 1991; if so, (i) what differences in each case and (ii) why?

B76E

The MINISTER OF CORRECTIONAL SERVICES:

- (a) No.
Accommodation on premises country-wide is accessible to all personnel in accordance with the Correctional Services Regulation 25. This implies that accommodation is allocated discretionarily by

commanders at the hand of inter alia the following:

- functional requirements;
- allocation according to level of post;
- merit and efficiency principle; and
- advertising of available accommodation.

The following norms are automatically applicable in respect of the allocation of housing on reserves in order to ensure orderly community life:

- the combating of overpopulation on living premises;
- a prohibition on subleasing;
- keeping premises tidy and hygienic;
- promotion of healthy neighbour relations and the combating of behaviour which may upset these relations on such premises; and
- the orderly use of public facilities on reserves according to accepted norms and standards.

- (b) No.
All available recreational facilities at the Pollsmoor Prison have been accessible to all members since November 1990. There are still two facilities in use at Pollsmoor (the former White and Coloured facilities) but both facilities are accessible to all personnel and are utilized as such.

- (c) No.
All disparity in respect of remuneration has already been eliminated with effect from 1 March 1988. There is thus no difference in the remuneration in respect of the mentioned population groups.
(i) and (ii) Fall away.

HOUSE OF ASSEMBLY

JOHANNESBURG ACADEMIC HOSPITAL COMPLEX

- (a) 597, 98
(b) 12,6 beds/registrar and
(c) not available.

GARANKUWA ACADEMIC HOSPITAL COMPLEX

- (a) 63,
(b) 28,7 beds/registrar and
(c) 50.

KING EDWARD VIII ACADEMIC HOSPITAL COMPLEX

- (a) 299,
(b) 17 beds/registrar and
(c) 52.

UNIVERSITAS ACADEMIC HOSPITAL COMPLEX

- (a) 156,
(b) 114 patients/registrar per month and
(c) 10.

Accommodation for Administrator of Natal: Durban

297. Mr M J ELLIS asked the Minister of Regional and Land Affairs:

- (1) Whether any accommodation is available for the Administrator of Natal in Durban; if so, (a) where in Durban and (b) what is the (i) nature and (ii) size of the accommodation;
(2) whether this accommodation is utilized by the Administrator; if not, why not;
(3) whether it is the intention to utilize the accommodation for other purposes in the future; if so, (a) why and (b) for what other purposes?

B745E

The MINISTER OF REGIONAL AND LAND AFFAIRS:

(1) Yes.

- (a) Napac Building.
(b) (i) and (ii)
Originally a flat in the Napac Building, consisting of a bedroom,

Crisis as Bara strike goes on

Sowetan 17/6/92

FATIGUED doctors and nurses at Baragwanath Hospital had to take over the work of hundreds of hospital clerks and general assistants as the hospital strike continued yesterday.

Doctors in the casualty section said the administrative infrastructure had completely broken down as proper records of patients being treated were not being kept.

Other hospitals affected by strike are Paul Kruger Memorial in the Western Transvaal, HF Verwoerd, Garankuwa, Boksburg-Benoni, Willem Cruywagen, Waterval Boven, Ermelo, Middelburg, Witbank, Hillbrow, Johannesburg, Natalspruit, AG Visser and Pietersburg.

Adversely affected

The Transvaal Provincial Administration said it was difficult to say whether yesterday's absenteeism was due to the strike by National Education, Health and Allied Workers' Union members or by the Soweto Day stayaway.

A hospital spokesman said patient care was being adversely affected as a result the lack of personnel able to transport patients from one section of the hospital to another. Some patients had waited the whole day in the casualty section before being taken to wards.

Only emergency cases were being handled.

The hospital had discharged as many patients as possible, cutting down bed occupancy from 3 400 to about 1 850.-*Sowetan Correspondent.*

the disputed engine.

Parliamentary Joint Committee on that they have access to and a doctor.

Ultimatum to hospital strikers

hannesburg and Hillbrow hospitals.

Forty-two hospital strikers appeared in the Rustenburg Magistrate's Court yesterday for allegedly contravening a court interdict ordering them to leave the property of the Paul Kruger Memorial Hospital in the Western Transvaal.

In Cape Town yesterday the Democratic Party's spokesman on health, Mr Mike Ellis, called on hospital authorities and strikers to resolve their problems immediately. — Sapa

management said, but staff members were tiring. Referring to yesterday's stayaway call, the statement said the majority of professional staff and a small number of clerks had reported for duty.

Services at Soweio's 12 community health centres have become severely disrupted by the absence of general assistants and clerks, which is apparently linked to the Baragwanath strike.

A volunteer co-ordinating centre is to be launched today to assist Baragwanath, Jo-

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A statement yesterday quoted a letter management said had been read to striking workers on June 11, instructing strikers to "resume duties forthwith... or advance reasons why your services should not be terminated".

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the business of such body corporate or enterprise;"

(i) In ordinary public state schools which function under the control of a government department, the head of department is deemed to be the chief executive officer who shall ensure that the employer (the State) complies with the provisions of the Act.

(ii) In those cases where the employer is a body corporate, the chief executive officer of the body corporate shall be responsible for the adherence to the provisions of the Act and the regulations.

The definition of "employer" reads as follows:

" 'employer' means, subject to the provisions of subsection (3), any person whomsoever who employs or provides work for any person and remunerates that person or expressly or tacitly undertakes to remunerate him, or who permits any person in any manner to assist him in the carrying on or the conducting of his business, but excludes a labour broker within the meaning of the Labour Relations Act, 1956 (Act No. 28 of 1956); "

The payment of remuneration is an important element in the definition of "employer".

The institution who pays the remuneration of the teachers could therefore be regarded as the employer. Currently the State can therefore still be regarded as the employer.

An investigation into the legal position of the liability of body corporates at state subsidized schools has not yet been finalized, but the *prima facie* impression is that the chairman of the body corporate is indeed the chief executive officer as contemplated in the Act, with the accompanying legal liability.

Amount budgeted for Aids programme: balance

*21. Mr M J ELLIS asked the Minister of National Health:

With reference to her reply to Question No 268 on 26 May 1992, (a) why was the amount of approximately R2 664 000, being the bal-

ance of the amount budgeted for her Department's Aids programme for the 1991-92 financial year, not spent during that financial year and (b) what has been done with this balance?

B799E

The MINISTER OF NATIONAL HEALTH:

(a) The under expenditure can mainly be ascribed to the following:

— the advertising agency which was initially appointed for the AIDS prevention campaign suspended its services and a new agency could only be appointed three months later, and

— suitable staff for vacancies could not be recruited and this resulted in certain programmes not being completed in time and

(b) the unspent balance was paid into the Exchequer Account.

Permission for certain person to enter South Africa

*22. Mr L FUCHS asked the Minister of Home Affairs:

Whether permission has been granted for a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, to enter South Africa since his application for (a) permanent or (b) temporary residence was refused; if so, (i) (aa) when, (bb) where and (cc) how many times was such permission granted and (ii) what is this person's name?

B800E

The MINISTER OF HOME AFFAIRS:

The question requires a full explanation and I therefore find it necessary to make a full statement on the matter and with your permission, Mr Chairman, I lay the following statement on the Table.

Robert Von Palace Kolbatschenko alias Vito Roberto Palazzolo

Palazzolo's initial entry into South Africa was dealt with fully in Justice Harms's Commission of Inquiry Report and the matter had been covered extensively in the media. It is therefore not elaborated on now.

Consequent upon the inquiry Mr Palazzolo's permanent residence permit was withdrawn and he was instructed to leave the country, which he did on 31 October 1991.

Since then he has applied to enter South Africa on various occasions, inter alia for holiday, business and transit purposes.

As regards transit visas it should be remembered that Mr Palazzolo is a citizen of the Ciskei.

Every application was considered as objectively as possible on the facts and arguments of the application concerned and in accordance with firm guidelines and established policy. On five occasions, after such consideration, permission had been granted to him to enter South Africa. Particulars are as follows:

11 December 1991: Visitors visa for a visit 18 December 1991 till 7 January 1992 for purposes of a Supreme Court action and on compassionate grounds to spend Christmas with his wife, children, mother and sister.

5 March 1992: Visitors visa for visit of 10 days for purposes of a medical examination in Cape Town.

2 April 1992: Transit visa for multiple entries within six months for travel through South Africa from one place to another in the Ciskei using the shortest route.

24 April 1992: Transit visa for transit to Jan Smuts Airport and return valid till 5 May 1992 in respect of two transit journeys of 72 hours each over the shortest route.

15 May 1992: Transit visa valid for six months for transit journeys of 72 hours at a time in order to reach Jan Smuts Airport for purposes of visits overseas and to travel from one part of the Ciskei across South African soil to another part of the Ciskei.

Normal customs, norms, rules and regulations continue to apply and Mr Palazzolo's presence within the Republic of South Africa remains subject to strict permit control which does not

afford him the right to residence in South Africa and only free access for transit purposes.

The following applications for entry into the RSA were refused:

22 January 1992: Request for re-admission to the RSA.

10 February 1992: Request for restoration of visa exemption.

26 February 1992: Visitors visa for two visits of 10 days each requested. Visa in respect of only one visit of 10 days granted.

24 March 1992: Further request for restoration of visa exemption.

14 April 1992: Visa in respect of business/family visit of 30 days.

Extension of the periods that he wanted to sojourn in the Republic was also refused in the following instances, namely:

28 February 1992: Request that visa for visit of 10 days be extended to 12 days.

26 March 1992: Request for extension of temporary residence permit from 28 March 1992 till 20 April 1992. Extension granted till 10 April 1992 only.

31 March 1992: Request for extension of residence permit till 21 April 1992.

3 April 1992: Further request for extension.

Use of public hospitals by private patients

*23. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she has announced that private patients may now make use of public hospitals;

(2) whether any private patients suffering from particular illnesses or diseases will be prevented from making use of the provincial hospitals; if so, what are the relevant details;

(3) whether patients will be restricted in regard to making use of public hospitals for any reason other than the illnesses and diseases referred to in paragraph (2) of this question; if so, what are these reasons?

B803E

Hansard
The MINISTER OF NATIONAL HEALTH:

- (1) Yes, in my budget speech I addressed the possible deregulation of private hospitals. I stated that on condition to deregulate, private patients should be allowed in State hospitals. Where provincial administrations can already afford it, there are no limits placed on them to render services to private patients at recognizable costs.
- (2) no: **98**
- (3) Yes, at certain public hospitals some patients will be restricted in cases of certain diseases where treatment is extremely expensive and physical resources are limited, such as in haemodialysis or transplants for kidney failure, access to the programme is restricted and if the patient does not satisfy the clinical protocols required for admission.

Total cost of Codesa

*24. Mr F J LE ROUX asked the Minister of Constitutional Development:

- (a) (i) What is the total cost of Codesa to date and (ii) in respect of what date is this information furnished. (b) of what items is the above-mentioned cost made up and (c) who or what body is responsible for the payment of this cost?

B805E

The MINISTER OF CONSTITUTIONAL DEVELOPMENT:

- (a) (i) According to a provisional calculation the total cost of Codesa amounts to R16 042 320,82.
- (ii) June 11, 1992
- (b) This cost is made up of the following items:
- (i) Accommodation expenses of participants in meeting, foreign observers and support and administrative staff R3 981 478,80
- (ii) Travel expenses (road and air) R2 728 853,77
- (iii) Telecommunication R217 798,03
- (iv) Meals and refreshments R145 829,00

Hansard
report on and to make recommendations on the future of rural councils.

The committee conducted a comprehensive investigation in the Cape Province, the Orange Free State and the Transvaal, in which all rural councils, municipal associations, provincial administrations, provincial agricultural unions and the SA Agricultural Union were consulted. As the report of the Malan Committee has not yet been made available to me, I shall only be in a position to make a statement on the matter once the report has been cleared with all interested parties and accepted.

*Mr A A B BRUWER: Mr Speaker, here we have a typical example of the Government's constitutional plans. They establish a so-called level of government for rural areas, but that level of government does not know what it has to do. The hon the Minister cannot seek to establish a level of government and have people elected, when those people do not know what to do. A former Minister, one of this hon Minister's predecessors, said that they should establish at church gatherings what was bothering the people and then act accordingly. How can one run a country in that manner?

Initially it was said that third-tier government should be established for rural areas. There is nothing wrong with that. This third-tier government was then established because farmers had to pay regional services councils without having a say in their deliberations. Suddenly these rural councils were established and the CP controlled most of them. Then all of a sudden they were not good enough and there was a reluctance to give them the voting power which they should have in terms of the norms established for local government. Had they done that, the CP would possibly have controlled the regional services councils.

This is a typical example of a government that sets up a whole lot of institutions. They do not know in which direction they want to go. They are establishing certain structures at certain levels without these people knowing what to do. Surely it would be only fair at least to tell these people that they must fulfil the function of the roads boards or the hospital boards in conjunction with local authorities. Then these people would at least have something to do. However, a level of government has been established here and the people do not know what they are to do.

This is a pathetic example of a government that wants to govern a country.

Mr E W TRENT: Mr Speaker, to an extent I have sympathy with the CP with regard to this issue. I myself was disenfranchised in 1985 when the Regional Services Councils Act was promulgated. It took the Government three years to amend that Act in order to make provision for urban councils.

The problem I have with this interpellation is that this should not have been an own affairs issue. It has to do with general affairs—all rural people being neglected in this respect.

We also believe that any attempt to adapt RCCS on a piecemeal basis in an effort to make them a little more acceptable, is totally unacceptable to us. The hon the Minister gave us the assurance yesterday that no new measures affecting local government, even if it were only on a temporary basis, would be considered until the formation of a fully representative forum has been achieved. I hope that the hon the Minister will stick to that commitment.

Oscar Wilde once described the English sport of fox-hunting as "the unthinkable chasing the uncatchable". By the same token it is unthinkable that we should even be contemplating an attempt to change RSCs to make them a little bit more palatable to certain people. In that respect I hope the hon the Minister will stick to his commitment.

What are the facts? The Government does not give us an indication that that is what they are really about. The hon the State President said at the congress of the Association of Regional Services Councils this year, and I quote from a report:

Mr De Klerk het aangevui dat SDR'e gekom het om te bly.

In other words he is accepting that this is a sort of non-negotiable.

The hon the Minister referred to the Malan Commission. I have a letter here from the Cape Province Agricultural Union. The Union was informed by the administrator and the executive committee that they should make certain recommendations. What are their recommendations? They say—these are the White farmers—that the farm worker should not get a vote in terms of the building which he occupies, because he cannot

Equally excited about the find is Professor Phillip Tobias who said: "It was an extremely lucky find."
 Professor Tobias believes the two teeth could be from the same crea-

dig for the next 15 to 20 years.
 The deposits are extremely rich in a wide diversity of extinct animals, including giant horses, antelope and carnivores.

For the latest weather information (Cape Town) 08720 08206, (Peninsula and Boland) 08710 08776, and for advice on wind speed/direction 56 1723 (Bloubergstrand) and 788 8226 (Matzenberg).

SA to revoke all foreign fish quotas

JOHN YELD
Environment Reporter

ALL foreign-held fishing quotas for South African waters — amounting to 6 000 tons — will be revoked at the end of the year.

Countries affected are China, Israel, Portugal, Japan and Spain.

The only exception is Mozambique, which negotiated a mutual quota agreement last year.

The move, announced by Minister of Environment Affairs Mr Louis Pienaar today, affects all fish caught by quota — such as hake, kingklip, anchovy and pilchard.

Excluded are non-quota fish such as tuna, a highly migratory

species which cannot be protected unilaterally by a single country.

Mr Pienaar announced last May that foreign quotas in South Africa's fishing waters — the "economic exclusion zone" extending to 360km — would be phased out over two years.

Japan and Taiwan were also banned from fishing in South Africa's territorial waters, which extend to 25km.

This was because the South African fishing industry had proved its ability to harvest the country's fish resources effectively, Mr Pienaar said.

Following this decision, no quotas had been allocated to Israel

since last year or Spain since the beginning of this year.

At the start of 1992, the total allowable catch for South African fishing interests was 186 000 tons, with 6 000 tons allocated to Portugal, Taiwan and Japan.

Last year foreign quotas totalled 11 000 tons.

Mr Pienaar said new quota applications by foreign countries would be considered if the South African industry was unable to utilise the fishing resource and if such allocations would "directly benefit" South Africa.

Mr Pienaar said he envisaged closer regional ties, with fishing quotas being exchanged between Southern African nations, as was being done with Mozambique.

Police manhunt for Valkenberg escapers

JOHAN SCHRÖNEN
Crime Staff

A POLICE manhunt was under way today for four criminally insane patients who escaped from Valkenberg Hospital after holding up a nurse at knife-point.

A group of five patients escaped on Friday night and four are still at large.

In February, 34 dangerous in-

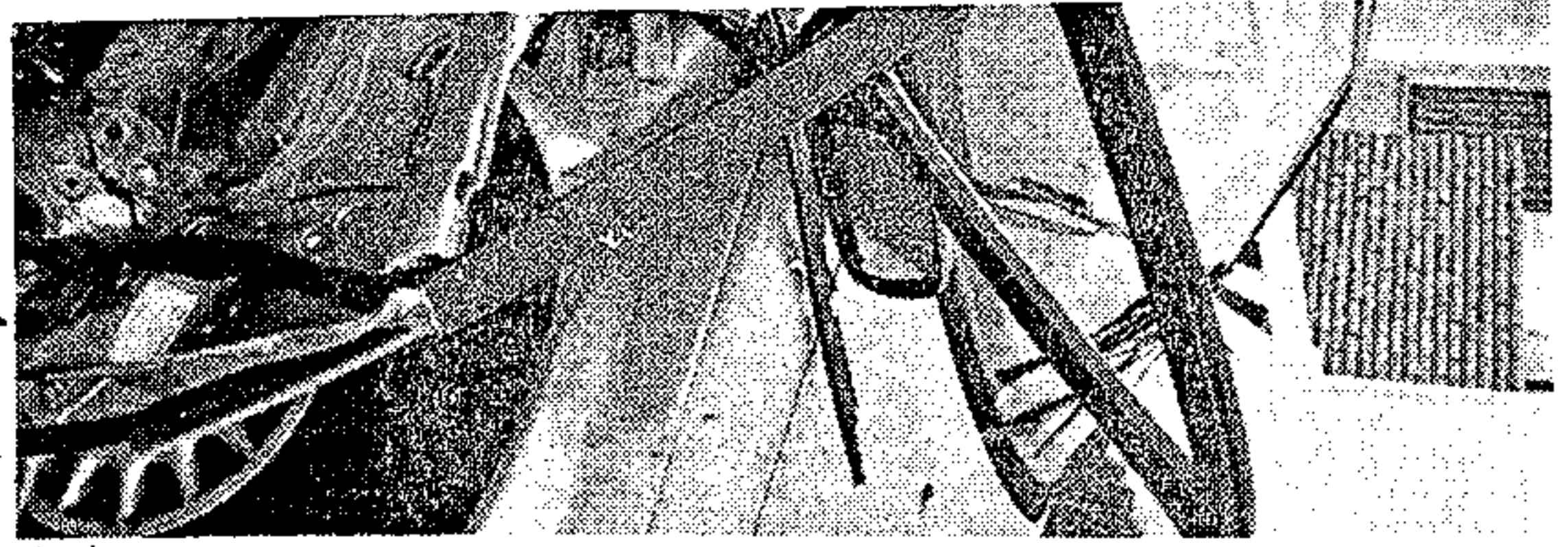
mates of the maximum-security ward escaped.

Police said the five were State President's patients found unfit to stand trial for crimes including murder, serious assault and theft.

One, a 17-year-old from George, was rearrested yesterday while walking along the N2 freeway near Khayelitsha.

The patients threatened a nurse, Mr John Cloete, and forced him to hand over the keys of a door. They returned the keys after unlocking the door.

The patients still missing are: John Madudu, 34, of Guguletu, Welcome Ntshengulana, 20 of Nyanga, Rodney Sithole, 21, of Khayelitsha and Zwillingani Sithoza, 50, of Transkei.



Picture: ROGER SEDRES
 of what is left of his Sarepta Road, Kullis at the weekend.

Gill looks

Britain smashes war

MP slams luxury flats

Own Correspondent

DURBAN. — Democratic Party health spokesman Mr Mike Ellis called for an inquiry into the conversion of three flats at Addington Hospital here into two luxury apartments — estimated to have cost R500 000.

He said the explanation by Dr Neville Howes, director-general of the Natal Provincial Administration, that renovations would cost only R100 000 was "absolutely unsatisfactory".

CT 28/5/92
He said that even if R100 000 was left over from last year's budget it could have been used in a "far more favourable way", such as buying ambulances, saving jobs or building a primary health care unit.

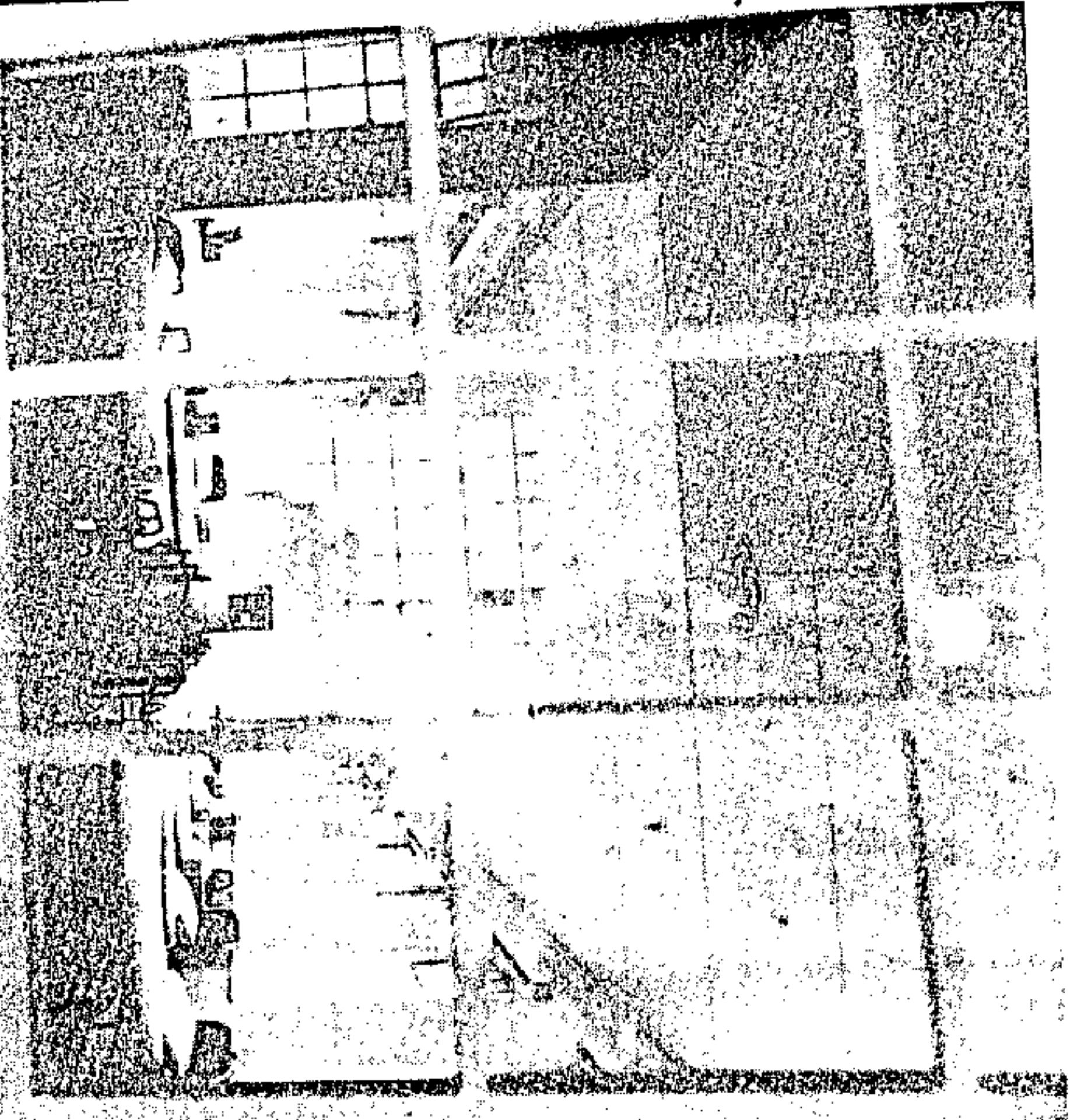
"Administrators have survived without a luxury flat in Durban for years and years — why when the economy is at its worst does this particular administrator and director-general see the need for this kind of privilege?"

Dangerous patients on the run

Inmates

escape

CT 25/5/82



TOP DORMITORY

ESCAPE WARD . . . Police are still searching for four of the five criminally insane patients who escaped from this ward, Medium Security Ward 26, at Valkenberg Hospital over the weekend.

Picture: BERNY GOOL

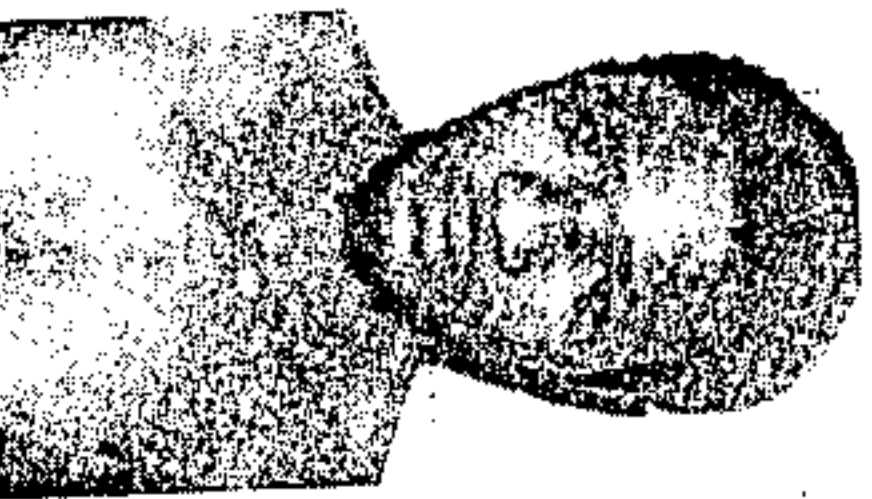
By DANIEL SIMON
FOUR of five criminally insane patients who escaped from Valkenberg Hospital at the weekend after overpowering a male nurse are still at large.

The escapees, committed for crimes ranging from theft and serious assault to murder, broke out on Friday night after one of them threatened the nurse with a knife.

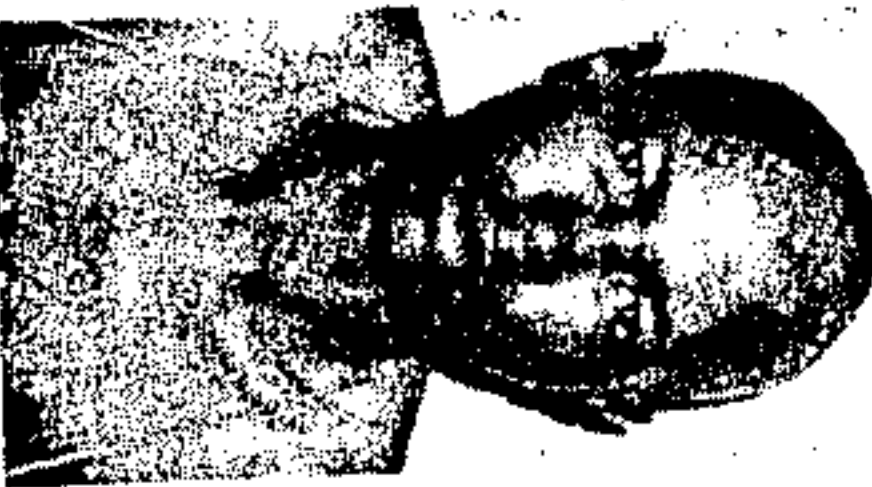
Hospital inmates classified "criminally insane" have been found unfit to stand trial because they are not considered to be responsible for their actions.

The escape by dangerous hospital inmates is the second this year and comes after security measures were stepped up following the breakout by 34 inmates of Valkenberg's maximum-security section on February 13.

Police spokesman Colonel Tony Dewhurst yesterday said the five escapees were certified state patients who had been arrested for crimes ranging from theft and serious assault to murder.



ON THE RUN . . . John Madudu, 34, of Guguletu



ON THE RUN . . . Rodney Sithole, 21, of Khayelitsha

He said that shortly after 6pm one of the inmates had threatened a male nurse, Mr John Cloete, with a knife and had demanded the keys to the door.

"Once they had unlocked the door they handed the keys back to Mr Cloete and walked out. Mr Cloete was not injured."

Hospital staff had raised the alarm and a police task force had been deployed in the immediate vicinity soon afterwards.

One escapee, a 17-year-old youth from George, had been arrested early yesterday morning.

while walking along the N2 highway near Khayelitsha.

Those still on the run were: John Madudu, 34, of Guguletu; Welcome Nshengulana, 20, of Nyanga; Rodney Sithole, 21, of Khayelitsha; and Zwelingsani Sithoza, 50, of Transkei.

Colonel Dewhurst warned members of the public not to try to confront the men as they were "unpredictable" and could become dangerous.

The medical superintendent on call, Dr E Bertrange, said it was not known how one of the patients—who had been arrested in connection with a murder committed in 1984—had obtained a knife.

Nor was it known how the inmates had managed to leave the hospital grounds without being detected by hospital security or staff.

"I don't want to make any rash statements until we find out exactly what happened. We will be launching an investigation and will take statements from all staff members who were present."

Anyone with information is asked to contact Detective-Sergeant Kevin Willis of the Mailand police station at 511 4585 (o/h).

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Workers block municipal change and privatisation

CLIVE SAWYER Municipal Reporter RESTRICTING local Government and attempts at privatisation must be stopped immediately, SA Municipal Workers Union branch chairman Mr Salie Manie told a packed union meeting last night in the Cape Town City Hall.

Mr Manie said municipal workers should not be excluded from the decision-making process. Municipalities should provide water and electricity to all at affordable rates, while paying their workers a living wage.

Mr Manie said all internal restructuring of councils should stop and

called on councils not to use the Interim Measures for Local Government Act.

He said municipal workers were often seen as agents of the State, but were drawn from the ranks of oppressed communities.

Samwu general secretary Mr John Ernstzen said union pressure had led to all 800 workers retrenched by Ibhayi City Council in Port Elizabeth, being reinstated.

Municipal workers are to hold marches countrywide on June 10.

Annual wage negotiations between Samwu and the city council executive committee are in progress.

Sets today: 1747. Rises tomorrow: 0740

THE TIDES

High water: today: 1101 2324; tomorrow: 1201 -
Low water: today: 0453 1705; tomorrow: 0550 1802

YESTERDAY'S WATER TEMPERATURES

Sea Point: sea 14,5; pool 15,5
Muizenberg: sea 12,5; pool 13,5
Newlands pool: 16
Long Street pool: 24

7am TEMPERATURES

Bloemfontein	-6
Cape Town	-6
Durban	11
East London	8
George	12
Johannesburg	13
Kimberley	1
Port Elizabeth	-0
Pretoria	14
Springbok	8
Upington	11
Windhoek	2
Cape Town (yesterday 2pm)	7

For the latest weather information (Cape Town) 08720 08206, (Peninsula and Boland) 08710 08776, and for advice on windspeed/direction 56 1723 (Bloubergstrand) and 788 8226 (Muizenberg).

Valkenberg gets more guards after breakout

ANDREA WEISS
Health Reporter

198
25/5/92

MORE security guards have been employed at Valkenberg Hospital following the escape of five prisoners last week.

In a statement by the Cape Provincial Administration, Dr Jocelyn Kane-Berman said the extra security personnel were employed for the four closed wards, including Ward 26, where the five escapees had been held.

The wards are all closed forensic wards where patients are admitted from the maximum security ward "as and when their condition and progress make this possible", Dr Kane-Berman said.

On Friday night - the evening of the breakout - one of the two male nurses on duty had been transferred to the adjacent Ward 25 because of a security problem there, leaving the remaining nurse alone.

This gave the patients the chance to threaten the remaining nurse with a knife.

Dr Kane-Berman said much had been done to improve the situation following the breakout in February when 34 patients escaped, but major problems remained.

The inadequacy of facilities for forensic patients had been relieved in the maximum security section, but increased in the supporting closed wards.

"Until such time as another maximum security ward is built at Lentegeur Hospital (in Mitchell's Plain) this unstable situation will persist," she said.

Also, a continuing shortage of funds prevented the filling of vacant posts at Valkenberg Hospital. Areas particularly affected were social workers and occupational therapists, both of whom played an "essential role in defusing tensions and aggressive behaviour in long-term forensic patients".

1987 CT 27/5/72

Murderer 'seemed' to pleased' to see police

By GLYNNIS UNDERHILL
TRIPLE murderer John Madudu, who escaped from Valkenberg Hospital at the weekend, was picked up by police yesterday while apparently walking back to the hospital.

A Maitland police spokesman said state patient Madudu had been wearing civilian clothes when found in Alexander Road, Maitland.

"He seemed quite relieved to see us," said Detective Warrant Officer J van der Merwe.

Another escapee, Rodney Sithole, who had been found unfit to stand trial for alleged assault, had been picked up in a Paarden-Eiland cafe, where he was playing pin-ball.

"He was quite aggressive and did not want to come with us."

Welcome Ntshengulana, 20, of Nyanga, and Zwelingani Sithoza, 50, of Transkei, are still at large.

dsters

- or the Department of Justice - number of motorists involved is

Hurly said there were two wrecks which fell outside the city. One was virtually above the goods yards, on the elevated roadway from the spot where the "enforcement by camera" sign was on Table Bay Boulevard.

Issue sent to consultant 5

Pi

Discount

THE
STO
OL
TOM
28

9am
Claremont
Gardens,
Mitchells
Pinelands,
Sea Point,
Strand, Ste
Sun Valley

9am-
Constantia
Tygervalley

9am-7
Camps Bay

Don't pay more.

HOUSE OF REPRESENTATIVES

Complaints by residents of Brentpark

*2. Mr G ROOSKRANS asked the Minister of Education and Culture:†

QUESTIONS
†Indicates translated version.
For oral reply:
Own Affairs:

- (1) Whether he or his Department recently received any complaints from an association of residents of Brentpark in the Kroonstad area; if so, (a) what is the name of the association concerned and (b) what is the subject of the complaints;

- (2) whether these complaints have been investigated; if not, why not; if so, with what results;

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

Maladministration/fraud: Brentvale Primary School
*1. Mr G ROOSKRANS asked the Minister of Education and Culture:†

- (1) Whether he or his Department has investigated maladministration and fraud with school funds that has allegedly occurred at the Brentvale Primary School in the Bloemfontein region; if not, why not; if so, what are the (a) circumstances surrounding the alleged irregularities and (b) findings of the investigation;

- (2) whether his Department has taken action against any persons and/or bodies as a result of the investigation; if not, why not; if so, what are the relevant details;
- (3) whether the matter has been reported to the South African Police; if not, why not; if so, with what results;
- (4) whether he will make a statement on the matter?

C25E

†The MINISTER OF HEALTH SERVICES AND WELFARE (for the Minister of Education and Culture):

- (1) Yes,
 - (a) the School Committee alleged that the principal has used school funds for self-gain
 - (b) the principal admitted the allegation and has undertaken to repay the monies.

- (2) No. The investigation has not yet been completed departmentally.

- (3) No. The matter is still under consideration.

- (4) No. A statement is not deemed necessary.

HOUSE OF REPRESENTATIVES

(3) whether it is the intention to put this complex to a different use in the future; if so, what are the relevant details?

C27E

The MINISTER OF HEALTH SERVICES AND WELFARE:

- (1) (a) (i) Thirty three (33)
- (ii) Thirty one (31)
- (b) None.

tatives by means of a sales agreement, but came under its control with the institution of own affairs administration in 1984.

- (b) Institutional care, treatment and rehabilitation of TB and chronically-ill patients.
- (c) Unknown.

- (2) (a) The complex was not acquired by the Administration: House of Representatives

- (3) It is intended for education purposes. Requests received regarding this are being considered.

†The MINISTER OF HEALTH SERVICES AND WELFARE (for the Minister of Education and Culture):

- (1) Yes,

- (a) the Parent Committee of Brentvale Primary School,

- (b) poor control and administration of the school, maladministration of school funds and absence of the principal from school functions.

- (2) Yes. The matter has not yet been concluded.

- (3) No. A statement is not deemed necessary.

For written reply:

Own Affairs:

Dr Stals Hospital complex: number of living units

9. Mr W J DIETRICH asked the Minister of Health Services and Welfare:

- (1) (a) (i) How many living units are there in the Dr Stals Hospital complex in Westlake and (ii) how many such units were occupied as at the latest specified date for which information is available and (b) what recreational facilities are available there;

- (2) (a) when was this complex acquired by the Administration: House of Representatives, (b) to what use is it being put at present and (c) what was the value of the complex when it was acquired;

HOUSE OF REPRESENTATIVES

specified periods. As far as question (iii) is concerned the required information will only become available after 30 June 1992. To obtain the information now, all magistrate's offices would have to be contacted which is not economically feasible.

- (i) 35 922 for the period 1 July 1989 to 30 June 1990.
- (ii) 43 260 for the period 1 July 1990 to 30 June 1991.
- (iii) Not readily available.
- (b) (i) 5.53%
- (ii) 6.8%
- (iii) Not readily available.

(iii) Not readily available

End-of-year exams written/passed: schools in PE metropole

293. Mr E W TRENT asked the Minister of Education and Training:

How many pupils in schools falling under his Department in the Port Elizabeth metropole (a) wrote the end-of-year examinations for, and (b) passed, each standard in 1989, 1990 and 1991, respectively?

The MINISTER OF EDUCATION AND TRAINING:

	1989		1990		1991	
	(a)	(b)	(a)	(b)	(a)	(b)
Sub A	9 456	8 404	10 504	9 355	10 445	9 111
Sub B	7 278	6 547	7 753	6 974	8 172	7 293
Std 1	6 487	5 911	7 379	6 699	7 533	6 776
Std 2	5 594	5 288	6 421	6 022	7 069	6 570
Std 3	5 419	4 623	6 336	5 427	6 878	5 929
Std 4	5 563	5 014	5 774	5 057	6 351	5 489
Std 5	8 498	7 660	6 276	5 473	6 095	5 340
Std 6	4 094	2 920	9 054	6 003	8 807	5 856
Std 7	3 503	2 358	3 967	2 616	8 454	5 475
Std 8	3 250	2 188	3 894	2 561	4 824	3 404
Std 9	2 955	1 975	3 214	2 266	4 284	2 735

End-of-year exams: primary schools in Uitenhage
294. Mr E W TRENT asked the Minister of Education and Training:

How many pupils in each of the primary schools falling under his Department in the Uitenhage metropole (a) wrote and (b) passed the end-of-year examinations in 1989, 1990 and 1991, respectively?

B732E

School	1989		1990		1991	
	Wrote	Passed	Wrote	Passed	Wrote	Passed
Alex Jayiya	566	483	439	389	468	381
Ashton Gontshi	476	393	427	372	424	370
Ilinge	539	483	389	355	359	320
James Ntungwana	677	573	609	494	602	536
J N Tlwana	625	565	523	451	537	443
Little Flower	428	379	391	369	391	359
Mjuleni	833	728	768	672	806	737

The MINISTER OF EDUCATION AND TRAINING:

School	1989		1990		1991	
	Wrote	Passed	Wrote	Passed	Wrote	Passed
Mngcunube	882	764	798	693	842	716
Mghayi			587	455	622	484
Mtonjeni	930	841	816	785	840	784
Nokhwezi	785	656	559	466	1 288	982
Nosipho	958	851	1 103	955	1 243	1096
Ntmeza	527	450	446	386	492	428
Phakamile	893	780	1 304	1 083	1 488	1 319
R H Godlo	879	796	738	710	818	755
Stephen Nkomo	664	639	594	534	587	540
Vuba	587	538	551	475	599	513
James G Ndulula	553	507	624	560	706	627
Phindubuye	919	792	937	794	1 170	1 010

End-of-year exams: schools in Uitenhage

295. Mr E W TRENT asked the Minister of Education and Training:

How many pupils in schools falling under his Department in the Uitenhage metropole (a) wrote the end-of-year examinations for, and (b) passed, each standard in 1989, 1990 and 1991, respectively?

B733E

The MINISTER OF EDUCATION AND TRAINING:

	1989		1990		1991	
	(a)	(b)	(a)	(b)	(a)	(b)
Sub A	3 279	2 787	2 328	1 980	3 049	2 506
Sub B	2 093	1 811	2 281	1 997	2 268	1 934
Std 1	1 868	1 655	1 941	1 665	2 344	2 081
Std 2	1 766	1 572	1 833	1 627	1 856	1 657
Std 3	1 215	1 074	1 727	1 496	1 831	1 633
Std 4	1 138	1 029	1 253	1 067	1 676	1 446
Std 5	1 362	1 290	1 240	1 166	1 258	1 143
Std 6	911	615	1 233	683	1 478	847
Std 7	750	526	571	346	1 077	631
Std 8	692	413	621	371	818	449
Std 9	439	299	420	256	631	290

The MINISTER OF NATIONAL HEALTH:

(1) Yes, however the flats are modern living quarters and cannot be termed luxurious,

- (a) three,
- (b) (i) two average standard flats,
- (ii) Flat A is 153m²
Flat B is 74 m²
- (iii) Flat A — two bedrooms, living/dining room, one *could*

study, one kitchenette, two bathrooms
flat B — one bedroom, one open plan living room/kitchenette, one bathroom,

98

Replacement of galvanised plumbing fittings
TOTAL R8 901,00
R32 277,00 and

(c) (i) for overnight accommodation for the Administrator, Mrs Botha and the Director-General and

(bb) itemized equipment/furnishings:
Crockery and cutlery R8 038,50

(ii) Mr C J van R Botha
Mrs C J van R Botha
Dr N E Howes.

Software R4 212,88
(linen)

(d) (i) (aa) total cost (converting)

= R155 474,00 and

(bb) total cost (equipping)
= R75 505,02 and

Re-upholstery of furniture R5 540,00
New furniture R29 393,98
Curtaining R18 602,57

(ii) (aa) itemized conversion costs:
(Costs strictly for conversion)

Kitchen equipment and utensils R9 717,09
TOTAL R75 505,02 and

Construction of walls, painting and tiling R32 723,00

(e) (i) Vote 4L1 (Natal Provincial Administration)—Works Branch—Minor Works, Buildings and

Supply of airconditioning units R30 420,00
Light fittings R1 681,00
Bathroom fixtures and fittings R19 820,00

(ii) Vote 4F1 (Natal Provincial Administration)—Works Branch—Furniture and Equipment;

Doors outside and internal (5 doors) R4 550,00

(2) yes,

(a) R123 133,00 of the conversion costs was committed and passed for payment from the 1991/92 budget, the balance will be paid from the 1992/93 budget. R37 549,30 of the equipment costs was committed and passed for payment from the 1991/92 budget and the balance of R37 956,32 will be paid during the 1992/93 financial year

Floor covering R13 055,00

Built-in cupboards and fittings R20 948,00

TOTAL R123 197,00

(Costs associated with normal maintenance which would have been undertaken irrespective of the conversion)

Replacement of window frames R5 083,00

Replacement of inferior wiring R9 226,00

Normal lift renovations R1 837,00

Replacement of obsolete distribution board R7 230,00

(b) all unspent money was returned to the Treasury at the end of the 1991/92 financial year;

(3) no, as this was a minor works project and such projects are not subject to prior Executive Committee approval;

(4) yes,

(a) Director-General of the Provincial Administration of Natal

(b) to provide overnight accommodation as the Director-General frequently has to attend meetings, seminars and conferences in Durban which either end late or are spread over more than one day.

98

This has in the past necessitated either returning to Pietermaritzburg by car late at night and sometimes returning the next day, which in the present situation involves a considerable safety risk and expense, or staying overnight in hotel accommodation at considerable expense and

(c) at the discretion of the Director-General in consultation with the Administrator.

Exploitation of applied space technology

298. Mr C W EGLIN asked the Minister for Public Enterprises:

(1) Whether the Government has initiated and/or intends to initiate an investigation into the commercial feasibility of exploiting the applied space technology available at a certain company, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) what are or will be the terms of reference of such investigation and (b) what is the name of this company;

(2) with reference to the persons who are conducting or will conduct this investigation, (a) what are their names and (b) what position does each hold in the (i) private or (ii) public sector?

B747E

The MINISTER OF PUBLIC ENTERPRISES:

(1) An investigation is at present being undertaken and co-ordinated by Denel (Pty) Ltd in co-operation with other interested parties in the total RSA industry as well as a variety of foreign space related organisations, on the feasibility of a space industry in the RSA. The chief aim with the investigation is to determine the market opportunities as well as the risks and profitability of such an industry. The investigation is being undertaken within the framework of the free market system and is merely of a commercial nature.

(a) and (b) Fall away.

(2) Falls away.

Employees of Armscor laid off

299. Mr J M BEYERS asked the Minister of Defence:

(a) How many employees of (i) Armscor and (ii) its affiliates have been laid off since 2 February 1990 as a result of the scaling down of the activities of the South African Defence Force and (b) in respect of what date is this information furnished?

B753E

The MINISTER OF DEFENCE:

(a) (i) 720

(ii) 4 749

(b) As at 31 May 1992.

SADF: members laid off

300. Mr J M BEYERS asked the Minister of Defence:

How many members of the (a) Air Force, (b) Army and (c) Navy were laid off during the latest specified period of 12 months for which figures are available as a result of the rationalization of the South African Defence Force?

B754E

The MINISTER OF DEFENCE:

For the period 1 May 1991—30 April 1992, the figures are as follows:

(a) 200

(b) 18

(c) 6

Ship destined for Iraq: instructions to turn back

302. Mr W A BOTHA asked the State President:

(1) Whether he personally gave instructions that a ship carrying electronic export goods destined for Iraq was to turn back to South Africa; if so,

(2) whether he gave these instructions after he had learned that the United States of America was going to declare war on Iraq; if not, what are the relevant details;

Star 20/6/92

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HOSPITALS are braced for disaster as an increasing number of medical staff countrywide join the hospital strike — and disputing parties draw even further apart in the crippling dispute.

State-paid doctors' fear the strike will result in patient deaths next week.

They have however voiced their sympathy with the strikers, calling for an urgent re-opening of negotiations over wages, maternity leave, worker status and methods of dispute settlement.

The Transvaal Provincial Administration has meanwhile delivered an ultimatum to the strikers, ordering them to commence their duties within three working days and to give reasons why disciplinary actions should not be taken.

There are only 38 nurses at the Hillbrow Hospital, which has closed its out-patient section and discharged as many patients as possible. At Tembisa Hospital, 30 nurses are attending to 300 patients.

Johannesburg Hospital has also prematurely discharged many patients and has introduced strict access control. Only bona fide visitors will be admitted and visitors are requested to bring some form of identification. Visiting is permitted only from 3 pm to 5 pm daily.

The TPA said yesterday that widespread intimidation was continuing at various hospitals. "Nurses at the Tembisa Hospital are phoned in wards and threatened that if they do not stop working, their homes would be burnt down. Nurses at Witbank Hospital are intimidated by being told not to do any tasks apart from their usual daily tasks," the TPA said. "It is clear the current strategy is to make sure that the nursing and professional personnel are hindered in providing services so that the hospitals cannot function at all."

The National Education, Health and Allied Workers' Union (Nehawu) has called for a national hospital strike from

HELEN GRANGE

Monday, which authorities expect will lead to a sharp increase in absenteeism.

A trickle of volunteers have come forward to help, but hospital sources say the sensitivity of the strike is keeping would-be helpers away. Doctors are attempting to do basic cleaning, but are unable to keep hospitals in a hygienic condition.

Patients needing operations have been either discharged or told to return when the strike is over, a situation which may

place lives in danger, doctors have confided.

However, Baragwanath Hospital medical and allied workers have stated that they will not join Monday's strike action — following a ballot among

300 professional workers at the hospital yesterday.

A statement by Baragwanath's Dr David Jacobs, on behalf of the professionals, said although they would not strike, they sympathised with the strikers' complaints.

"We recognise that wages, salaries and working conditions in the provincial health services are poor, not only for general workers, but also for all health professionals."

Dr Jacobs said the professional workers felt Nehawu and the Government's negotiating body, the Commission for Ad-

ministration, should go to arbitration immediately to end the industrial action.

Nehawu called for nationwide strike at provincial hospitals on Wednesday after a deadlock in talks with the TPA.

Nehawu wants a minimum wage of R724 and an across-the-board increase of 15,3 percent, six-months' paid maternity leave, a 40-hour working week, and temporary appointments to be made permanent.

The Commission for Administration has offered a R708 minimum wage and a 9,2 percent increase.

The union asked for an urgent meeting with Commission for Administration Minister Org Marais, but he allegedly refused to meet Nehawu.

The sensitivity of the strike is keeping helpers away. Doctors are unable to keep the hospitals in a hygienic condition.

Patients needing operations have either been discharged or told to return when the strike is over which may place lives in danger.

bosses bicker

Lives at stake as

20/6/92

92

Conflicting views of the hospital dispute

Star 20/6/92.

PATIENTS' lives are once again in peril at Transvaal hospitals during the ongoing power struggle over health services. BRENDAN TEMPLETON spoke to the two men heading the opposing sides to find out why they are fighting. (92)

Interview with Fanie Ferreira, TPA MEC for health services

HOW has the strike affected hospital services? Is emergency health care still available?
 Yes, definitely. Patient numbers have been reduced, naturally, at the hospitals affected by strike action, but all the emergency trauma cases are being taken care of.
It seems as if almost every year Transvaal hospitals are being hit by strike action. What do you see as being the reason for this?
 In May 1990 the major issue was the recognition of trade unions as legitimate bodies to negotiate on behalf of employees. Strike action ended with the establishment of a negotiating body between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union (Nehawu). But now, unfortunately, one cannot escape the fact that we live in an atmosphere of mass action which makes it difficult to negotiate about pure labour relations.

One of Nehawu's major complaints is that temporary workers can be dismissed on 24 hours' notice. Have there been steps taken to address this complaint?
 The use of the word "temporary" is unfortunate. In the past temporary workers did



ment of one month's notice of termination of service.
The problem at the moment seems to be that both parties, Nehawu and the Government, recognise the need for change. But since 1990, that change has not taken place and frustrations have been building up. How are you going to go about preventing these frustrations from continuing until such laws can be changed?
 Since Mr de Klerk's announcements in 1990, things have taken a different course, but it's a huge ship and when you make political decisions and take them on the road, you have to get this ship around. The Cliffe Commission has made recommendations that certain changes take place and

I don't know, that will have to be discussed at a higher level. I will be frank with you — I haven't applied my mind to that yet. We have reached deadlock and we will have to look at some or other way to reopen the situation. But we will have to bring down the temperature to address the health issues and I'm afraid that the other issues will overrule them.
Which other issues are these?
 Well, the big political issues such as mass action.
Do you seriously see the Nehawu strike as being part of the mass action?
 Well, I read you that document. The thing is this: If I say all Nehawu strikers are part of the mass action, I am making

Interview with Nehawu general secretary Phillip Dexter

EVERY year strikes break out at Transvaal hospitals. What are the fundamental reasons for this?
 There are a number of reasons: atrocious working conditions and low wages. Hospital workers have no real staff facilities: basic things like protective clothing, things one would imagine the health sector would be geared up on. In addition there are the conditions of employment: many do work that does not strictly fall under their job description. Many general assistants double up as nursing assistants.

For general assistants, the average is around R500 a month, although there are people earning less than that. But are these factors enough to warrant putting patients' lives in danger?
 The combination of all those factors, plus the Government's refusal to have a system of governing the relationship between employer and employee, means there is no other dispute resolution mechanism.
What about the ethics of health workers going on strike? Are they justified in downing tools at the expense of patients?
 The moral argument that health workers should not go on strike is totally incorrect. The Government is blackmailing people by saying "you are providing a life-giving service

tions failed, Nehawu drew up an agenda for pressuring the State. Does this mean that Nehawu is actually trying to manufacture a strike?
 No, the pressure for a strike has been there for a long time. The union decided to try a channel that frustration and anger through mechanisms like demonstrations, go-slow — symbolic acts of defiance. But it was the response to that by the TPA which sparked the strike.
What do you think about the TPA's response to the strike?
 In every case, the union has offered to provide emergency services but the TPA has refused — it's quite clear that the Government simply does not care about patients at risk. They are trying to discredit the union.
There have been allegations by the TPA that intimidation is taking place on a wide scale. Is this so?
 Tension is high and it's avoidable, but I don't believe it's happening anywhere on the scale that the TPA says. Also, I firmly believe that most of the intimidation happens on behalf of the Government through the use of death squads — three members assassinated last week.
Every year you seem to have a particularly difficult relationship with the TPA. Every year ugly scenes develop, yet not much news of other provinces emerges. What sort of relationship do you have with the TPA?
 There are other cases (of industrial action) in the other provinces, but we have an acute problem with the TPA. There is a willingness on the part of other provinces to listen to demonstrations to listen to demands of workers, but the TPA literally dismisses claims out of hand once procedures have been followed.
Have there been any improvements in relations between Nehawu and the TPA since 1990?
 No, because of their intran-

once again in peril at Transvaal hospitals during the ongoing power struggle over health services. **BRENDAN TEMPLETON** spoke to the two men heading the opposing sides to find out why they are fighting. (98)

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One of Nehawu's major complaints is that temporary workers can be dismissed on 24 hours' notice. Have there been steps taken to address this complaint?

The use of the word "temporary" is unfortunate. In the past, temporary workers did not have access to pension, medical aid, leave or housing benefits. Now our temporary workers are entitled to all of these. On the question of dismissal, our temporary workers are appointed with an agree-



ment of one month's notice of termination of service. The problem at the moment seems to be that both parties, Nehawu and the Government, recognise the need for change. But since 1990, that change has not taken place and frustrations have been building up. How are you going to go about preventing these frustrations from continuing until such laws can be changed?

Since Mr de Klerk's announcements in 1990, things have taken a different course, but it's a huge ship and when you make political decisions and take them on the road, you have to get this ship around. The Cillie Commission has made recommendations that certain changes take place and all I can say at this point is that those recommendations must get into the system. Is there a possibility that you could, during the interim period, bring in an arbitrator in the event of dead-

locks? I don't know, that will have to be discussed at a higher level. I will be frank with you — I haven't applied my mind to that yet. We have reached deadlock and we will have to look at some or other way to reopen the situation. But we will have to bring down the temperature to address the health issues and I'm afraid that the other issues will overwhelm them. Which other issues are these? Well, the big political issues such as mass action. Do you seriously see the Nehawu strike as being part of the mass action? Well, I read you that document. The thing is this: if I say all Nehawu strikers are part of the mass action, I am making a wild statement which I cannot substantiate. But if you read this pamphlet, you can come to no other conclusion than that it is part of the total action to ask the Government

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EVERY year strikes break out at Transvaal hospitals. What are the fundamental reasons for this?

There are a number of reasons: atrocious working conditions and low wages. Hospital workers have no real staff facilities: basic things like protective clothing, things one would imagine the health sector would be geared up on. In addition there are the conditions of employment: many do work that does not strictly fall under their job description. Many general assistants double up as nursing assistants. Workers who have been there more than 20 years still only have temporary status and can be fired with just 24 hours' notice.

What sort of wages are usual in the health sector?

pressuring the State. Does this mean that Nehawu is actually trying to manufacture a strike? No, the pressure for a strike has been there for a long time. The union decided to try to avoid a strike. We tried to channel that frustration and anger through mechanisms like demonstrations, go-slows — symbolic acts of defiance. But it was the response to that by the TPA which sparked the strike.

What do you think of the TPA's response to the strike?

In every case, the union has offered to provide emergency services but the TPA has refused — it's quite clear the Government simply does not care about patients at all. They are trying to discredit the union.

There have been allegations by the TPA that intimidation is taking place on a wide scale. Is this so?

Tension is high and it's quite avoidable, but I don't believe it's happening anywhere on the scale that the TPA says. Also, I firmly believe that most of the intimidation happens on behalf of the Government through the use of death squads — three members assassinated last week.

Every year you seem to have a particularly difficult relationship with the TPA. Every year ugly scenes develop, yet not much news of similar circumstances in other provinces emerge. What sort of relationship do you have with the TPA?

There are other cases (of industrial action) in the other provinces, but we have an acute problem with the TPA. There is a willingness on the part of other provinces' administrations to listen to the demands of workers, but the TPA literally dismisses our claims out of hand once the procedures have been followed.

Have there been any improvements in relations between Nehawu and the TPA since 1990?

No, because of their intransigent and medieval attitude towards labour relations. We believe we have moved a long way and matured in terms of industrial action. This maturity is not matched by the State

Hospitals strike set to spread next week

JOHANNESBURG. — The two-week strike by non-medical staff which has brought chaos to 17 provincial hospitals will spread next week and involve doctors and nurses, a senior health union official said yesterday.

"We are preparing for a full-scale national strike," said Mr Neal Thobejane, assistant general secretary of the National Education, Health and Allied Workers' Union (Nehawu).

Wage talks had been deadlocked since Wednesday, he said.

At Hillbrow Hospital yesterday only half the nursing staff were at work. Hospital management alleged "tremendous intimidation" by strikers.

Hospital authorities in Bloemfontein yesterday said they expected a sharp increase in labour action on Monday.

● Baragwanath Hospital medical and allied workers have decided they will not join Monday's strike action. — Sapa, Sapa-Reuter

Hospital battle for tea

Staff Reporter

GROOTE SCHUUR Hospital will fight to keep paying doctors and nurses overtime and to provide free tea and coffee for medical personnel in its main operating theatre, despite rigid cutbacks ordered by the government, a senior hospital official said yesterday. (98) CT 20/6/92

Doctors at Groote Schuur said yesterday that if tea was not provided in the main operating theatre, where cardiac surgery could last up to eight hours, it "could be the last straw".

Morale was at an all-time low and the brain drain of doctors from South Africa was continuing, said sources.

Day for the

and ELIAS MALULEKE MEMBERS of the National Education and Health Workers Union and the Transvaal Provincial Administration are heading for a showdown tomorrow after they failed to resolve a wage dispute strike.

After talks between the two parties collapsed this week Nehawu called for a national strike from tomorrow while the TPA has warned the 300 striking health workers to return to work tomorrow or face dismissal.

As the two brace themselves for what could be a bruising battle, there are fears that professionals could be dragged into the dispute. The union has asked all medical staff, including doctors, nurses and paramedics, to down tools in solidarity with the strikers.

The strikers - general staff and clerks - from 15 hospitals in the Transvaal and Free State are demanding a R724 minimum wage and a 15 per cent across-the-board increase.

Impasse

The strike began two weeks ago at Soweto's Baragwanath Hospital and spread to other Reef hospitals.

The impasse has forced some of the 16 affected provincial hospitals to refuse new patients while those already admitted are being transferred to hospitals not affected by the strike.

Only emergency cases are dealt with and outpa-



LIVES IN BALANCE... Patients are caught in the crossfire of the hospital strike. ■ PIER THULANI SI-THOLE

CIPRES 2/16/92

Patients sections have been scaled down because there are no workers to process papers. Some wards in several hospitals are reported to have been closed.

Hardest hit are Baragwanath, Natalspruit, Thembisa and GaR-anukuwa hospitals.

Pickets were preventing ambulance personnel from bringing patients

into hospitals and the dispensary, cleaning, food, laundry and auxiliary services have been seriously affected.

Casualty and emergency services were also under severe strain. Administrative services had collapsed and there was no control on patients' movements in and out of the hospitals.

Fanie Ferreira, MEC

for hospital services with the TPA, said yesterday: "We cannot allow the situation to continue. If the situation has not normalised by Monday (tomorrow), we will give instructions within the ambit of staff regulations so that those who have not returned to work by the end of the week will face dismissal," he said.

Health Minister Dr

Rina Venter has charged that the strike is part of the mass action campaign initiated by the ANC and its supporting organisations.

"The organisers of the ANC's mass action campaign have made it known that one of their objectives is the initiation of rolling mass action, including strikes. Their ultimate goal is the imposi-

tion of their political agenda on the rest of the country and the unconstitutional removal of the government from power. This despite their participation at Codessa.

TPA says back to work or dismissal

"The tragedy is that, in pursuit of its political objectives, Nehawu is seriously jeopardising the interests of patients and, in some cases, endangering their lives.

"The ANC and Nehawu are holding sick people of all races hostage to their demands. It is primarily black patients, who are dependent on treatment at State hospitals, who will suffer," Venter said.

Nehawu said in a statement that the deadlocked meeting between union and TPA representatives was a last-ditch effort to resolve the dispute.

"Our wage demands are basic and fundamental. We offered them a compromise in an earnest effort to save what is clearly an escalating situation with more workers coming out in support of the strike," the statement read.

The deadlock centres around the TPA's refusal to accept to Nehawu's demand that the TPA arrange a meeting between the Minister of Administration and Tourism and Nehawu as a starting point.

hospital strike

CIPRES 2/16/92

Hospital strike set to escalate

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92

CT 22/6/92

Own Correspondent

JOHANNESBURG. — The Transvaal hospital workers' strike is set to escalate this week, with the TPA threatening to fire workers who do not return to work and the National Education, Health and Allied Workers' Union (Nehawu) calling for a national strike.

Late last week, after wage talks ended in deadlock, the TPA gave striking administrative and cleaning staff at 14 hospitals three days to return to work, while the union called on hospital workers in other provinces to join the strike.

In Natal, where the union has 15 000 members, a decision on whether more than 30 provincial hospitals will be affected by the strike is expected to be taken today.

Administration Minister Dr Org Marais told Sapa yesterday that, at the insistence of the union, renewed negotiations involving all parties would be held tomorrow.

Instances of intimidation reported from some Transvaal hospitals have been described by the TPA as a strategy to hinder professional personnel, aimed at bringing hospitals to a standstill.

City workers to join in

Staff Reporter

MORE than 2 000 Cape Town health workers are set to join the national strike by members of the National Education, Health and Allied Workers Union today.

This was decided on at a meeting held in Mbekweni in Paarl yesterday.

The nationwide strike has so far only affected hospitals in the Transvaal, Free State and Northern Cape areas.

Workers in the Provincial roads department will also take part, a union spokesman said.

He said the union members will go on strike today at Groote Schuur Hospital, Valkenberg Hospital and the Red Cross Children's Hospital.

The national strike would be in support of Nehawu's demands in respect of wages and conditions of employment, Nehawu assistant general secretary Mr Neal Thobejane said.

The wage demands included a minimum monthly wage of R724 and a 15,3% across-the-board increase backdated to April 1.

The government's current offer is a minimum of R708 from August 1 with an average 14% annual increase for workers not yet at the top of their salary scales.

Mr Thobejane said earlier that medical staff who sympathised with Nehawu members had promised to join the strike in the event of a complete deadlock.

More State hospitals hit by strike



Star 23/6/92
Staff Reporters

The hospital strike has spread to more State hospitals countrywide — although the percentage of absenteeism showed last week's call for a full-scale national strike action to begin yesterday was not well heeded.

Today the strike organisers — the National Education, Health and Allied Workers' Union — will, along with other trade unions, meet Minister of Administration Dr Org Marais. Nehawu assistant general-secretary Neal Thobejane said the union would stick to its original demands at the meeting.

Nehawu's demands are:

- A R724 a month minimum wage and a 15,3 percent across-the-board increase with effect from April 1.
- Permanent status for temporary workers.
- An interim dispute resolution mechanism.

Nehawu is one of 11 trade unions representing public service workers at a negotiating forum. The Commission for Administration (CFA) represents the Government.

Nehawu, along with other unions, quit the forum on May 19 when wage negotiations deadlocked. The CFA's offer was a 9,2 percent increase

with effect from August 1.

Subsequently, Nehawu has been calling on Dr Marais to meet it to discuss the deadlock. Dr Marais responded he could not meet with any one union out of the forum. On Friday, the minister announced he had invited the 11 unions to a meeting today to discuss the situation.

Transvaal Provincial Administration MEC for health services Fanie Ferreira, saying there was widespread intimidation at hospitals, said 19 Transvaal hospitals were now affected by strikes. They were: Kalafong, Baragwanath, Willem Cruywagen, Tembisa, Hillbrow, Medunsa Dental, Sebokeng, Witbank, Natalspruit, Ga-Rankuwa, Paul Kruger Memorial, Johannesburg, A G Visser, Far East Rand, Pholosong, Boksburg-Benoni, South Rand, H F Verwoerd and Middelburg.

Meanwhile, the SA Health and Public Service Workers' Union has warned Nehawu to stop "assaulting and intimidating" its members, threatening legal action against Nehawu if its members continued to harass SAHPSWU's members for not taking part in the strike.

SAHPSWU secretary-general Silas Baloyi said, however, that although it had decided not to take part in the strike, the union sympathised with Nehawu's fight.

Talks aim to end strike

Soweto 23/6/92

THE National Health and Allied Workers Union meets the Minister of Administration today in a bid to break the impasse which has affected more than 20 hospitals nationally.

The meeting takes place in Pretoria amid fears of the strike escalating to include professionals.

The strike has largely been confined to general assistants whose demands are a R724 minimum wage, a 15 percent across-the-board increase and an end to temporary employment.

Hospitals in Kroonstad in the Free State were hard-hit by the strike yesterday and appeals have been made for voluntary workers to help.

Solidari'

Nehawu members at the Red Cross Children's and Groote Schuur hospitals in the Cape began striking yesterday in solidarity with their colleagues in other parts of the country.

The labour unrest at the Universitas and other hospitals in Bloemfontein has improved slightly, according to the Free State Provincial Administration.

A Natal Nehawu spokesman said things were "normal" at Natal hospitals and explained that the union wanted to ensure workers in northern Natal were organised before striking.

Other reports said about 300 nurses and radiographers at Baragwanath Hospital in Soweto marched to the hospital's administration building and presented a list of demands to management.

Cape hospital workers strike

CT 23/6/92

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Staff Reporters

WORKERS at major Cape provincial hospitals yesterday joined the nationwide strike — causing a crisis in government health services.

More than 4 000 members of the National Education, Health and Allied Workers Union's (Nehawu) were expected to begin their strike yesterday and today.

Cape hospitals that health unions claim will be hard-hit from today include Groote Schuur, Tygerberg, Somerset and Valkenberg hospitals.

General assistants and workers at the Red Cross Children's Hospital stopped work yesterday.

The superintendents at the top local provincial hospitals were locked in a private meeting with Dr George Watermeyer, deputy director general of hospital

and health services at the Cape Provincial Administration, yesterday afternoon.

Nehawu acting branch secretary, Mr Joe Mkhuhlwa, said that its members were "deeply sorry" that patients would be affected.

Spokespersons for both Nehawu and the Health Workers Union yesterday said that workers would be supplied in "extreme emergency cases".

A Nehawu spokeswoman last night said the union would today call on other unions in the public sector to join the strike.

Baragwanath nurses in wage rise march

Own Correspondent

MORE than 300 nurses and radiographers at Baragwanath hospital in Soweto went on strike yesterday and marched on the hospital's administration in support of demands for wage increases.

The strike that has crippled 14 hospitals in the Transvaal has until now been supported almost exclusively by general assistants.

Baragwanath spokeswoman Ms Annette Clear said nurses handed over a petition which included a demand that a court interdict against the strikers and threats of dismissal be withdrawn.

Ms Clear said the hospital continued to provide only emergency services with the help of 110 volunteers, who were "being intimidated" by strikers.

In an effort to break the deadlock between Nehawu and the health authorities, union delegates would meet Manpower Minister Mr Piet Marais in Pretoria today, Nehawu assistant general secretary Mr Neal Thobejane said.

● At Hillbrow Hospital, more nurses arrived for work yesterday than on Friday, when only half were present, while at Johannesburg Hospital, none of the professional workers were absent.

The Health Workers' Union (HWU) last night said they will decide on taking action after a meeting with the Minister of Administration, Dr Org Marais this morning.

Nehawu and all other unions in the public service sector will also be present at the meeting.

Dr Rina Venter, National Health Minister, yesterday accused Nehawu of participating in a mass action campaign.

"The hospitals are being used as soft targets for political agendas," she said.

Workers have been given until Friday this week to return to their posts or be fired, she said.

The army medics could be called in at Cape hospitals if this proved necessary, said Dr Venter.

Nehawu members are asking for a minimum wage of R724 and a 15% increase across the board.

● More than 10 000 Natal Provincial Administration workers plan to strike next week, a Nehawu branch organiser said in Durban yesterday.

● Meanwhile, the SA South African Red Cross and Nehawu have reached agreement that volunteer workers will assist in hospitals "purely on humanitarian grounds" while the hospital strike is in progress.

● Kroonstad hospitals were hard-hit by the

strike and appeals have been made for voluntary workers to assist.

There was a 61% stayaway at the Voortrekker Hospital and 76% at Boitumelo. The Virginia provincial hospital reported a 50% stayaway of workers.

● Workers belonging to the South African Health and Public Service Workers' Union — who have not joined work stoppages at state hospitals — say they have been intimidated and assaulted by members of Nehawu.

More hospitals hit by strike

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ARC 23/6/92

SHARON SOROUR
and ANDREA WEISS
Staff Reporters

WORKERS at Grootte Schuur and Valkenberg hospitals are set to stop work today as the nationwide strike, which has crippled hospitals in the Transvaal, Free State and Northern Cape, gains impetus in Cape Town.

Red Cross Children's Hospital workers and about 400 Cape Provincial Administration roads department workers stopped work yesterday, a National Education, Health and Allied Workers' Union (Nehawu) spokesman confirmed.

The strike is expected to affect the Tygerberg and Somerset hospitals as well the Lindelani and Siyakathala places of safety, he said.

According to a Valkenberg spokesman, management had met the union, which had undertaken to provide a roster for emergency services.

Grootte Schuur affected

About 2 000 Cape members of Nehawu were expected to join the 20 000-strong strike, said union general secretary Mr Phillip Dexter.

The Health Workers' Union (HWU), which is based in the Western Cape, is threatening to join the strike if its demands are not met at today's meeting between Administration Minister Dr Org Marais, the unions and other public service staff organisations.

According to HWU general secretary, Mr Dale Forbes, the unions are demanding a 15,3 percent wage increase and a R724 minimum salary.

"We are also demanding per-

manent status for all temporary workers, an end to state violence against the strikers, an increase in the health budget to stop the cutback of services currently in force and an end to the privatisation of support medical services," Mr Forbes said.

If the demands were not met, the HWU would "have no other recourse but to call on its members and other public servants to take action in support of the demands".

Mr Dexter said Nehawu would attend the meeting, but if the correct issues were not addressed, the union would withdraw.

"We presume the minister wants to deal with other issues, and not the ones which led to our walking out of the negotiating forum in the first place," Mr Dexter said.

At the weekend Dr Rina Venter, National Health Minister, accused the union and the ANC of holding sick South Africans hostage.

BoE raising R19,6-m to fund hospital

STAR 24/6/92.

The Board of Executors is to raise R19,6 million from a private property syndication to fund a 90-bed hospital in Pinetown, Natal.

The developers are a consortium comprising Hiway Medical Centre, owners of the Westville Hospital; Durban Anaesthetic Clinics, owners and managers of the Durdoc Clinic in Durban; and Afrox Healthcare, which

owns and manages 14 private health care facilities around the country.

The consortium has agreed to a nine-year fully repairing and insuring lease on the new Crompton Hospital, which will have comprehensive out-patient facilities as well as three operating theatres, full casualty services, x-ray units, a pathology la-

boratory and a pharmacy service.

John Dickson, BoE executive director for the Natal region, said the company believed the private health care industry offered excellent prospects for income and capital growth.

The syndication has a start-up yield of 10,75 percent, with income yield rising to 19,16 percent in the sixth year of the lease.

Bara heartbeat slows down

By Helen Grange

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In the windblown and shabby casualty section of Baragwanath Hospital lies a bloody patient on a trolley bed.

He has been lying there for several hours, waiting to be attended to, diagnosed and taken to the appropriate ward.

Metres away is a bench occupied by a handful of grim-faced and silent people, patiently waiting for a doctor to listen to their complaints.

These people will have to wait even longer for their turn.

Some patients will be sent home without being treated at all by doctors at the hospital.

Others — if their condition is very serious — will eventually be wheeled on a trolley bed or wheelchair down an endless corridor to disappear into one of a plethora of wards.

They may wait there another couple of hours before a doctor finally manages to snatch enough time to administer or prescribe treatment.

Baragwanath Hospital has never been known for its speedy service, but since the hospital strike by general assistants began over two weeks ago, the pace in the hospital has become

intolerably slow, and in some cases, even life-threatening.

It is a fact that the doctors and nurses on duty have come to accept.

There is only a certain amount the doctors and nurses can do without the assistance of porters, cleaners, cooks and general helpers in a hospital as huge as Baragwanath.

For the nurses still on duty, the threat of intimidation and the risk of assault on returning home to Soweto in uniform cannot be allowed to interfere with their first priority at the hospital — which is the patients.

Doctors have confided that the most frustrating aspect of the strike is the sense that the chaos which it produced could all have been avoided.

"The very same demands were made during the hospital strike of 1990, and had they been addressed at the time, we would not be going through the same crisis now," said a weary doctor yesterday.

That doctors in the main sympathise with the National Education, Health and Allied Workers Union (Nehawu) and its action is obvious.

What some doctors are not so sure about is whether the end

justifies the means.

The patients, after all, are the victims — and though no deaths have been recorded as a direct result of unavoidable, strike-induced negligence, there is definite danger to those who must wait for treatment or have their operations postponed indefinitely.

"The longer non-emergency treatment or operations are left, the bigger the problem is when treatment can finally be administered," said one doctor at the hospital.

In the case of cancer patients who have been discharged without treatment, the risk of fatality rises greatly, he said.

Yet under the worsening circumstances, Baragwanath Hospital has somehow coped with its emergency-only patient load through the strike.

Between the doctors, nurses and volunteers, the essential work is being covered, albeit after lengthy delays.

The filth and drying blood on ward floors, the lack of administration, the late deliveries of food and ward equipment, and the piles of soiled laundry are problems which will have to wait ...

STAR 24/6/92

5 000 to join hospital strike

CT24/6/92

By GLYNNIS UNDERHILL

MORE than 5 000 members of the Health Workers' Union are to join the National Education, Health and Allied Workers' Union (Nehawu) in strikes at Cape provincial hospitals today.

Cape hospital authorities had hoped that a meeting yesterday between Nehawu and the Minister for Administration, Dr Org Marais, would end the local strikes, which began at Red Cross Children's Hospital on Monday, but the union representatives did not turn up.

Unorganised workers at Red Cross Children's Hospital, who claimed to represent 50% of general assistants there, remained at their posts yesterday and defended their right to protect the lives of young patients.

"We are working with children. We will not strike with kids around," one of them said.

A spokesman for Groote Schuur Hospital said there had been no strike there yesterday, but strike action is expected today.

The director-general of hospital and health services in the Cape Provincial Administration, Dr George Watermeyer, is issuing daily bulletins on strike action at local hospitals.

Both unions are demanding a 15,3% wage increase and a R724 minimum monthly salary.

An organiser for the Health Worker's Union, Mr Ockert Jansen, said many hospital workers had been temporary staff for more than 30 years and would not qualify for a pension.

The Health Worker's Union said its members would begin striking today at most provincial hospitals, including Groote Schuur, Tygerberg, Somerset, Woodstock, Victoria, Valkenberg and Conradie.

Nehawu workers intend marching to the Commission for Administration offices in Cape Town on Friday.

In a statement issued in Pretoria, the secretary-general of the Medical Association of South Africa, Dr Hendrik Hanekom, expressed the association's "serious desire for the urgent resolution of the problems which are currently standing in the way of peace and reconciliation".

More than 300 nurses and radiographers at the Baragwanath Hospital in Soweto demonstrated outside the administration's building for the second day yesterday.

Baragwanath's chief superintendent, Dr Chris van den Heever, said in a statement that intimidation of non-strikers had become rife. Some staff had been assaulted, and at various township clinics clerks had been forcibly removed from their places of work on Monday.

Baragwanath staff, volunteers assaulted

Blomay 24/6/92
STAFF and volunteers at strike-hit Baragwanath were assaulted when they left the hospital's grounds yesterday afternoon, and clerks were hauled out of their offices by angry strikers.

Hospital spokesman Hester Vorster said one of the clerks was kicked so severely that he had to be admitted to casualty.

Vorster said the intimidation of staff had further disrupted services and doctors were concerned at the deteriorating care of patients.

The hospital has been operating on an emergency basis for the past two weeks.

The 300 nurses and radiographers who went on strike at Baragwanath on Monday continued demonstrations outside the administration building yesterday.

Hopes for an end to the strike — which has crippled 19 hospitals in Transvaal — were dashed yesterday when the National Education, Health and Allied Workers' Union (Nehawu) did not attend a meeting with Administration Minister Org Marais.

Nehawu general secretary Philip Dexter said the union called off the meeting because the forum — which involved 10 other trade unions — did not address the central problems facing Nehawu.

Sapa reports that Dexter said he felt the meeting, which continued with the other 10 trade unions representing public service workers, was ineffective as it did not address salary increases.

Two thousand hospital workers instead marched to the Union Buildings in Pretoria to

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KATHRYN STRACHAN

deliver a memorandum, which included demands for a R724 minimum wage, permanent status for temporary workers and an interim dispute resolution committee. Dexter and his delegation spoke to Marais after the union meeting and handed over the memorandum.

A statement by Baragwanath's chief superintendent, Dr Chris van den Heever, charged that intimidation of non-strikers had become rife, with some staff being assaulted, while at various clinics in Soweto clerks had been physically removed from their work places.

Optimal patient care was now impossible, Dr Van den Heever said.

"A skeleton staff remained in the wards at Baragwanath. Nurses are organising themselves in emergency teams which means that optimal patient care is impossible," he said.

"The X-ray department is rendering emergency services with skeleton staff only."

In the Cape, more than 800 workers, most of them general assistants, were on strike at various provincial hospitals, the Cape Provincial Administration (CPA) said yesterday.

The hospitals affected are Frere Hospital in East London where 500 workers are on strike, Kimberley hospital (235), Red Cross Children's hospital (45) and Vryburg hospital (46).

Workers are also striking at road depots in the Cape Peninsula, where the number on strike at Kraaifontein is reported to be 200 and at the Paarl Road Unit 120.

"The strike proceedings are peaceful," the CPA said.

4.30
4.45
0.25
0.60
8.60
5.62
6.99

Valkenberg patients told: Go home ⁽⁹⁸⁾

By GLYNNIS UNDERHILL

VALKENBERG HOSPITAL is discharging over 70 mentally ill patients into the care of their families or sending them "on leave" as strike action begins to bite.

The acting superintendent at Valkenberg, Dr M E Hacking, said yesterday that no long-term chronic patients would be discharged. More than 70 patients who were "relatively stable" but required supervision would be sent to their families.

Patients in the open forensic wards,

who were allowed leave from Valkenberg, could be disturbed by unrest in the hospital and would be better off in the community.

With about a quarter of the nursing staff on strike, staff had to be deployed to look after the more chronically disturbed patients, she said.

Of the 800 patients at the hospital, 200 are "severely disturbed" patients who are kept in locked wards.

Dr Hacking said she did not agree with

striking as a method, but felt the workers had a "valid reason" for striking.

"Their grievances have been brought to the attention of the authorities, who always say the matter is pending or the Commission for Administration is looking into it," she said.

The vast majority of the staff belong to the Health Worker's Union, which has announced that its members will join the strike today.

● 5 000 to join hospital strike —

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Bara says patients' lives are in danger

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KATHRYN STRACHAN

CARE of patients at the strike hit Baragwanath Hospital had reached "dangerous levels", hospital authorities said yesterday, warning that some elderly patients could die as a result of inadequate treatment.

Hospital superintendent Chris van den Heever said strike action by general assistants and nurses had seriously disrupted services.

Fractures and dislocations had to be manipulated without X-rays, which could result in complications affecting patients for the rest of their lives. Most of the cases admitted during the past three weeks were past the point where limb function saving procedures were of any use. Crippled children with congenital conditions and chronic conditions in adults could not be treated.

At a news conference yesterday National Education, Health and Allied Workers' Union (Nehawu) general secretary Philip Dexter said strikers' emotions were "running high". Union officials had had to stop a group of strikers who were intent on burning down the Johannesburg Hospital yesterday.

Dexter said union officials had intervened when they received reports of intimidation. The state had been provocative in paying volunteers wages far higher than those offered to staff, he said.

Baragwanath doctor Malefetsane Ngatane said volunteers who did not know what they were doing could be a danger to patients, especially during emergencies.

Dexter said the Transvaal Provincial Administration had to take the blame for conditions in hospitals because it had re-

jected Nehawu's offer to alleviate the situation by working shifts.

He said the union would decide at a meeting planned for the weekend whether to call on other unions in the public sector to join the strike. A national day of action next week was aimed at bringing the state sector to a halt was also being considered by the ANC, SACP and Cosatu.

LINDA ENSOR reports from Cape Town that 1 262 Nehawu members had gone out on strike by yesterday at 10 Cape provincial hospitals in Cape Town, Kimberley and East London. A Cape Provincial Administration spokesman said only emergency cases were being admitted to Grootte Schuur Hospital.

Valkenberg Hospital stopped admitting patients and community clinics were closed. Arrangements had been made to admit new patients to Lentegour and Stikland Hospitals.

Sapa reports that Valkenburg Hospital discharged more than 70 mentally ill patients into the care of their families as strike action began to bite.

Meanwhile yesterday four of six Hillbrow Hospital workers allegedly assaulted by strikers were admitted to the hospital.

Police said three women on their way to work were attacked and assaulted by strikers. One sustained a cut above the eye, a second was stabbed and the third was pulled out of a bus, kicked and trampled. One was admitted to Hillbrow Hospital. Three more were admitted to the hospital after strikers allegedly attacked them.

● Comment: Page 8

R19,6m hospital syndication under way

B/D am 25/6/92

CAPE TOWN — The Board of Executors has launched a R19,6m property syndication for a 90-bed private hospital in Pinetown, Durban.

Syndicated units in The Crompton Hospital are being privately placed with BOE clients with the syndication from July 31.

Board executive director for Natal John Dickson said the hospital represented an excellent opportunity for investment in "a quality property with a strong tenant on a long lease." He said the private health care industry had excellent prospects for income and capital growth.

The syndication has a start-up yield to

(98)

LINDA ENSOR

investors of 10,75%, with the income yield rising to 19,16% in the lease's sixth year.

Due for completion in September next year, the hospital will offer comprehensive outpatient facilities, three operating theatres, casualty services, x-ray units, a pathology laboratory and pharmacy. It will also have doctors' consulting rooms.

A consortium of developers consisting of Hiway Medical Centre, Durban Anaesthetic Clinics and Afrox Healthcare have agreed to a nine-year fully repairing and insuring lease.

Clinics close as strike continues

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ARCT 25/6/92

SHARON SOROUR and ANDREA WEISS
Staff Reporters

VALKENBERG Hospital is not admitting patients and psychiatric community clinics have closed in the continuing wage strike by 75 Cape Town nurses and more than 1 000 non-medical workers, affecting 12 Cape hospitals.

Arrangements have been made to admit new patients to Lentegeur and Stikland hospitals, according to Cape Provincial Administration spokesman Miss Gerda Pretorius.

At Groote Schuur Hospital, where 261 workers are on strike, only emergency cases are being admitted. Patients who have booked elective surgery are asked to contact the hospital.

According to a hospital source, all organ transplants have been halted.

At Valkenberg, where 75 of the 77 workers on strike are nurses, mentally ill patients who are "relatively stable" are being discharged into the care of their families and two wards have been combined, Miss Pretorius said.

Valkenberg is one of the first hospitals in the country where medical staff have joined about 20 000 striking general assistants.

Meanwhile, at a press conference yesterday, Nehawu general secretary Mr Phillip Dexter warned the government the union would "close the country down" by asking all public sector workers to join the strike.

The union also accused the Commission for Administration (CFA) of being responsible for the strike and other protest action.

The Public Servants League is to meet Nehawu and other public sector unions in Cape Town this weekend to decide on further action.

A total of 1 262 Cape workers had joined the strike yesterday, including 245 at Galishewe Day Hospital and 43 at Wes-Einde, both in Kimberley, 46 at Vryburg Hospital, 54 at the Red Cross Children's Hospital, 261 at Groote Schuur, 77 at Valkenberg, eight at Tygerberg Hospital, 23 at Woodstock Hospital and 55 at Somerset Hospital.

The workers, members of the National Education, Health and Allied Workers' Union (Nehawu) and the Health Workers' Union (HWU), are demanding a wage increase of 15,3 percent and a minimum wage of R724. The government is offering a 9,2 percent increase and a R708,50 minimum wage.

● More than 650 CPA roads department workers are also on strike, including 250 in Paarl, 380 in Kraaifontein and 27 in Bellville.

Strikers wanted to burn down hospital

Own Correspondent

JOHANNESBURG.— Striking workers intent on burning down Johannesburg Hospital were restrained by officials of the National Education, Health and Allied Workers' Union (Nehawu) yesterday — amid warnings that some patients may die because of the strike.

The strike also took an ugly turn at Hillbrow Hospital when three women

on their way to work were assaulted by strikers. One of them was admitted to the hospital.

Three more hospital workers were admitted to Hillbrow Hospital after being beaten by knobkerries and stabbed with knives, allegedly by their striking colleagues.

The attacks were reported by police but were not mentioned by Nehawu general-secretary Mr Phillip Dexter,

who told a news conference that strikers' emotions were "running high" — and warned that public sector unions may "close the country down" next week in solidarity with Nehawu.

The warning was made in spite of threats by the Orange Free State and Transvaal Provincial Administrations that unless workers return to work by the end of this week they will be dismissed.

As the strike wore into its third week, hospital authorities said care of patients at Baragwanath had reached "dangerous levels" and warned that some elderly patients would probably die as a result of inadequate treatment.

A statement issued by hospital superintendent Mr Chris van den Heever said strike action by general assistants and nurses had seriously disrupted services.

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Strike hits Cape hospitals

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CT 25/6/92

By GLYNNIS UNDERHILL

GROOTE SCHUUR Hospital was forced to admit only emergency cases yesterday as 261 of its workers joined the strike that is crippling Cape provincial hospitals.

More than 2 000 members of the Health Workers' Union (HWU) came out in support of the striking 20 000 non-medical workers.

Other hospitals affected are Valkenberg, Tygerberg, Karl Bremer, Victoria, Woodstock, Brooklyn Chest, Conradie and Somerset.

Valkenberg is not accepting any new patients. Arrangement have been made to take in admissions at Lenteguur and Stikland hospitals.

A group of more than 150 strikers who claimed to represent the HWU were barred from entering Groote Schuur to "clock out" at the end of the day.

Attempts to storm a gate by a few of the strikers were thwarted

2 000 HWU members join action

by security guards.

Vehicles offloaded hospital supplies over the gate to waiting personnel.

No pension

A grey-haired 60-year-old worker, who claimed to have worked for Cape provincial hospitals for 30 years, said that he joined the strike for permanent status and a living wage. "I have no pension. What am I to do when I leave here?" he asked.

Mr Wilfred Alcock, regional chairperson at the National Education Health and Allied Workers' Union (Nehawu), said yester-

day that shop stewards were meeting daily with administrators from the various institutions and thanked them for their co-operation.

Newhawu said yesterday that they would stop striking immediately if the Cape Provincial Administration resumed talks and showed a willingness to negotiate.

The union accused the CPA's commission for administration of being responsible for the strike and other protest action, saying it became clear at their last round of talks that it would serve no purpose to pursue negotiations.

● As a result of the sympathetic attitude of the management at Valkenberg, Nehawu workers said they are only staging a morning sit-in before going back to their posts.

A Nehawu shop steward, who is a nurse at Valkenberg Hospital, said: "We were very short-staffed before we began striking and our lives were in danger at Valkenberg on a continual basis."

Strike sends ailing to private doctors

By Helen Grange
and Staff Reporter

Soweto's private doctors are desperately trying to cope with queues of patients avoiding Baragwanath Hospital, where the ongoing strike is slowly grinding the hospital to a standstill.

Emergency operations at State hospitals are becoming increasingly perilous, and complications are developing in patients whose operations have

been postponed too long.

Doctors at Baragwanath are manipulating limb fractures and dislocations without using the x-ray service. Many limb-function-saving procedures have been delayed far too long, and some of these patients may be permanently disabled, doctors said yesterday. Some elderly patients would probably die, they added.

A doctor at a busy private clinic in Soweto said general practitioners were under great strain. Many patients who could not afford private care should

be referred urgently to Baragwanath Hospital, but were being sent home.

At Johannesburg Hospital, which is making use of 700 volunteers, only non-emergency operations are being postponed. However, many patients have been waiting months for operations.

Private clinics have been busier than usual, handling medical aid patients who have been redirected from State hospitals. Meanwhile, strikers are becoming increasingly angered

with the TPAs use of volunteers at the affected hospitals.

National Education, Health and Allied Workers' Union (Nehawu) general-secretary Phillip Dexter said at a press conference yesterday that some strikers wanted to burn down Johannesburg Hospital.

The union would meet this weekend with other public-sector unions. The entire public service could come to a standstill for a day next week, Mr Dexter said.

Nehawu is demanding a minimum wage of R724 a month, a

15 percent salary increase, permanent status for part-time employees and an interim dispute-settling mechanism.

The strike-hit Kimberley Hospital, which used volunteers to battle through a 98 percent week-long stayaway, yesterday announced it would close down services and limit the number of patients from tomorrow.

Hospital superintendent Dr Chris Engelbrecht said the hospital had been forced to limit services to emergencies only from tomorrow due to a stayaway by more than 250 hos-

pital workers and porters which began a week ago.

Earlier this week the hospital said it was "coping quite well" with 60 volunteers, which included 33 soldiers.

But the outpatients department and clinics will now be forced to limit their patients.

Dr Engelbrecht said the hospital's casualty and theatre sections would continue with emergencies.

He added that they would try to accommodate operations which had been booked.

Do medical staff also have rights of grievance?



It's unethical to strike if patients' lives are endangered, the authorities rightly say. But is it ethical to pay hospital workers starvation wages?

By **ARTHUR GOLDSTUCK**

THE clearest statement to emerge from the chaos of the hospital workers' strike on the Reef came not from the formal pronouncements of the antagonists, but from the crude, red-daubed graffiti in Baragwanath Hospital's administration block: "Enough is enough. We want bread".

Amid allegations of intimidation and violence, amid raging debates on the acceptability of health workers striking, this was the heart of the matter.

The authorities have made much of evidence of intimidation; of the allegation that strikes have endangered the lives of patients. Their compassion has even extended to Health Minister Rina Venter visiting Baragwanath to sympathise with the plight of patients.

Their message has been clear: under no circumstances should providers of essential services be allowed to go on strike.

In an ideal world, there would be no dispute with their argument. In fact, the International Labour Organisation has decreed that it is permissible to deny such workers the right to go on strike.

"The international conventional position is pretty clear," says Martin Brassey, professor of law at Wits University, who has studied the ethics of industrial action. "Where workers provide a truly essential service, the interests of society entitle the state to prohibit them from going on strike. But there is an ongoing debate over what is essential. Consensus is that it would include providers of foodstuffs, water, power and people directly concerned with providing medical services, like doctors and nurses.

"Where such workers do go on strike, dismissal is appropriate, provided that is the only remedy left."

But where does this leave someone who, after decades of service to one employer, cannot even afford to feed her own family?

"We feel for the patients," striking hospital worker Rejoice Motau told *The Weekly Mail* this week. Standing outside Johannesburg Hospital, a few metres away from where dozens of policemen barred strikers from a staff entrance, she declared that she'd been a general assistant for 13 years — but was still on temporary staff.

"Some of us have got 20 years, even 30 years' service, and we're still getting paid R500 or R600 a month," said 43-year-old Motau. "We can't survive on that. We cannot justify even giving emergency care when we are earning a salary like that."

As she talked, her colleagues gathered around her to support her sentiments. Ntombikayise Vilakazi — also with 13 years as a temporary employee — explained that she could no longer see an alternative to striking.

"Besides the low salary, some of our supervisors treat us like prisoners. If we complain, they tell us they'll take our complaints to Pretoria. And then we never hear about it."

Indeed, the state's concern for patients dra-

matically outweighs its concern for its own employees. The Transvaal Provincial Administration's response to the findings of the Cillie Commission of Inquiry into the 1990 strike at Ga-Rankuwa Hospital, where 13 babies died during the strike, is a case in point. Administrator of the Transvaal Danie Hough last week made much of the "interests of patients", which he emphasised should be placed first. But on findings of "administrative shortcomings" regarding labour relations, he merely pointed out that "certain rectifying steps have already been taken to eliminate these deficiencies".

A list of "rectifying measures", provided by the Executive Committee of the Transvaal, dealt at length with labour relations structures, communication with workers, and commitment to "solving labour disputes by means of negotiation and to the improvement of labour relations by means of training".

However, the Executive Committee reported, it had decided that "the need for acceptable grievance procedures for officials and employees be referred to the Commission for Administration (CFA) for the necessary attention".

The CFA, as National Education Health and Allied Workers' Union (Nehawu) negotiators have discovered, is little more than a rubber stamp for the government's position, and appears to carry no mandate for making concessions to the union. It has refused to redress central, long-standing worker grievances regarding minimum wages and temporary status of workers.

Even as the minister of health prepared to meet with patients at Baragwanath Hospital, the CFA's real boss, Minister for Administration

Org Marais, refused to meet hospital workers' representatives.

In these circumstances, striking cannot be banned outright, says Brassey.

"One of the provisos to the prohibition on essential service workers going on strike, is that there is an arbitration alternative. What is meant by arbitration is not negotiation, but a decision being made by a neutral third party that would be binding on an employer. In this case, there is no compulsory, neutral and binding third party arbitration as an alternative to industrial action."

The union has gone to great lengths to address the ethical dilemmas raised by the strike, says Nehawu secretary general Philip Dexter.

"The union's position has always been that, if there is ever a need for providers of essential services to go on strike, skeleton staffs must be made available to effective running of emergency services."

Dexter includes in his definition of "emergency services" aspects like ambulances, casualty wards, doctors and nurses who provide immediate medical attention, radiographers, and certain dispensaries.

"But workers do need to be able to withdraw their labour. Management uses the ethical argument to put pressure on workers to accept exploitation. If workers accept that they cannot go on strike, management is in a position to implement whatever

decisions they like. That's an acute probability in this country, because the state is hardly a progressive employer."

Dexter stresses that workers are aware of the ethical dilemma.

"There is no way we would sanction an unconditional strike in health services. From my discussions with members, ranging from shop stewards down to the lowest general assistant, they all understand that they serve their community. There is no way on earth they would willingly cause damage to lives. But they've been pushed into a corner. These issues go back to 1985. We've been petitioning and petitioning. Finally in 1990 we went on strike. The CFA agreed to address our demands, but they're literally a toy telephone with no mandate to act.

"This thing was bound to happen again. We've seen it coming for months. In many respects we tried to put a lid on it. We tried to draw the attention of the government to the crisis, but the response from the minister for administration was that he did not have the time to meet us."

One of the latest responses from the authorities came on Tuesday from Baragwanath Hospital's chief superintendent, Dr Chris van den Heever. He issued a statement headed: "D-Day for Bara Workers".

Effectively, he warned striking general assistants that they had until the next day "to advance reasons why their services should not be terminated".

Perhaps he, like much of the provincial and state administration, has not been reading the writing on his own walls.

Students protest

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By ALINAH DUBE

MEDICAL University of Southern Africa students yesterday marched to Garankuwa Hospital near Pretoria to protest against the employment of casual workers during the hospitals' strike. *Sowetan 25/6/92*

The students representative council also called on the hospital authorities to "make their stand clear on the crisis", pressurise the Manpower Department to meet workers' demands and terminate the services of all voluntary workers immediately.

The students noted the inadequate health care and the effect the crisis was having on their studies.

"We believe the demands of the workers are legitimate as they are for the betterment of health care in the country," the students said.

'Outsiders' shut out of Garankuwa strike talks

GARANKUWA Hospital authorities will not discuss strike-related issues with the Medical University of Southern Africa students, it was announced yesterday.

Dr JJ Crous, chief medical superintendent at the hospital, confirmed yesterday that a list of demands was presented to him by the Medunsa SRC on Wednesday.

This followed a march

Sowetan 26/6/92
By ALINAH DUBE

which was staged to register the students' dissatisfaction over the employment of casual labourers during the strike.

The students were demanding the immediate dismissal of all part-time workers including the SADF members doing volunteer work at the hospital.

They also complained of

the effects of the strike on their learning programme. Reacting to these demands Crous said he was willing to discuss students' training with the university authorities. *(98)* *(98)*

However, he pointed out that "as outsiders", Medunsa students could not negotiate on behalf of the strikers as the matter was being handled at other levels. *(98)* *(98)*

(98) ARG 26/6/92

Strike terror claim

Hospital workers 'fear for their lives' as intimidation surfaces

SHARON SOROUR and ANDREA WEISS
Staff Reporters
INTIMIDATION has surfaced at strike-hit Grootte Schuur Hospital where workers claim their lives are in danger for refusing to join the nationwide wildcat wage strike.

As the strike gained momentum in the city, the Cape Provincial Administration (CPA) said Grootte Schuur workers were intimidated when they arrived yesterday and that other incidents of intimidation were reported "between Mowbray and Observatory stations".

A hospital source said the level of intimidation was "very high" and strikers had "gone around to check which workers had remained at work".

He added: "They are fearing for their lives, and there is no guarantee they are safe once they leave the hospital to return home."

There are now 1 600 Cape workers on strike. They are members of the National Education, Health and Allied Workers' Union (Nehawu) and the Health Workers' Union (HWU).

Representatives from both unions meet the CPA today to "discuss the strike" while thousands of strikers are expected to march from District Six to parliament to hand over a memorandum to the Commission for Administration at 1pm.

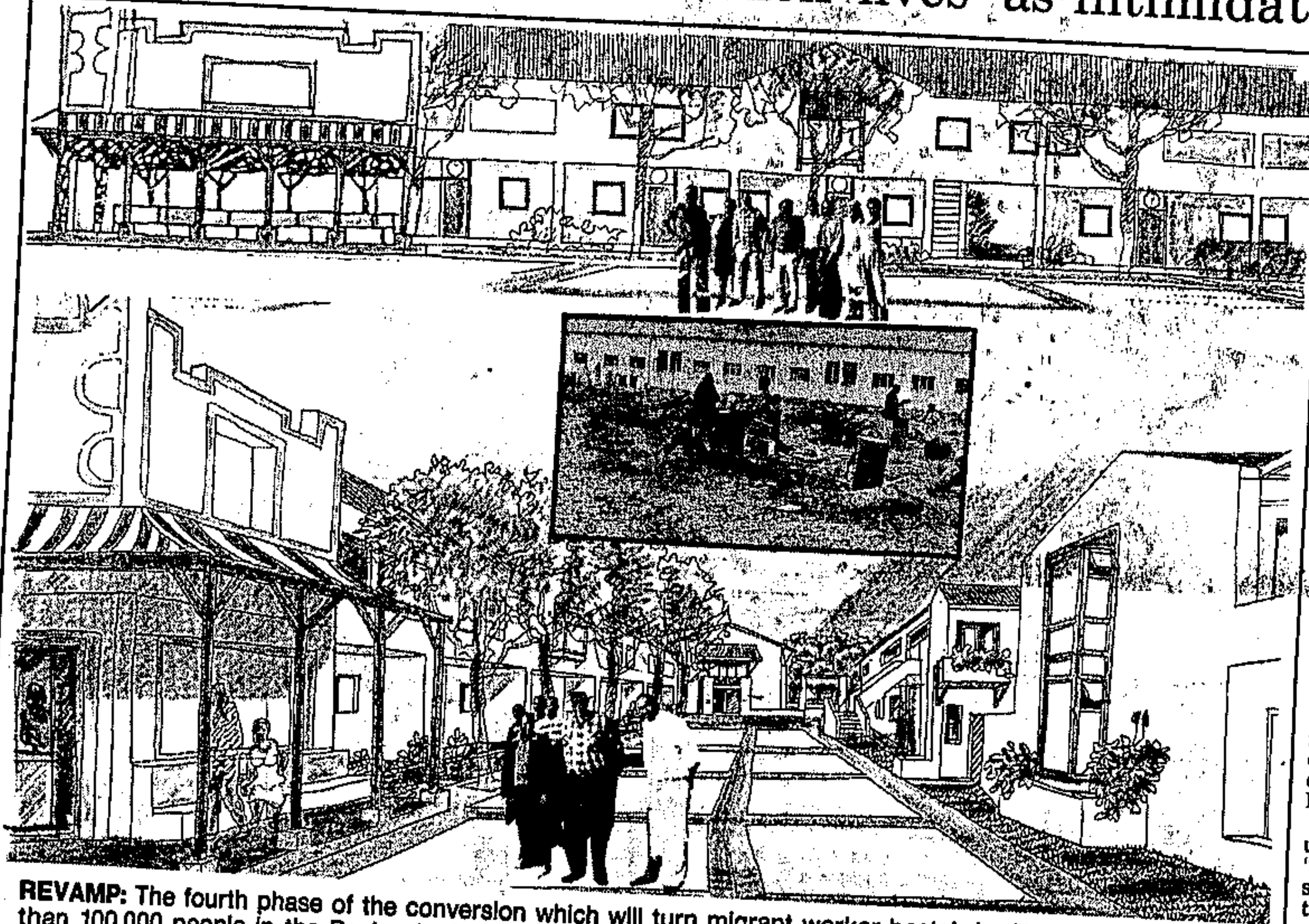
Thirteen Cape Town public hospitals are affected.

Only emergency cases are being admitted at Grootte Schuur. Patients who have booked elective surgery are asked to contact the hospital.

Three hundred and forty-seven employees are out at Grootte Schuur, 77 at Valkenberg (including 75 nurses), 21 at Tygerberg, 23 at Woodstock, 79 at Somerset, 50 at Conradie, 40 at Brooklyn Chest and 72 at day hospitals in Guguletu, Nyanga, Crossroads, Khayelitsha and Nolungile.

Valkenberg Hospital is closed for admissions and "relatively stable" patients have been sent to their families.

Meanwhile, more than 45 Pinelands Laundry employees stayed away from work yesterday and 650 roads department workers are also on strike



REVAMP: The fourth phase of the conversion which will turn migrant worker hostel dwellings, home to more than 100 000 people in the Peninsula, into more spacious, post-modern dwellings offering family and single accommodation. **INSET:** The bleak hostels as they look now.

Cape hostels to be revamped

Plan pleases most residents

CLIVE SAWYER
Municipal Reporter

MIGRANT labour hostels in the Peninsula are to be transformed into double-storey housing, four times the size of the present structures, as part of a project to be kicked off by a R10,7 million grant from the provincial administration. The conversion, in four

phases, will be done by engineers appointed by a joint committee of the CPA, Ikapa Town Council and Umzamo, a public utility company run by the Western Cape Hostel Dwellers Association.

The hostel population in the Peninsula numbers about 100 000. Conditions are overcrowded, with up to four people a bed and up to 30 people a room.

In a joint statement, the three parties said the objectives of the project were to convert hostels in the Ikapa area, which includes Nyanga, Langa and Guguletu, and to provide new accommodation units and sites.

The R10,7 million to start the project will come from a government grant from funds from the sale of oil reserves.

The statement said talks on the project were complicated and prolonged because of the "distrust and suspicion generated by years of apartheid".

"However, the parties to the agreement are confident that, with the experience already gained and with full agreement about the urgency of objectives, a positive result will be achieved."

Umzamo spokesman Professor Julian Cooke said the first phase would involve alterations to develop the equivalent of 100 family units.

LENORE OLIVER
Staff Reporter

MOST residents of the Langa migrant labour hostels are happy with plans to upgrade their living quarters.

But many felt the plans were long overdue.

"The upgrading of the hostels will certainly be very good for us," said Mr Paul Ndilwana. "Until now we have had to make do with unhealthy and poor living conditions."

Mr Elliot Tshisani was pleased "a plan is being made at last".

Miss Cynthia Qnela said upgrading the hostels would lift morale.

ERFUL

CAPE

Armed guards protect Baragwanath staff

810am 26/6/92

KATHRINE STRACHAN

PRIVATE armed security guards were deployed at Baragwanath Hospital in Soweto yesterday to counter intense intimidation by armed strikers, hospital authorities said.

A Johannesburg Hospital department head said yesterday delays caused by the strike had led to the deaths of several accident victims.

Hospital spokesman Annette Clear said strikers were armed with firearms, knives and sjamboks and superintendent Chris van den Heever said the "anarchy" reigning in the hospital had led to a further deterioration of services. Urgent decisions had to be taken.

At Johannesburg Hospital Dr K Boffard, head of accident casualties, said his unit had been unable to save the lives of "a few" patients because too much time had been lost in transporting the patients to his unit instead of to the nearest hospital. Without the delays, those lives would probably have been saved, he said.

Because of the reduction of facilities it had become difficult to cope with emergencies in his unit.

Boffard said outpatients had to wait in queues for up to six hours before they got attention. A hospital gynaecologist said only patients with acute problems were being admitted, and that he had to turn away patients with malignant diseases.

Touring Johannesburg Hospital yesterday, National Health Minister Rina Venter attacked the National Education, Health and Allied Workers' Union (Nehawu) for using patients and hospitals as "hostages" in their blatant

political battle.

She condemned the union for using hospitals as "soft targets". Venter said Nehawu's labour grievances had been addressed and the state did not have the funds to offer a higher increase. She added that Nehawu had refused to continue negotiations — an allegation which union officials have denied.

Sapa reports Venter said the strike had shown that some hospital departments could work with smaller staff complements and that the strike could result in retrenchments.

In Cape Town, two more hospitals were affected, taking the number of hospitals affected to 13, and day hospitals to five. There were reports of intimidation by strikers.

Allowances

Today authorities at Baragwanath and Natalspruit hospitals will decide on the future of their striking workers.

The strike has made it impossible for hospitals to process applications for disability allowances. TPA spokesman Willie van Niekerk said about 10 people a day applied for disability allowances in Johannesburg and Soweto.

To receive a disability allowance, people required a medical assessment. Taking into account people with temporary disability allowances who needed reassessment, 1 000 people were affected by this every month, he said. Until the strike was ended, no new applications could be considered.



National Health Minister Rina Venter holds a newborn baby in Johannesburg Hospital's obstetrics ward during an inspection of conditions at the strike-torn facility yesterday.

Picture: ROBERT BOTHA

Venter: Tvl strikers may lose jobs

JOHANNESBURG. — Re-trenchments may result from the health workers' strike at Transvaal provincial hospitals, Minister of National Health Dr Rina Venter said yesterday during a tour of Johannesburg Hospital.

She said the National Health, Education and Allied Workers' Union strike showed some hospital departments could func-

tion normally with a smaller staff.

Dr Venter was accompanied by the Transvaal Provincial Administration's health services MEC, Mr Fanie Ferreira.

Mr Ferreira said that yesterday was the deadline for strikers to send letters explaining why they should not be disciplined. Those not doing so would be fired.

Dr Venter appealed to Nehawu to present genuine labour issues, adding the strike was making a mockery of civilisation as strikers took patients hostage for an obvious political agenda which was part of the ANC's mass-action campaign.

Nehawu denied at least twice that the strikes were linked to the campaign.

Nehawu said earlier it was

ET 26/6/92
prepared to negotiate but would not if the TPA refused to budge on issues which led to the deadlock in talks last week.

The union demanded a minimum wage of R724 a month and a 15,3% across-the-board increase, back-dated to April, while the government offered R708,50 a month, effective from August. — Sapa

Controls rein in city medical costs

98
CT 26/6/92

By ARI JACOBSON

LOCAL hospitals are set for a major financial revamp — an approach that will require doctors and nurses to combine expert medical attention with a sharp eye to cost effectiveness.

In the first stage of this refocused approach, Ernst & Young partner Dick Sudweeks and the firm's German representative, Peter Hissnauer, are currently at work installing financial controls at Groote Schuur and the Red Cross Childrens' Hospital.

Sudweeks spelt out the problem: "Quite simply the hospital system is costing more than the government is willing to pay".

"And the buyer (patient) feels he has the right to the product — so there is no link between the price of medical services and the cost."

But Hissnauer pointed out that inefficiency in controlling medical costs was also a worldwide problem.

He said costs had to be broken down and controlled at departmental levels.

"Its a question of determining costs at each level in the hospital system, making them visible and controlling them while at the same time monitoring quality of delivery on all fronts."

Sudweeks pointed out that "at present the hospitals themselves have insufficient awareness of their costs — due to a general lack of accountability".

In addition Hissnauer said that health care must be limited to the services that can be afforded by the patient or the government. the question of equitably sharing this cost burden is the major problem to be resolved, not only in SA but all over the world.

"There is a tendency to over-service and to over-demand — instead of the real world situation of providing affordable and appropriate services."

The current service levels being developed are primary health care for basic treatment, secondary services for day care patients and tertiary facilities for serious problems. But these, they said, tended to be abused.

Hissnauer said a patient should not be allowed to bypass primary service levels and go straight to the tertiary level.

● Sudweeks noted that the sophisticated Groote Schuur academic hospital complex should be used predominantly to train doctors and nurses and to act as a medical centre to diagnose rare diseases.

"It is currently spending a disproportionate part of its budget on basic day care services".

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Strike terror claim

Hospital workers 'fear for their lives' as intimidation surfaces

SHARON SOROUR and ANDREA WEISS Staff Reporters

INTIMIDATION has surfaced at strike-hit Grooteschnur Hospital where workers claim their lives are in danger for refusing to join the nationwide wildcat wage strike.

As the strike gained momentum in the city, the Cape Provincial Administration (CPA) said Grooteschnur workers were intimidated when they arrived yesterday and that other incidents of intimidation were reported "between Mowbray and Observatory stations."

A hospital source said the level of intimidation was "very high" and strikers had "gone around to check which workers had remained at work."

He added: "They are fearing for their lives, and there is no guarantee they are safe once they leave the hospital to return home."

There are now 1 600 Cape workers on strike. They are members of the National Education, Health and Allied Workers' Union (Nehawu) and the Health Workers' Union (HWU). Representatives from both unions meet the CPA today to "discuss the strike" while thousands of strikers are expected to march from District Six to parliament to hand over a memorandum to the Commission for Administration at 1pm.

Thirteen Cape Town public hospitals are affected. Only emergency cases are being admitted at Grooteschnur. Patients who have booked elective surgery are asked to contact the hospital.

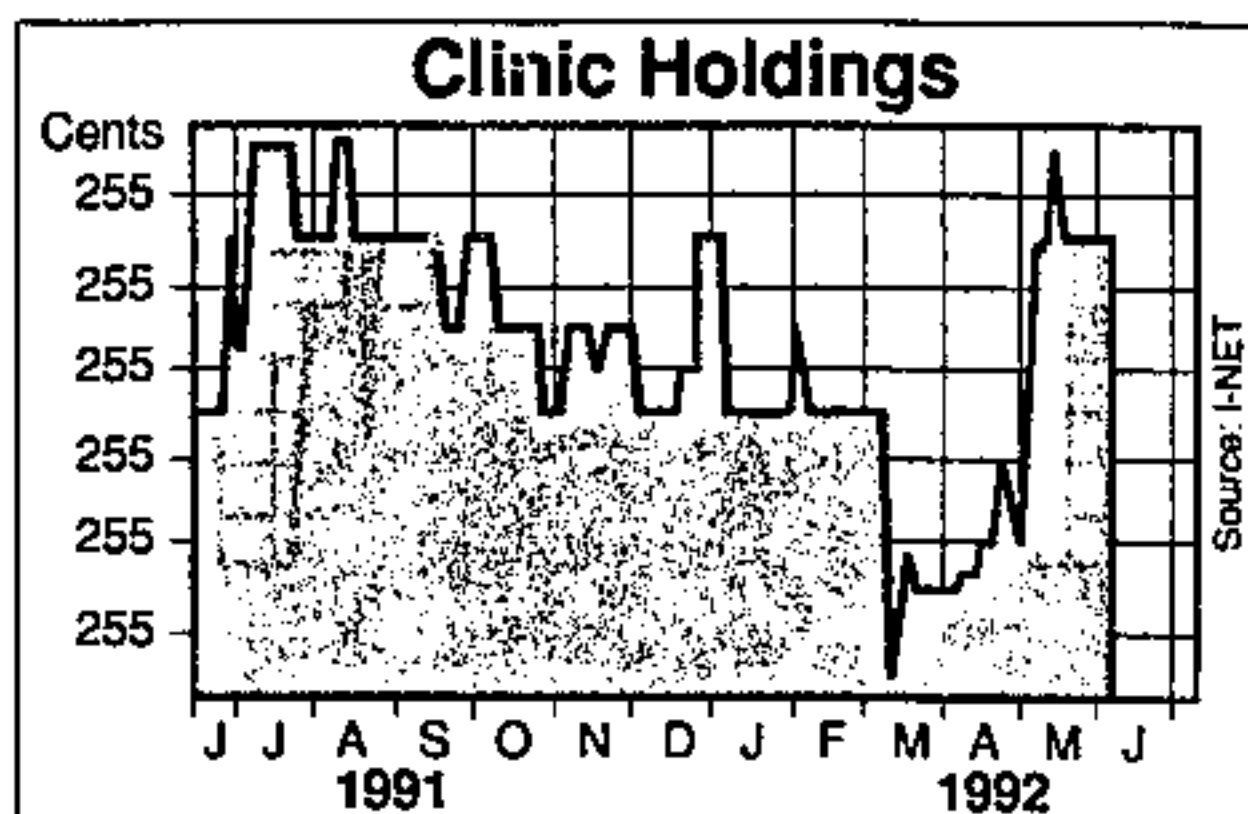
Three hundred and forty-seven employees are out at Grooteschnur, 77 at Valkenberg (including 75 nurses), 21 at Tygerberg, 23 at Woodstock, 19 at Somerset, 50 at Conradie, 40 at Brooklyn Chest and 72 at day hospitals in Guguletu, Nyanga, Crossroads, Khayelitsha and Nolungile.

Valkenberg Hospital is closed for admissions and "relatively stable" patients have been sent to their families. Meanwhile, more than 45 Pinelands Laundry employees stayed away from work yesterday and 650 roads department workers are also on strike.

CLINIC HOLDINGS
FM 26/6/92
Property operation

(98)

Clinic Holdings executive chairman Barney Hurwitz says the planned restructuring of the group — entailing merging the hospital trading operations with the landlords' property-owning interests — has been agreed on in principle. Management announced last December that the private hospital group,



Activities: Operates private hospitals.
Control: Hurwitz family interests 50,4%.
Chairman: B Hurwitz; MD: J L Hurwitz.
Capital structure: 99m ords. Market capitalisation: R247,5.
Share market: Price: 250c. Yields: 5,4% on dividend; 11,9% on earnings; p:e ratio, 8,4; cover, 2,2. 12-month high, 260c; low, 125c. Trading volume last quarter, 2,45m shares.

Year to Sept 30	'88	'89	'90	'91
ST debt (Rm)	—	—	—	14,5
LT debt (Rm)	—	22	25	25
Debt:equity ratio	—	0,34	0,31	0,43
Shareholders' interest	0,45	0,35	0,36	0,37
Int & leasing cover .	n/a	n/a	76	30
Return on cap (%) ..	38,8	26,3	27	27
Turnover (Index)	134	168	224	291
Pre-int profit (Rm) ...	36,1	39,4	48,2	57,8
Earnings (c)	21,5	20,2	23,9	29,8
Dividends (c)	9	10	11,5	13,5
Net worth (c)	42,4	52,6	65	81,3

with 12 hospitals countrywide, was reorganising.

When details of the plan are revealed, it should finally put to rest market criticism suggesting the relationship between the trading and property-owning companies lent itself to a conflict of interest.

The unlisted hospital properties are owned by the Hurwitz family, who also control Clinic Holdings through a 50,4% interest. The trading operations pay rent to the property-holding companies according to a formula linked to turnover of the trading operations.

Before the group was listed in 1987, the properties were taken out of the trading operations. Rentals paid by the trading operations to the property-holding companies had been predetermined for the next three years. Last year was the first in which the rent was related to turnover.

Hurwitz says in his review that the merger will be to the group's long-term benefit in that "it will ensure permanent security of tenure regardless of possible vicissitudes and conflicts otherwise inherent in having independent landlords." He adds that certain issues regarding the restructuring must still be finalised but, at this stage, it is likely to include the issue of compulsory convertible debentures.

In the absence of unforeseen circumstances, he says, the debentures will not adversely affect earnings and dividend growth. But fully-diluted EPS could drop in the short-term.

It is possible that restructuring would improve the listed entities' tax structure, as it has been mooted that the property oper-

ations have assessed losses. However, financial director Stan Berger says: "The use of any tax advantages is neither the sole nor the main reason for the restructure and any suggestion otherwise is incorrect."

Still, if there are assessed losses, restructuring might involve acquiring the trading operations through a reverse listing. Issuing compulsory convertible debentures to the property companies would achieve this.

The group's financial structure changed last year, with net borrowings rising from the year-ago R19,7m to R34,6m and the gearing increasing from 31% to 43%. Funding requirements went up largely, it appears, because the tax payment rose by R16m to R21m — the increase in the tax charge on the income statement was only R2,5m, with the effective tax rate at 47% — and investment in fixed assets (sophisticated medical technology) rose by R5,8m to R22m. Hurwitz says a further R22m will be spent on equipment this year.

Though turnover is still not quantified, trading margins evidently narrowed as the turnover index rose 30%, while pre-interest profit gained about 20%. Increased rentals may have helped to bring down the margin. However, a dip in the effective tax rate enabled earnings to rise by a quarter.

Clinic Holdings, with roughly 2 600 beds, is the largest hospital group, followed by Afrox (1 900), Medi-Clinic (about 1 600) and Presmed (about 600).

The market has rated the hospital groups differently. Presmed and Clinics, at about 11 and 8,4, have the lowest p:e ratios, whereas Medi-Clinic has a ratio of 14,5.

Analysts say one reason for the difference is the separation of the property and trading operations in the Clinics and Presmed groups. Medi-Clinic owns properties and its shareholders benefit from their capital appreciation. Yet Clinics' profitability remains high, with return on equity exceeding 36% last year. Whether the share is rerated after the restructuring will depend on the terms of the deal.

William Gilfillan

FM 26/6/92 (98)

First private hospital heart swop

98
AUG 27/6/92

ANDREA WEISS
and TYRONE SEALE
Weekend Argus Reporters

THE hospital strike has forced a heart-transplant operation to be switched from Groote Schuur Hospital to City Park — the first time a heart transplant has been performed at a private hospital in South Africa.

Last-minute contingency plans for the operation at City Park, known for its cardiac work, had to be made when a donor became available at Victoria Hospital in Wynberg yesterday afternoon.

The drama started at 3pm when Mrs Aletta Malan, 56, of Pretoria, was told by telephone at her brother's home in Parow that a donor heart was available but that the operation could not be performed at Groote Schuur.

Meanwhile, UCT's head of cardiothoracic surgery, Professor John Odell, was phoning to find a suitable hospital.



FRAGILE CARGO: Heart surgeon Dr John Hewittson with a coolbox containing the donor heart.

"It was regrettably not possible to perform the procedure at Groote Schuur due to shortages among support staff as a result of the strike," Groote Schuur superintendent Dr Jocelyne Kane-Berman said last night.

Professor Odell, who headed the surgical team, said while waiting for the donor heart to arrive: "I wanted to do the operation at Groote Schuur but for reasons I had difficulty in understanding, I couldn't do it there."

Only four other South African transplants have been done at hospitals other than Groote Schuur — two at the Red Cross Children's Hospital and two at Wentworth Hospital in Durban.

Mr Johannes Malan, Mrs

Turn to page 3

First private transplant

From page 1

Maian's husband, said the staff at City Park had been kind and he had been "plied with tea and encouraging words".

His wife had had two massive heart attacks which left her with only 14 percent use of her heart.

She arrived in Cape Town five weeks ago from the Hendrik Verwoerd Hospital in Pretoria.

Mr Malan believed his wife might be moved to Groote Schuur today.

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Heart Transplant

Dispute Over

transplant ban

CT 27/6/92 (98)

By IVOR CREWS, ANDRE KOOPMAN and DAN SIMON
GROOTE SCHUUR heart surgeons last night performed an emergency heart transplant at City Park Hospital because their hospital, hard hit by the action, denied them permission to perform a life-saving operation.

Members of the Groote Schuur cardio-thoracic unit started the operation at City Park after 8pm. The decision to bar heart transplants at the hospital which pioneered the procedure has led to a dispute between the hospital and heart surgeons, who say that unless heart transplants are allowed to continue, patients may die.

A heart from Victoria Hospital became available yesterday for Mrs Aletta Malan, of Pretoria, who had been waiting about a month for a donor. But Groote Schuur authorities refused the heart team permission to operate.

After trying to get permission to perform the transplant at Tygerberg Hospital, the cardiac team was eventually given the go-ahead by City Park Hospital, which will meet all medical costs, Professor John Odell, head of the

Groote Schuur cardio-thoracic unit, confirmed last night. Twenty-two other transplant patients at Groote Schuur are awaiting heart and liver transplants but only "emergency patients" are being admitted because of lack of personnel.

Dr Johan Brink, a member of the unit, said that unless transplants were allowed to continue patients might die.

According to members of the heart team, chief medical superintendent Dr Jocelyn Kane-Berman was adamant that no heart or liver transplants would be allowed until the strike ended because of the number of personnel involved in the operations.

Kidney transplants
Kidney transplants are still being allowed at Groote Schuur, which has amazed the heart team, who say that all transplant operations are standard therapeutic practice.

Dr Kane-Berman said last night: "It was regrettably not possible to perform the procedure at Groote Schuur due to staff shortages among the support staff as a result of the strike."

She said a heart transplant required vast infrastructure, of which the support services were an important part. Kidney-transplant patients did not require the same intensive post-operative care.

Responding to claims that donor organs, of which there were a very limited number, could be lost because of the transplant ban, Dr Kane-Berman said: "These are the most dreadful life-and-death decisions that health-care people have to make and a strike situation throws them up in sharp relief."

Dr Brink said yesterday afternoon, before City Park had approved the transplant request, that Victoria Hospital was keeping the donor, who was brain-dead, stable.

One patient has waited for three years for a heart-lung transplant and others have waited for up to seven months, he added.

Professor Odell said: "Because donor organs are in short supply, and about 30% of the patients on the waiting list die before a donor becomes available, heart and liver transplant operations should be considered an emergency."

Meanwhile, the CPA has undertaken to make representations to the Minister for Administration, Dr Org Marais, to reopen negotiations on salary issues with striking hospital workers as soon as possible.

This was disclosed in a statement by the Health Workers' Union (HWU), which said the CPA also undertook not to "conduct itself" in the same way as

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Transplants

had other provincial administrations (98) (92)

This followed a meeting yesterday between the CPA, the National Education, Health and Allied Workers' Union (Nehawu) and the HWU.

● About 1 200 striking Nehawu and HWU workers yesterday afternoon marched to Parliament where a memorandum for Mr Marais was handed to police.

The memorandum, which stated the government for its "intransigence and arrogance", accused the Commission for the Administration of negotiating in "bad faith".

Minister of Health, Mrs Rina Venter was also branded a "blatant liar" by a senior Cosatu spokesman for stating that the strike was part of the ANC's programme of mass action.

"To Rina Venter we are telling you that you are a blatant liar. If she can't prove it she must shut up," the Cosatu spokesman said.

No further incidents of intimidation or assault were reported yesterday in Peninsula hospitals, police said yesterday.

Police spokesman Major Gys Boonzaaier said that following a request from Groote Schuur Hospital, additional policemen had been deployed at Observatory and Mowbray railway stations

and surrounding areas where incidents of intimidation and assault were reported on Thursday.

A member of the PAC had been arrested on Thursday after he allegedly attacked a hospital worker travelling to work on a train at 6.45am.

● Transvaal Provincial Administration communications director Mr Piet Wilken said intimidation at hospitals continued. He cited the beating with sjamboks of nurses at Tembisa Hospital and an assault on eight Hillbrow Hospital staff members.

● The SA Nursing Association has been urged to press for compulsory arbitration to resolve the strike at state-run hospitals.

This follows a meeting between the association and a group of registered nurses at Soweto's Baragwanath Hospital, said a statement by the nursing body yesterday.

The nurses had made it clear they would not be able to continue coping with the current situation.

1 500 health staff march on parliament

SHARON SOROUR
Labour Reporter

SCORES of riot police formed a human barricade in front of the main entrance to parliament at the close of a colourful, but peaceful march by 1 500 striking Western Cape health workers.

Members of the National Education, Health and Allied Workers' Union (Nehawu) and the Health Workers' Union, including nurses on strike at Valkenberg Hospital, marched from District Six to Parliament to hand over a memorandum for Administration Minister Dr Org Marais.

Cape Provincial Administration roads department workers, also on strike, took part in the march which had municipal and magisterial permission.

City centre lunchtime traffic came to a halt as the singing, toy-toting contingent snaked down Darling, Adderley, Bureau and Spin streets into Plein Street.

The march stopped outside the main gates where union leaders relayed the contents of the memoran-

dum over loudspeakers before Nehawu second vice-president, Mr Caswell Lehane, handed it to Lieutenant Louis Krause, who accepted it on behalf of the Commission for Administration.

In the memorandum, both unions said their workers were "extremely angry and perturbed by the arrogance and intransigence of the government" and the "deceitful" way the CPA conducted its affairs.

Workers were "highly disturbed" by comments of Health Minister Dr Rina Venter and challenged her to prove her allegations that the strike was part of the ANC's mass action campaign.

Workers had been "compelled" to strike by government failure to address legitimate demands, which included a minimum monthly wage of R724, an annual increase of 15,3 percent, permanent status and full benefits.

The government offered a R708,50 minimum wage and 9,2 percent.

● The strike has affected 18 hospitals and day hospitals in Cape Town, East London and Vryburg.

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Lawyers sure strikers will be cleared of baby deaths

Strike puts patients' lives on the line, say callers

JO-ANNE COLLINGE

LAWYERS are confident that no court will convict Ga-Rankuwa Hospital strikers for the deaths of 10 babies during the 1990 strike because it can be shown that there is a strong likelihood that contaminated drips caused these deaths.

The evidence of a cause of death beyond the strike centres on drips supplied by the controversial Sabax drug company. Earlier this year Sabax was cleared by a Johannesburg inquest magistrate of responsibility for a spate of infant deaths in various private clinics in Johannesburg in 1990. The company still faces several civil suits from bitter parents who refuse to accept the inquest finding.

In the case of the Ga-Rankuwa strike, expert evidence that contaminated drips were a likely cause of death failed on "balance of probabilities" to convince the Clilie Commission of Inquiries into the 1990 strike.

The commission held that the strike, which curtailed x-ray and la-

Bara infant death rate 'the same'

THE strike at Baragwanath has not resulted in an unusual number of deaths in the neo-natal intensive care unit, according to information supplied by the public relations department at the hospital.

"It is our impression that there has been no increase in the number of deaths in the neonatal unit and particularly within the neonatal ICU thus far," said Dr Peter Cooper, head of the unit. It was not possible to produce accurate statistics, "since we only enter our statistics after discharge or death of the patient and thus we are always a few weeks behind with the final data".

boratory facilities and created such grossly unhygienic conditions that babies became infected, caused 10 out of 23 deaths which occurred in the neo-natal intensive care unit during the relevant period.

The commission decided to refer the baby deaths to the Attorney-General who will decide whether to press criminal charges against the union or individuals.

But attorney Raymond Tucker, speaking for the legal team which represented the National Education, Health and Allied Workers Union (Nehawu) at the commission, noted this week that criminal courts set tougher standards than commissions, requiring

whose deaths were not ascribed to the strike, appeared to be recovering when they suddenly deteriorated and died soon afterward due to infection.

They were not the sickest babies in the ward. They were not on ventilators and therefore should not have been the first to succumb to infection caused by general unsanitary conditions. But all were on hyper-alimentation drips when they died and at least 13 were already on drips when signs of deterioration were first noted.

Cooper and counsel for Nehawu argued that the following factors were among those which supported the thesis of contaminated drips:

● In all 15 cases there were signs of new sepsis — that is, sepsis distinct from the original condition with which the baby was admitted.

● The onset of sepsis was late afternoon and evening, soon after the changing of drips. The period between onset of sepsis and death was a matter of hours, except in two cases where the drips were interrupted and the babies survived for 24 to 48 hours.

MOST callers to **Speak Out** last night felt that health workers should not be on strike. According to the callers, workers' actions were putting the lives of sick people in jeopardy. Some callers, however, felt the workers had no other option and this was the only way the Government would listen to their grievances.

Joan D'Arcy, Weltevreden Park: As a nurse I cannot condone health workers going on strike. This includes general assistants. Their work is essential in that it allows nurses and doctors to concentrate on healing the sick.

Russel Sadowsky, Hillbrow: The poor workers' wages are below the headline. The poor patients are ill and need care. The State cannot afford to pay better wages, but FW and company have just got a fat salary increase!

John Mfite, Soweto: The strikers should carry on striking for what they want. The TPA has the money to pay these people but it doesn't want to. They have volunteer workers who are being paid R34 a day. Where does this money come from?

Fred Ellis, Springs: This strike is a like a Russian roulette game using gun barrels filled with hungry, unemployed and sick people.

Rabbi Phiri, Vosloorus: The hospital strikers are justified. This is the only language the Government understands. Peaceful

Today's topic

Thousands of general assistants at hospitals around the country have gone on strike. They are being supported in some instances by nurses and radiographers.

Should people doing jobs on which human life depends be allowed to strike?



Speak Out!
ON SATURDAY

means have not worked.

Don Christie, Mont-gomery Park: The striking hospital workers, especially the nursing staff, should be ashamed. They all have steady jobs. Think of all the jobless. For the amount of work they do, most are adequately paid.

Henry Kellerman, Pretoria: Normally, hospital workers should not be allowed to strike. The State has, however, failed to compensate them adequately. So under the circumstances I don't blame them.

Barney Seegal, Berea: It really is a sorry state of affairs when hospital staff go on strike. If there are grievances they should have them addressed by the authorities without resorting to strike action.

Derek Weinberg, Bramley: If they must strike, let them at least strike in shifts and leave essential services working.

Milly Bester, Eden-

force them to accept appalling conditions of service, what other option do you leave them?

B Greenberg, North-cliff: It's a shame and a disgrace that State employees have to strike, when at the same time the President and MPs give themselves a pay rise.

Alan C Brown, Bloemfontein: People who withhold their services when others are dying are on a par with those who would shoot an ambulance driver on his way to an accident.

Lebo Rikhotso, Pretoria: Under normal circumstances they shouldn't be allowed to strike. But SA is not normal. These people are trying to enforce their rights by striking, which is the only weapon available for the patient. I feel sorry for the patients but unfortunately there is no struggle without casualties.

J W Chambers, Benoni: Short of martial law, one cannot stop these people raising some kind of protest, since prices have risen as sharply for them as for anyone else. But they must not be exploited or encouraged to strike for political reasons.

John Durbaach, Berea: The entire matter is absolutely sickening. The strikers are acting against people who are really suffering — the sick, injured and disabled. Why do the authorities not call in the army or pay the strikers what they want, just to get something done?

Hospital strike chaos grows

By THEMBA KHUMALO

PATIENT care is gradually deteriorating at Soweto's Baragwanath Hospital where more than 1 500 general assistants, clerks and nurses are on a wage strike. *CP/MS*

The action is part of a national action called by the National Education and Health Workers Union (Nehawu) to pressure hospital authorities to increase workers' salaries. *28/6/92*

At least 19 Transvaal hospitals and several others in the Free State and the Cape are entering their fourth week without any sign of resolution to the strike in sight.

Baragwanath chief superintendent Dr Chris Van den Heever expressed concern about the crisis. He said an orthopaedic surgeon had told him that intimidation brought an orthopaedic workshop to a standstill after it was deserted by the workers.

The surgeon claimed the losers were disabled people because no artifi-

cial limbs, orthopaedic appliances or footwear would be manufactured during the strike period.

The surgeon had warned that cases admitted during the past three weeks were being delayed so long that many procedures to save limb function could not be performed.

On Monday about 300 nurses, student nurses and radiographers marched on Baragwanath Hospital and presented a list of demands to the authorities.

Van den Heever said a skeleton staff of trained technicians were doing their best in the medical equipment workshop to fetch, repair and return life equipment required for emergency treatment.

Principal communication officer for Baragwanath Hospital, Hester Vorster, said the aim of the protest march was "unclear".

She said it was not clear how many nurses were on strike, but the majority of them reported

for duty after Monday's march. *98*

The nurses action was seen by many as putting pressure on neutral nurses to take a stand.

In terms of the South African Nursing Council rules, nurses are not allowed to go on strike, although there are new moves to unionise the nursing fraternity.

However, the strike has spread to the Orange Free State and the Cape Province where 800 general assistants have joined the strike.

Other affected hospitals in Pretoria are GaRankuwa, HF Verwoed, Medunsa and Pretoria West. In the Cape, Groote Schuur, Kraaifontein, Paarl Road Unit and East London's Lady Frere.

Others are Kimberley Hospital, Red Cross Children's Hospital and Vryburg.

The Free State Provincial Hospital said strikers who did not return to work by June 30 would be fired.

IN A ward on the second floor of the Hillbrow Hospital an elderly man hides the septic stump of his amputated right leg under his green-striped pyjamas.

Confined to a wheelchair, Johannes Matsi, 69, has given up on life. He cries unashamedly as he explains how his world, the ward he has been in since early 1991, has collapsed around him. His friends have gone and all that surrounds him now are empty beds. He misses the workers who have gone on strike. They used to cheer him up with casual conversation and jokes.

Just over two weeks ago, workers at the hospital joined the National Education, Health and Allied Workers' Union strike crippling hospitals. More than 22 000 general assistants are on strike at 48 institutions.

For Mr Matsi, the consequence is that nurses, who are battling to keep the hospital alive, are no longer able to take care of him as they used to.

"I am being neglected. My wound is septic and my bandages are not changed three times a day as they used to be. I want my wound covered, not only so that it can get better, but because it is ugly and it shows me that I am not a whole person any more. The nurses just do not have the time. Their hands are full as they try to give medication, write up reports and serve food.

"I am a diabetic and I know that if my stump does not get better it will have to be amputated even further. Within months I will lose the other leg — then my life must come to an end.

"The strikers do not know the pain they are causing us. I sometimes see the dressing trolley standing at the end of the ward and I watch it, and I hope and I hope, but it takes hours before it gets to me.

"Our food is served cold and it sometimes takes so long to get to me. I know if I do not eat I will go into a coma, so I nibble on bread my family buys for me."

Next to him lies Albert Marema, 47, badly burnt when a primus stove blew up in his face in a Kensington backyard room. His hands were also severely burnt as he rescued his seven-month-old son from the fire, which destroyed everything the family owned.

"I cannot use my hands properly, but now I have to feed myself as well as bath. I have been in hospital since late May and I was getting better, but since the strike I feel that everything is too much for me.

"I have to wait a long time for my food, but I cannot complain. The nurses are very kind to me, but I know they cannot cope," he said.

Patrick Makwakwa, 23, sustained back and neck injuries in a car accident four weeks ago and is lying in traction. He is likely to be confined to bed for a number of weeks.

"I cannot even move my head," he said.

The wards of despair

51 Times
28/6/92



INNOCENT SUFFERER ... Johannes Matsi who says his life has turned to misery since the strike started
Picture: COBUS BODENSTEIN

"Sometimes, when I desperately need to go to the toilet, I lie for hours waiting because there are not enough nurses to bring me the bottle.

"I would be terribly embarrassed if I wet my bed. It's one of my biggest fears."

Siege

What has hurt him most about the strike is that visiting hours have been curtailed. His sole visitor can come only after 5pm — by which time visiting hours are over.

In another ward of the hospital, which is now under siege by strikers who have attacked and assaulted nurses as they make

their way to and from work, patients are stepping in to help alleviate the work load.

Over a month ago Shadrack Mbewu, 33, had a kidney removed. Now, although still recovering, he is doing the work of the strikers.

He collects milk and fetches food from the kitchen and groceries from the storeroom, an area the nurses are too scared to enter as strikers have been found lurking there.

Shadrack is unable to move at the speed required to get supplies to their destinations, so everything is delayed by at least an hour.

"I do it because I know the staff are tired and they are trying to be so very good to us.

"But they cannot sleep well at night, because they have had threats that their homes will be burnt down if they come to work. They are all very tense and upset."

In the dialysis unit on the first floor, Jean-

ette Maphoto, 34, who has the septic stump of her amputated right leg under her pyjamas as she washes dishes from the ward.

She says the hospital has become her weekend home and she doesn't mind sweeping the wards or helping other patients. She works with a catheter attached to a bag which she carries around in a plastic bucket.

"I know I will die if I do not come here. The strikers will not keep me out. I wish they could find another way to fight about their salaries. It is not them who suffer, but the sick people who cannot help themselves."

Throughout the hospital, the atmosphere is tense. Many patients have been discharged early and all routine surgery has been stopped. Only emergency cases are admitted. A private company has been called in to clean up the hospital at night.

Medical staff have to circle the hospital before entering to make sure strikers are not lying in wait to assault them.

"It has become a case of them and us. We sympathise with their grievances, but we cannot let our patients die," said one nurse. "We don't come to work in our uniforms, and we wear track suits and running shoes, just in case we are attacked.

"By Friday, nine nurses had already been beaten and others were held at gunpoint. A minibus with about eight staff members was stopped and strikers tried to pull some of us out, but we managed to get away," she said.

Alert

"We are risking our lives to keep our patients alive. If we stay at home we will be attacked. When we come to work we risk the same thing," a senior matron said.

Staff have found strikers in the corridors of the hospital and now walk around in pairs, ever alert to the presence of strangers. Anonymous telephone callers threaten the lives of the staff daily.

Mr Sephus van Zyl, 62, the only white patient in the orthopaedic ward, says the suffering of patients around him makes him desperately unhappy. He broke his arm after a fall two weeks ago. When he was admitted, doctors had to delay surgery for four days because of the strike.

"I am appalled by what is happening here. I watch the nurses battle to cope. At night I have seen them running around the ward as they try to help the men who are crying out in pain. The food is awful, but what amazes me is that no one complains.

"The black people of South Africa know what suffering is, and they stick together no matter what. I have no family to go home to, but I thank God that I am not a staff member of this hospital who has to face death almost every day."

on the real victims of the strike

Hospitals union offers strike truce

S/Times (Cape metro) 28/6/92. (98) (99)

By KURT SWART
and RAYMOND JOSEPH

THE National Education and Health Workers' Union (Nehawu) has offered to end the hospitals strike and reopen talks if the government promises to send issues on which they might deadlock to arbitration.

At the same time, the union is to step up its pressure on the government by extending the action to hospitals in more conservative areas in the Free State, northern Cape and the Transvaal Plateland this week.

Afford

It is also to call on workers in other government departments to join the strike.

The offer of a truce has been made by Nehawu's central executive, which is meeting at the University of the Western Cape this weekend to discuss strategy, says

Arbitration pledge sought from govt

union vice-president, Mr Vusi Nhlapo.

"We have decided to ask the government for an urgent meeting to try to thrash out the issues. If it is prepared to give an undertaking that anything that cannot be resolved will be sent to arbitration, we will call off the strike," Mr Nhlapo said yesterday.

The number of Western Cape hospitals affected by the stayaway increased to 22 on Friday when staff at the Mowbray maternity hospital and the Langa day hospital joined the strike.

"So far the people most affected by the strikes have been blacks and poorer whites who cannot afford private health care," said Mr Philip Dexter, Nehawu's general secretary.

"From the beginning, we have been conciliatory in our attempts to settle the strike, but the government's attitude — like the statement by the Minister of Health, Dr Rina Venter, that the strike has proved that hospitals can run on smaller staffs — has not helped."

Mr Nhlapo said the union would approach the government again with certain proposals to try to end the strike.

"Our main aim is to end the strike as soon as possible — it is in no one's interests to prolong the dispute."

The strike, which began in the Transvaal, arose from a wage dispute. The union is demanding an overall increase of 15,3 percent and a minimum wage of R724 a month for health workers. The government has offered

R708,50 and 9,2 percent. The union also wants all temporary positions to be made permanent.

A heart patient awaiting a donor for a transplant died at Groote Schuur Hospital yesterday morning, but Dr John Hewitson of the cardio-thoracic unit said her death was not attributable to the health workers' strike.

Heart and lung specialists at Groote Schuur have disputed the hospital administration's decision to bar transplant operations and have warned that patients could die because of it.

The administration has blamed support staff shortages arising from the health workers' strike.

Transplants

On Friday, a Groote Schuur patient, Mrs Aletta Malan, was transferred to the City Park Hospital where she had a successful emergency heart transplant. The operation had been disallowed at Groote Schuur.

"We don't understand why the decision to bar heart, lung and liver transplants was made. Kidney transplants are still being allowed," Dr Hewitson said.

Fourteen heart and three lung patients were awaiting transplants. Another four patients were awaiting liver transplants.

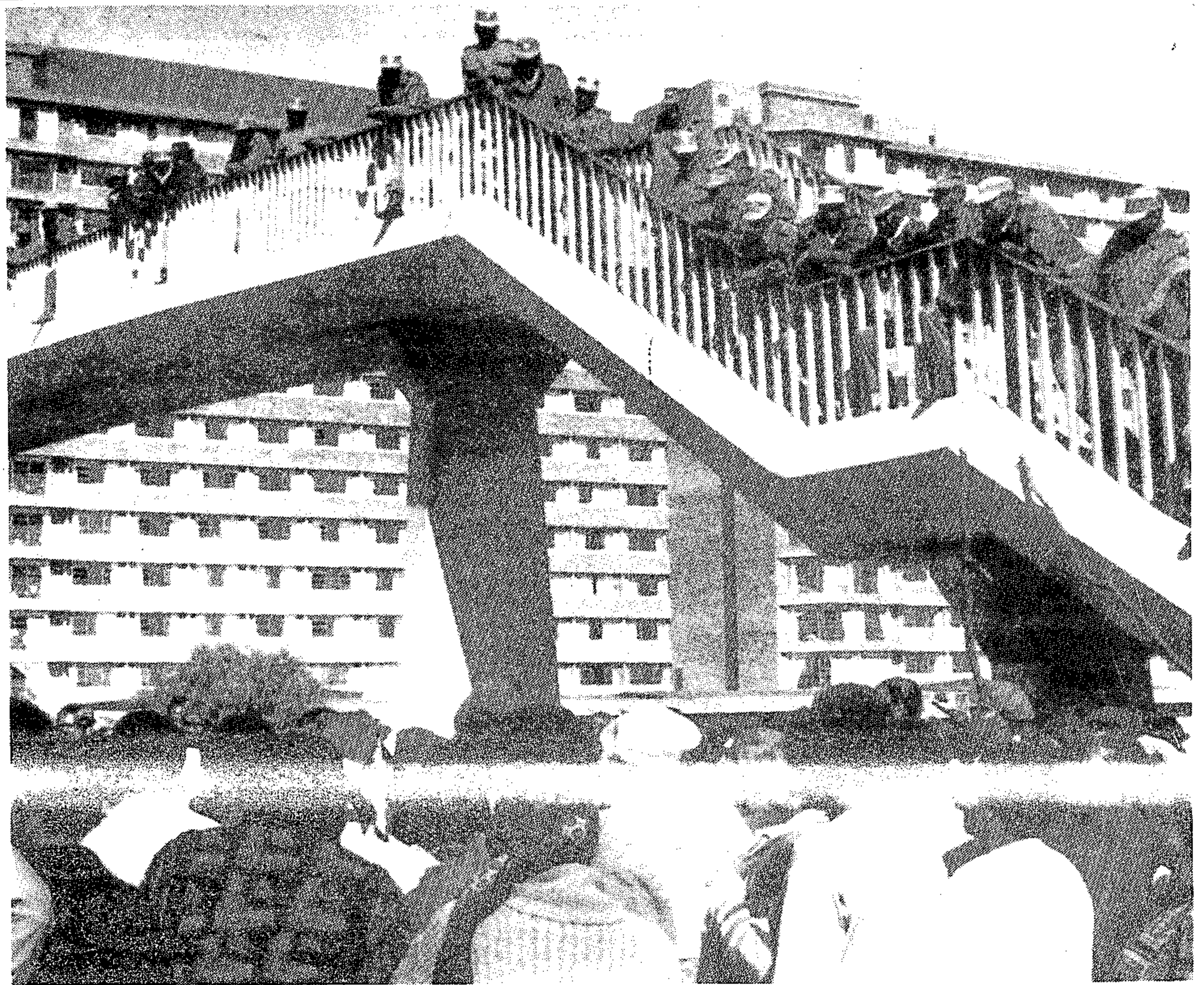
If the ban was still in force when donors became available, doctors would ask other hospitals for the use of their facilities. Initially Tygerberg Hospital had refused to admit Mrs Malan, but it was reconsidering its stance, Dr Hewitson said.

"We are still discussing the matter. The decision to stop transplants has not been finalised," a Groote Schuur spokesman said.

Ciphen 28/6/92
SA's first private heart transplant

GROOTE Schuur heart surgeons on Friday night performed an emergency heart transplant at City Park Hospital in Cape Town because their hospital, hit by strike action, denied them permission to operate. This is the first time a heart transplant has been performed at a private hospital in SA.

A heart from Victoria Hospital in Wynberg became available on Friday for Aletta Malan, 56, of Pretoria, who had been waiting about a month for a donor. But Groote Schuur refused permission to operate, because support staff were on strike. Twenty-two other patients at Groote Schuur are awaiting heart and liver transplants. (98)



Police keep watch from a bridge outside Baragwanath Hospital as striking workers hold a meeting outside the premises during their action which enters its fifth week today. Baragwanath is among several hospitals throughout the country which have been hard hit by strikes.

Pic: PAT SEBOKO

Strikers at hospital may bar emergencies

Sowetan 29/6/92

98

GENERAL Workers at Garankuwa Hospital have threatened to stop the admission of emergency cases.

Sources told *Sowetan* yesterday that the refusal by hospital authorities to accede to the demand for the dismissal of voluntary workers has led to renewed calls for a total ban on admissions.

**By ALINAH DUBE
and Sapa**

A call for the immediate dismissal of part-time workers and members of the South African Defence Force was issued last week by Medical University of South Africa students.

They complained that the use of volunteers might

jeopardise the position of the striking National Education, Health and Allied Workers Union members.

It was alleged yesterday that strikers, students and professional workers were working out a strategy to bring the hospital operations to a halt.

Doctors, nurses and paramedics are also likely to stop performing duties

other than those within their scope of employment in a bid to pressurise management to meet the Nehawu demands.

Dr JJ Cros, chief medical superintendent at the hospital, could not be reached for comment.

Meanwhile, workers at Kalafong Hospital have ended their strike.

More than 350 weekend

volunteers took on the duties of striking Baragwanath Hospital workers and improved patient care, the hospital's chief superintendent, Dr Chris van den Heever, said yesterday.

Van den Heever said the volunteers assisted with supporting services allowing professional staff to carry on with their normal duties.

He said private security guards had been effective and no reports of intimidation had been received.

"Because only emergency cases could be treated since the start of the strike by general assistants more than three weeks ago, some patients delayed visits to a doctor for too long. "They are now being admitted to the hospital in a very serious condition," he said.

BUSINESS DAY, Monday, June 29 1992

Health workers threaten to exacerbate hospital strike

Business Day Reporter

Business Day Reporter

THE National Education, Health and Allied Workers' Union (Nehawu) yesterday threatened to escalate its three-week strike to "hurt the more privileged sectors of the population".

Nehawu general secretary Philip Dexter said yesterday the union's national executive committee had decided it would this week meet other public sector unions in an effort to "shut this government down". However, it was also decided that Nehawu would end the strike if government agreed to arbitration or mediation.

Dexter said the strike was particularly affecting black communities. It was felt that whites and the state should feel its effects. Meanwhile yesterday, Baragwanath Hospital chief superintendent Dr Chris van den Heever said more than 350 weekend volunteers had taken on strikers' duties and improved patient care, Sapa reports.

Volunteer assistance had allowed

professional staff to carry on with normal duties.

All nursing staff and doctors reported for duty, but radiographers were able to maintain only emergency services with a skeleton staff.

Private security guards, hired last week, had been effective. No reports of intimidation on hospital premises had been received, he said.

Patients being admitted to the medical section tended to be seriously ill. "Because only emergency cases could be treated at the hospital since the start of the strike ... it seems medical patients delayed visits to a doctor for too long. As a result, they are now being admitted to the hospital in a very serious condition."

The Cape Provincial Administration (CPA) at the weekend undertook to call on Administration and Tourism Minister Org Marais to reopen negotiations with strikers.

The Health Workers' Union (HWU) said the CPA also promised "not to conduct itself" in the same way as other provincial administrations. This followed a meeting between the CPA and the unions on Friday.

About 1 200 striking hospital workers marched to Parliament on Friday to hand a memorandum to Marais.

The memorandum, which slated government for its "intransigence and arrogance", also accused the Commission for Administration of "negotiating in bad faith".

Heart transplant patient Aletta Malan was reported to be in satisfactory condition after she was operated on at a private clinic in Cape Town on Friday. Groote Schuur heart surgeons performed the emergency transplant at City Park Hospital because their hospital, hit hard by strike action, denied them permission to perform the operation. It was the first heart transplant performed at a private hospital in SA.

Hospital strike will continue 'unless

Staff Reporter

THE National Education Health and Allied Workers' Union (Nehawu) resolved at a weekend meeting to continue the hospital strike action unless the government addressed workers' demands through arbitration or mediation.

The meeting of the Nehawu Central Executive Committee, at the University of the Western Cape, was attended by Mr Philip Dexter, the general secretary of Nehawu, and its national presidents.

Spokesman and central executive committee member Mr Wilfred Alcock said last night: "We do want to resolve the present impasse and have pro-

posed arbitration or mediation or we will continue the strike action until the government shows a willingness and gives an undertaking to address the grievances of workers."

Mr Alcock said the resolution adopted over the weekend by Nehawu would be forwarded to the minister of administration, Dr Org Marais.

The union still wants a minimum wage of R724 a month and an overall wage increase of 15% for health workers but the most important demand was that temporary workers receive permanent status.

He said that further resolutions adopted by the union were:

● That the state recognise the Cilliers Commission report findings of 1990 which found that the state was far behind the private sector in labour relations.

● Should the government fail to accede to Nehawu resolutions the union would appeal to other state employees to adopt strike action.

● The union alliance partners, the ANC/SACP and Cosatu, would be asked to endorse the resolutions.

● The union reserved the right for workers to take whatever action was necessary to protect themselves against police action.

Weekend newspaper reports that Nehawu would step up the pressure on the government by extending the strike action to other parts of the country were fuelled by Durban reports yesterday that Natal hospitals would join the strike on Wednesday.

The number of Western Cape hospitals hit by the strike increased to 22 on Friday, when staff at the Mowbray Maternity Hospital and the Langa Day Hospital joined the strike.

In Johannesburg more than 350 weekend volunteers took on the duties of striking Baragwanath Hospital workers, the hospital's chief superintendent, Dr Chris van den Heever, said yesterday.

GOV
FACTS
29/10/92

Transplant in private clinic

SURGEONS at Grootte Schuur Hospital in Cape Town on Friday night performed an emergency heart transplant at City Park Hospital.

Their hospital, hard hit by strike action, denied them permission to perform the life-saving operation.

This is the first time a heart transplant has been performed at a private hospital in South Africa.

The decision to bar heart transplants at Grootte Schuur which pioneered the procedure has led to a dispute between the hospital and

Souletan 29/6/92
heart surgeons, who say that unless transplants are allowed to continue, patients may die.

A heart from Victoria Hospital in Wynberg became available on Friday for Mrs Aletta Malan (56) of Pretoria, who had been waiting about a month for a donor. But Grootte Schuur refused the heart team permission to operate.

After trying to get permission to perform the transplant at Tygerberg Hospital in Parow, the cardiac team was eventually given the go-ahead by City Park Hospital

which will meet all medical costs, Prof John Odell, head of the Grootte Schuur cardio-thoracic unit, confirmed on Friday night.

Odell said early on Saturday morning the operation was a success and that Malan was "fine."

Twenty-two other transplant patients at Grootte Schuur are awaiting heart and liver transplants but only "emergency patients" are being admitted because of lack of staff.

Dr Johan Brink, a member of the unit, said that unless transplants were allowed to continue patients

might die. (98)

According to members of the heart team, chief medical superintendent Dr Jocelyn Kane-Berman was adamant that no heart or liver transplants would be allowed until the strike ended because of the number of personnel involved in the operations.

Kane-Berman said on Friday night: "It was regrettably not possible to perform the procedure at Grootte Schuur due to staff shortages among the support staff as a result of the strike." - *Sapa*

Transvaal hospitals fire 5 000 strikers

KATHRYN STRACHAN

THE Transvaal Provincial Administration (TPA) fired more than 5 000 striking hospital workers yesterday.

TPA administrative services chief director P W van Niekerk said in a statement yesterday that letters of dismissal had been posted to strikers and dismissals would be effective from July 1.

Van Niekerk said the TPA had considered the individual cases of striking workers who had not reacted to the ultimatum. Factors that were taken into consideration included working record, disciplinary record, period of service, and involvement in violence or crime during the strike.

The filling of vacancies would receive attention as soon as possible.

TPA spokesman Piet Wilken said 8 000 cases had been looked at and indicated that more dismissals could be expected soon.

National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Neal Thobejane said the dismissals only deepened the crisis, and warned that the TPA's move would lead to action this week that would "bring the country to a standstill".

Thobejane denied that the strike was politically motivated, but said the protests were aimed at government because it was "ultimately responsible for setting wages".

Strikers could not be fired without being given fair hearings and the union's lawyers would oppose the dismissals, he said. A collective representation would be made today on behalf of all fired workers.

More than 1 600 health workers were still on strike at 22 Cape hospitals yesterday, reports Sapa, but the Cape Provincial Administration would not, at this stage, take a hardline stance.

Meanwhile, the DP has called for government to accept Nehawu's call for arbitration if this would end the hospital strikes, manpower spokesman Robin Carlisle said yesterday.

Cape 'won't fire strikers'

98

CT30/6/92

THE Cape Provincial Administration has dissociated itself from the move by the Transvaal Provincial Administration to fire more than 5 000 striking hospital workers yesterday.

Spokeswoman Ms Gerda Pretorius said the CPA had "no intention" of firing the striking health workers at local hospitals.

The threat of closure of Khayelitsha Day Hospital loomed yesterday as the strike crippled medical services.

As a result of a lack of cleaning services at the hospital, doctors there staged a sit-in and declared the conditions "not medically desirable", said the CPA strike bulletin.

"If cleaning services are not done urgently, the hospital will have to close," it said.

A visit by the Cape Times to the hospital, which provides a 24-hour service, revealed blood-stained floors with rubbish piling up in some waiting rooms.

A spokesman for the Health Workers' Union said last night that general clerks and pharmaceutical assistants at the hospital had joined in the strike yesterday.

The crisis at Groote Schuur over the suspension of heart and

Tvl kicks out 5 000 health workers

liver transplants during the strike has been resolved, said the chief medical superintendent, Dr Jocelyn Kane-Berman.

It had been decided to "consider each transplant opportunity in the light of the urgency of the procedure and the availability of resources".

Professor John Terblanche, head of surgery at Groote Schuur, said the transplant heads had been involved in a meeting and Dr Kane-Berman had their full support.

There were 400 Nehawu and HWU members on strike at Groote Schuur yesterday.

About 30 Nehawu members are still staging a sit-in from 7am to 12 noon at Valkenberg Hospital, and

30 HWU members are on a full-day strike. Police with dogs were called in to Valkenberg, which has been hard hit by break-outs by patients.

Both health unions are hoping the CPA will succeed in urging the Commission for Administration (CFA) to reopen talks.

● TPA chief director of administration Mr P W van Niekerk said the 5 244 fired strikers, whose cases had been evaluated individually, had not responded to the ultimatum to return to work by last Tuesday and submit written explanations of why they should not be disciplined.

Nehawu assistant general secretary Mr Neal Thobejane said the strikes were linked to the mass action call by the ANC. He denied, however, that the strikes, which began as a wildcat action at Baragwanath Hospital on June 4, started as part of the mass action campaign.

● All doctors, including a Briton, have been withdrawn from the Appelbosch Hospital near Wartburg, Natal, because of political tension.

KwaZulu Secretary for Health Dr Darryl Hackland said nursing staff were continuing certain duties and emergency cases were being referred to other hospitals.

— Staff Reporter and Sapa

Clinic Holdings on target

CLINIC Holdings (Clinics) has announced a 17% increase in operating profit of R28,5m for the six months ended March 1992, compared with the R24,3m recorded for the corresponding period in 1991.

Earnings a share also rose by 17% to 14,5c a share (12,38c) and an interim dividend of 6c (1991: 5,25c) was declared. Turnover was 19% up to R163m (R137m).

Chairman Barney Hurwitz said the results were "in line with projections". He predicted real growth in the coming year.

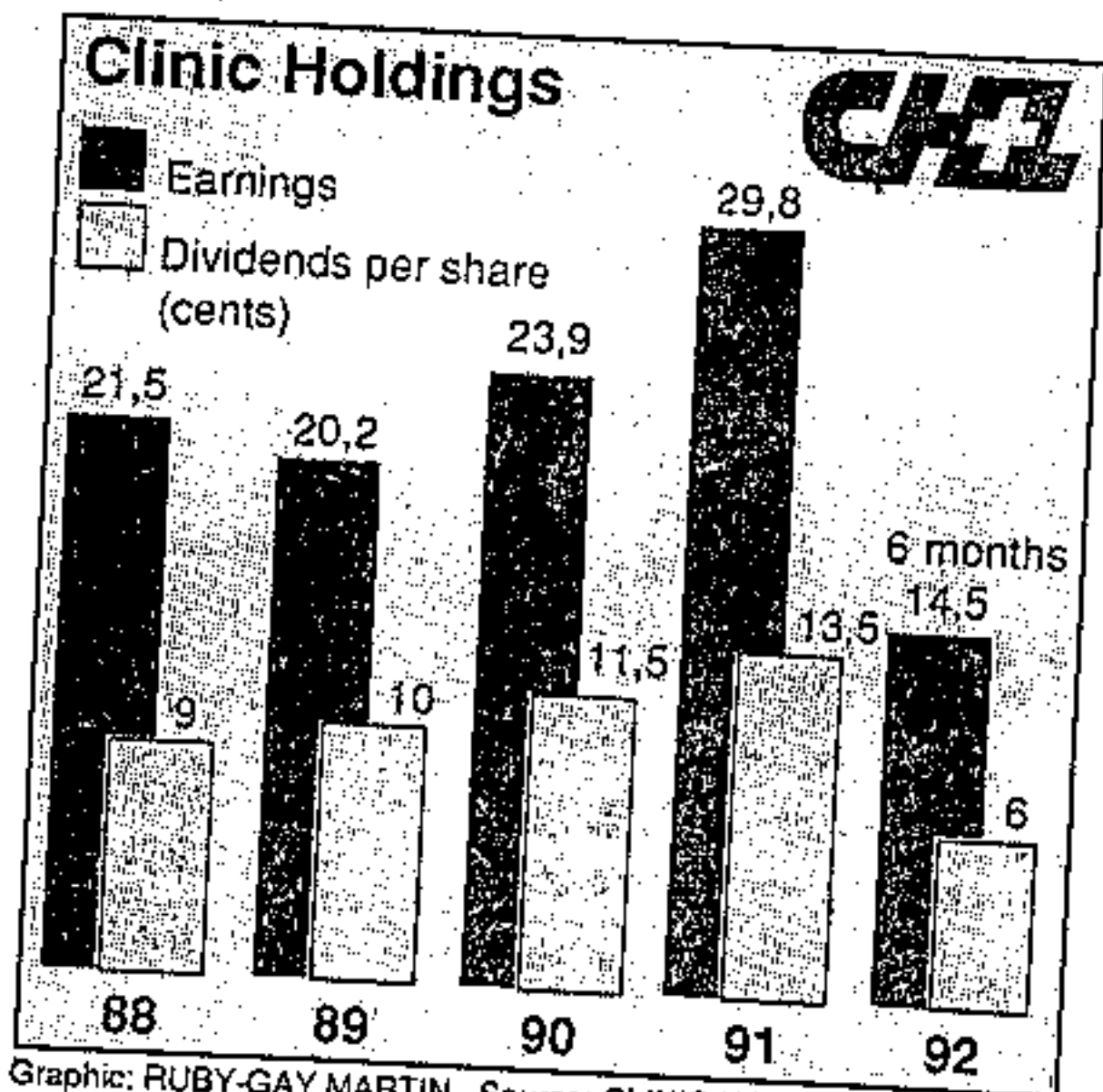
The private hospital group recently announced a restructuring, in terms of which the hospital trading operations are to be merged with Clinic Holdings' property holdings.

Financial director Stan Berger said: "The final details are being negotiated and shareholders will be notified shortly of the outcome." He added that compulsory convertible debentures would be issued as part of the restructuring.

This could result in a short-term reduc-

tion in earnings a share, although the dividend should not be adversely affected, Berger said.

Monday 30/6/92
MICK ELLINGHAM 98



SWOP ops decision

Organ transplants may resume at Grootte Schuur Hospital

SHARON SOROUR, Labour Reporter

ORGAN transplants may resume at Grootte Schuur Hospital, but each case will be individually assessed.

The urgency of the operation and the availability of resources will be the deciding factors at the hospital where about 400 workers are on strike.

This follows talks yesterday between hospital management, staff and the medical faculty after the Grootte Schuur heart team had to operate at City Park Hospital on Friday after permission was denied by Grootte Schuur.

Meanwhile, as the strike at Cape hospitals spread to include about 1 600 workers, the Cape Provincial Administration (CPA) warned that the Khayelitsha Day Hospital might have to close because of lack of cleaning services.

The CPA said doctors were already working under conditions that were "not medically desirable", and that if cleaning services were not urgently resumed, the 24-hour facility would have to close.

The National Education, Health and Allied Workers' Union (Nehawu) has been asked to co-operate.

Nehawu and the Health and Allied Workers' Union have been on strike in the Cape for more than a week.

Health workers are demanding an increase of 15,3 per cent, a minimum monthly wage of R724, and permanent status for all workers. The government is offering a 9,2 per cent increase and a minimum wage of R708,50.

Meanwhile, in the Transvaal more than 5 000 striking hospital workers have been fired by the Transvaal Provincial Administration for failing to return to work or give reasons for their absence.

The CPA, which has called on the government to re-enter into negotiations with the two unions, has not threatened to dismiss striking workers and was "still talking to the strikers", a spokesman said.

The number of CPA roads workers on strike at Paarl, Kraaifontein and Bellville has risen to 660 and 82 workers are on strike at Lindelani and Siyakhathala places of safety.

Hospitals affected in the Cape include the Kimberley Hospital/Galishewe Day Hospital (237 on strike), Wes-Einde Hospital in Kimberley (70), Vryburg Hospital (48) Frere Hospital in East London (450), Red Cross Children's Hospital (55), Grootte Schuur Hospital (400), Mowbray Maternity (13), Valkenberg Hospital (30), Tygerberg Hospital (15), Woodstock Hospital (31), Somerset Hospital (90), Conradie Hospital (42), Brooklyn Chest Hospital (50), Victoria Hospital (one-hour demonstration) and Guguletu, Nyanga, Crossroads, Khayelitsha, Nolungile and Langa day hospitals.

Workers at the Frere laundry in East London and the Pinelands laundry are also on strike.

Struggle will be fatal — DP

Labour Reporter

1998 APR 30/6/92

THE Democratic Party has called for urgent and imaginative efforts to resolve the two "already disastrous" country-wide strikes in the health and broadcast sectors.

DP spokesman on manpower Mr Robin Carlisle said the public was "understandably suspicious" that both strikes were in part motivated by the struggle between the National Party government and the ANC/SACP/Cosatu alliance being fought "in every site that offers itself".

Mr Carlisle said: "The Democratic Party warns again that this struggle will soon enough prove fatal to all parties in South Africa and as it rages its principal victims are the innocent: the sickly infants, the ill, the infirm and those who have little to relieve their misery other than radio or television."

The hospital strike "appears to be complicated by the fact that two ministers are involved, lending credence to rumours that Minister (of Health Dr Rina) Venter may be removed from this hot spot in the future".

Administration Minister Dr Org Marais had been involved in the month-old wage dispute.

The demands of health workers and union members were very close to the management offers and it was a serious reflection on Dr Venter and her management team as well as on the union leaders that the strike was continuing.

Clinic plans restructuring

STAM 30/6/92

By Sven Lünsche 98

Privately-owned hospital group Clinic Holdings has indicated that earnings a share could fall slightly as a result of the restructuring of the group.

Announcing the company's interim results, chairman Barney Hurwitz said the group was negotiating a merger between the hospital operations and Clinic's property interests.

As part of the restructuring an issue of convertible debentures was likely and on a fully diluted basis earnings a share would fall in the short-term.

Profits should, however, still increase at an acceptable rate and dividends should not be adversely affected, he said.

In the six months to end-March earnings a share rose 17 percent to 14,5c (12,38c) and the interim dividend has been raised 14 percent to 6c (5,25c).

Turnover rose 19 percent and operating income improved 17 percent to R28,53 million (R24,37 million).

The hospital crisis

98 ARG 17/92

Strike spreads; hope fades as 2 000 more workers dismissed



PROTEST: Professional workers, including doctors and nurses, demonstrate at Ga-rankuwa Hospital against the dismissal of general workers yesterday.

The Argus Correspondent

JOHANNESBURG. — Hopes for the resolution of the hospital strike faded as 2 000 more workers were dismissed.

The government indicated that the "already completed" wage negotiations could not be referred to arbitration as demanded by Nehawu.

About 7 000 striking hospital workers in the Transvaal have been fired with effect from today. At the same time, about 20 000 hospital workers in Natal are expected to join the spreading strike today.

Annual public servants' negotiations had already been settled between the various parties involved, a government source said.

The National Education, Health and Allied Workers Union has slammed the dismissals and called for a nationwide strike by hospital general assistants and provincial administration workers from today.

Nehawu was also engaged in discussions last night to determine what action other public sector unions could take in solidarity with the hospital strikers.

The Transvaal Provincial Administration has informed dismissed workers that they have seven days in which to "provide acceptable reasons" for why they should not be dismissed, following which their position would be re-assessed.

Nehawu's stance remains that it will call off the strike if disciplinary action is reversed and its dispute over salaries is referred to arbitration.

Nehawu has slammed the TPA for dismissing workers without a hearing, but the TPA has replied that hearings were conducted in the absence of workers who ignored ultimatums to put forward their case.

Baragwanath Hospital reported that more than 900 of its workers were dismissed, while at Hillbrow Hospital, about 500 staffers have been dismissed.

In a statement last night, the TPA said about 700 strikers had not been discharged, as they had made representations to defend themselves. About 300 of these would receive only a final warning, while the remainder required further consideration.

The TPA was also prepared to extend last Friday's deadline to return to work if workers had not been informed timeously of the deadline, as in the case of Tshepong and Kallie de Haas hospitals.

The Natal strike today is likely to hit 47 hospitals and clinics, among them three major Durban hospitals: King Edward VIII, King George V and Addington.

Hospital workers in the Eastern Cape are also preparing to strike today in solidarity with colleagues in the Transvaal, Cape and Orange Free State.

The Khayelitsha day hospital in Cape Town was temporarily closed yesterday because of unhygienic conditions resulting from a strike.

The TPA said strikes continued "to a greater or lesser extent" at the following Witwatersrand hospitals: Sebokeng, Baragwanath, Johannesburg, Hillbrow, South Rand, Willem Cruywagen, Boksburg-Benoni, Tembisa, Natalspruit, Pholosong, Far East Rand and A G Visser.

Urgent talks on health crisis

98
CT 11/7/92

THE number of health workers on strike in the Cape exceeded 2 000 yesterday with thousands of workers nationwide expected to join from today.

The Cape Provincial Administration held urgent discussions with the unions to solve the problem, albeit temporarily, the deputy director-general of hospital and health services, Dr George Watermeyer, said yesterday.

The community could use other day hospitals in the vicinity or provincial hospitals in the Cape Peninsula while Khayelitsha Day Hospital — at which 24 workers are on strike — was closed, he said.

The strike revolves around workers' demands for an increase of 15,37%, a minimum monthly wage of R1724 and permanent status for all workers.

At Baragwanath Hospital in Soweto 900 workers were fired yesterday, bringing the national total to nearly 7 000 hospital workers who have lost their jobs because of their participation in strikes.

Dr Chris van den Heever, the hospital's chief superintendent, said all professional staff reported for duty, but radiographers continued rendering emergency services only. Patient care was continuing to improve, however, he said.

Strike closes 'filthy' Khayelitsha hospital

By NIKKI WHITEFIELD

KHAYELITSHA Day Hospital, which caters for thousands on a 24-hour basis, was closed yesterday amid stench and filth as the strike by health workers continued to cripple medical services.

Some people had waited since 6.30 am on Monday to be seen by a doctor. They were told to go to the Nolutshile Day Hospital — about two kilometres away — which had long queues.

Inside the hospital, blood-stained footprints led down littered halls heavy with the stench of urine and sour bottles.

The emergency room was littered with blood-soaked swabs and plastic gloves. Examining beds and chairs were also stained with dried blood.

CPA spokesman Mr Peter Sidego said when the hospital re-opened depended on how long it took to get people in to clean it. Nurses and doctors would be sent to other hospitals where they were needed.

Apart from a band of nurses, the only other official figure to be found was pharmacist Mr Roy Crosbie, who was sifting through the litter of the emergency room for stocks. "I've sent the other two pharmacists home," he said. "I may as well go home, too — there's no point in keeping the dispensary open."

NPA — road maintenance workers, gardeners, drivers and other employees and strikers would picket and protest at their places of employment today, he said.

An NPA official said all hospitals under its control had contingency plans for strikes. Hospitals in the Eastern Cape are also bracing themselves for the spread of strike action. — Staff Reporter, Sapa

According to the CPA's daily strike bulletin, workers held a one-hour placard demonstration at Victoria Hospital, where 210 workers are on strike, yesterday.

The number on strike at Kimberley Hospital/Gallshewe Day Hospital has risen to 272 compared with Monday's 237, while the figure for Fyere Hospital in East London has risen to 550.

The National Education, Health and Allied Workers Union says as many as 20 000 of its Natal members are expected to join the hospital strike today.

Mr Neal Thobejane, assistant general secretary, said a provincial decision to begin the strike was taken on Monday following a national Nehawu executive committee decision at the weekend.

The strike would not be confined to hospitals, but would include all union members working for the

NPA official said all hospitals under its control had contingency plans for strikes.

Hospitals in the Eastern Cape are also bracing themselves for the spread of strike action. — Staff Reporter, Sapa



LONG WAIT . . . Khayelitsha residents (from left) Mrs Emily Tula, Ms Valencia Antoni, Ms Nicky Menze and Ms Purnia Sondlo with two-year-old Honey Sondlo waited for hours for treatment at Khayelitsha Day Hospital, only to be told it had been shut down.

Picture: HAROLD KING

Day hospital due to re-open

ANDREA WEISS and SHARON SOROUR Staff Reporters

THE Khayelitsha Day Hospital, closed temporarily because of unhygienic conditions resulting from the strike by 24 clerical and cleaning staff, will re-open later today.

A Cape Provincial Administration spokesman said striking workers had agreed to clean the hospital following an agreement with the National Education, Health and Allied Workers' Union (Nehawu) and the Health Workers' Union (HWU).

Conditions in the overburdened hospital, not cleaned for more than 24 hours, were so bad yesterday that medical staff could not work without risking infection to themselves and patients.

The Argus visited the hospital yesterday and saw the grim side of the strike.

In the trauma room pools of dried blood stained the floor and bins overflowed with

blood-soaked wads of cotton wool, surgical gloves and other medical waste. The beds where patients had been treated and the walls were encrusted with blood.

In the corridors dried blood marked the passage of patients.

Under a bed, a wet pool of clear liquid lay on the floor — urine, perhaps, but we did not look closer.

The thought of Aids and hepatitis B transmitted through fluids was uppermost in our minds as we picked our way through the debris left by patients in the waiting rooms.

A nurse, one of the few people left in the building apart from the occasional patient wandering around looking for help, said the mess was an indication of the work the cleaners had to do for R500 a month.

"They have to clean up vomit and blood. Give me a needle and suture and I will do the job. But I can't even look at

that," she said.

We asked about a corpse reported to have been left lying on a bed in a corridor for more than 36 hours — just draped with a sheet. It had been moved that morning, she said.

Clerical staff on strike make it impossible for normal daily clinics to be held for people with problems such as hypertension or epilepsy.

This means some people are not getting medicine they might need urgently.

Also, because the hospital offers the only 24-hour trauma service in the sprawling township, people with serious injuries — usually knife wounds — have to go somewhere else. Groote Schuur is more than 20 km away.

More than 1 600 workers are on strike in Cape Town, affecting the day hospitals in Guguletu, Nyanga, Crossroads, Nonkulule and Langa and the hospitals: Groote Schuur (350 workers), Mowbray Maternity (9), Valkenberg (43), Tygerberg

(18), Woodstock (33), Somerset (92), Conradie (44) and the Brooklyn Chest Hospital.

General cleaners at Groote Schuur are complaining about the double workload as supervisors expect them to do the strikers' work as well as their own.

"We are afraid to do the strikers' work because if they find out who is working in their wards, they will harm us. It is also unfair of the supervisors to expect us to do more work as we still only get one salary," said a cleaner.

The cleaners felt they were doing their duty by not striking, "but this is not appreciated by our supervisors who show no gratitude at all".

Workers at Groote Schuur were being intimidated and forced to get up at 3am to go to work for fear of being harmed by strikers, said the worker, who earns R550 a month.

● See page 2.

Hospital board finds key areas in need of aid

CT 2/7/92 (98)

By CLAUDIA CAVANAGH

THE newly formed False Bay Hospital Board has identified three key areas of concern regarding the hospital—management, morale and money—and has launched a concerted campaign to address these.

Speaking to the Constantiaberg and False Bay Review this week, Simon's Town councillor and chairman of the hospital board, Alderman Nikki Holderness, said the body was making a concerted effort to sort out the problems facing the "important community facility".

Fundraising

She said: "We are now waiting for the superintendent and the matron to provide us with a list of items the hospital needs.

"One of the most important functions of the board is fundraising. We have also formed a sub-committee under Councillor Rob Laing of Fish Hoek to investigate the financial im-

plications of any decision taken on the future of the hospital."

In notes tabled at the Simon's Town council meeting last week, Mrs Holderness said the community was going to be encouraged to participate more fully in the hospital. The first annual open day will be held in December.

Issues

She said: "The mayors of Cape Town, Simon's Town and Fish Hoek as well as the chairman of the Regional Services Council and Ocean Views' management committee are to be invited to visit the hospital to focus attention on it and underline to the authorities the importance of False Bay Hospital to us all."

Investigation is being done on, among other issues, whether the hospital should be withdrawn from the South Peninsula Group and administered independently, whether it should be a provincial-aided hospital or a private institution, she said.

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It's cold comfort as strike spreads

SHARON SOROUR
Labour Reporter

CT 2/7/92

GROOTE Schuur's trauma and emergency unit is battling to cope, clinical services are being cut back and patients are getting cold food as the hospital strike spreads in the Cape.

More than 3 000 provincial health workers — including 124 nurses at two hospitals, 2 074 general assistants at 19 hospitals, 1 259 road workers and 109 community workers — are now on strike in the Cape.

The Cape Provincial Administration (CPA) said "de-escalation of clinical services ... is being actively pursued" at Groote Schuur, where about 350 workers are on strike.

There are 10 nurses on strike at Valkenberg Hospital and 94 at Dora Nginza Hospital in Port Elizabeth.

Seven wards have closed at Frere Hospital in East London, where all 550 general assistants are on strike.

The situation at most Peninsula day hospitals has normalised. Workers have returned at day hospitals in Crossroads, Nolungile, Langa and Khayelitsha.

A total of 21 workers are still striking at Guguletu and Nyanga day hospitals.

A total of 376 workers at Port Elizabeth Provincial Hospital, Emphilweni Hospital and Elizabeth Donkin Hospital joined the strike yesterday.

Meanwhile, 600 Free State hospital workers were fired yesterday for failing to respond to an ultimatum to return to work.

Earlier this week the Transvaal Provincial Administration fired over 5 000 workers.

The strike spread to Natal yesterday, but low stayaway figures were reported.

● The strike revolves around the demand by the Health Workers Union and the National Education, Health and Allied Workers Union for a minimum monthly wage of R724, permanent status for all workers and a 15,3 percent increase. The government is offering a 9,2 percent increase and a R708,50 minimum wage.

New hospital to stick to medical aid rates

8/Day 3/7/92

98

MEDICAL inflation worldwide over the last decade, has been twice that of normal inflation. In SA, medical aid rates have risen by about 28% a year, making it the fastest growing component of corporate human resource costs.

Eskom Medical Aid Society manager Neville Ewing says employers have had enough. They are having to spend more but are not seeing the value added.

Employees too are finding medical aid help less and less affordable as many charges are higher than the tariff rate.

Statistics compiled by Eskom Medical Aid show that where tariffs for private hospitalisation (which comprises 32% of all claims) increased by 19,3% in 1990, the claims paid rose by 43%.

"It was because of this

unsatisfactory situation that Eskom Medical Aid Society decided to get involved in the supply side and invested in Sunninghill Medical Institute," says Ewing.

The 230-bed hospital is situated just off the N1 Rivonia Road turnoff in Sandton. It went into operation on May 1 and was officially launched on June 27.

It is owned by the Eskom Pension Fund and leased from them by a consortium comprising Eskom Medical Aid, Sanmed, Hilpo and a syndicate of doctors practising from the hospital.

All services provided by the hospital, and by doctors linked to the hospital, are charged at medical aid rates and no deposits are required.

Sanmed GM Nick du Preez says his company wants to prove that a high-class hospital can be run at medical aid rates. "Sun-

ninghill is a hospital which can compare with the best in the country and the medical care available compares to the best in the country but at a much lower cost."

The philosophy behind the project is to provide the "appropriate" service. Essentials in the hospital are the best, with an estimated R50m spent on equipment alone. But the non-essentials have been trimmed to the minimum.

Damaging

"The trauma of financial strain caused by unnecessarily expensive medical care can be as damaging to a patient as the illness for which he is being treated," says one of the doctors.

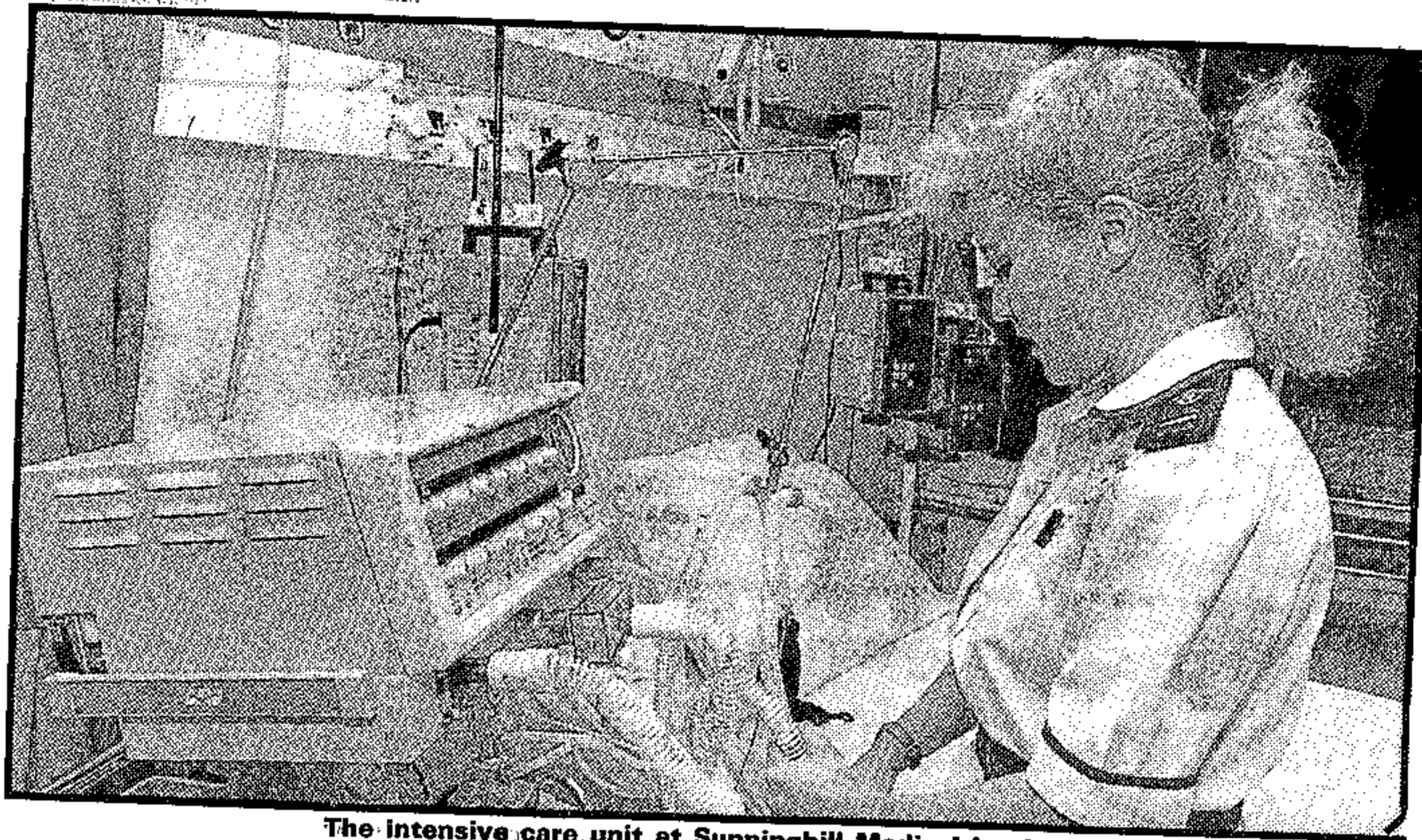
This does not detract from the pledge to provide the best patient care. There are secondary services provided in the hospital which

are not necessarily profitable in themselves but are essential to the full treatment of the patient.

In conjunction with the above philosophy the owners do expect a return on their investment, albeit a moderate one. And with 60% of Sunninghill owned by two medical aid societies, profits will be filtering back into the medical aid industry.

Feasibility studies have indicated that the hospital will make a profit at 70% occupancy level. An added advantage of charging medical aid tariffs is that the likelihood of bad debts occurring is small. In other private hospitals the number of patients who are unable to fulfil their financial obligations for treatment received is becoming a major problem.

Specialties offered at Sunninghill are: ENT, cardio-thoracic, neuro-surgery, neurology, cardiology, maxillo-facial, vascular, medicine (chest and general), orthopaedics, rehabilitation and paediatrics. It also has a radiology department, offers physiotherapy for all the above specialities, has dieticians on call, and a 24 hour pathology laboratory.



The intensive care unit at Sunninghill Medical Institute.

Specialists form a group practice

CARDIOLOGISTS and cardio-thoracic surgeons at Sunninghill Medical Institute have formed a group practice, the advantages of which are enormous, they say.

A group practice allows the specialists to give their patients constant service by spreading the load, it grants them a flexibility to fit in teaching sessions and allows them to "pick each others brains" for the best way of dealing with problems.

Heart-related disorders such as heart attacks are, in most cases, acute emergencies. A group practice means someone is available to deal with each situation immediately.

Many of the specialists are also academics who would have been unwilling to break away from their teaching to move into

private practice. Teamwork allows the doctors to work in private practice and still fit in their teaching rounds. "Sharing knowledge is essential," they say.

Consultation and idea exchanges, particularly in cardio-thoracic surgery, where there are many different ways of approaching an operation, means each patient is receiving the best medical care.

Sunninghill provides a comprehensive service to patients. Staff at the hospital do everything from screening the patient in the radiology department to admitting patients into intensive care, and rehabilitating the patients after surgery.

Affordable

"Patients are not numbers, they are individuals. We also aim to be affordable by charging medical aid tariffs or being compassionate to those who need financial assistance," one cardiologist says.

Cardiologists treat people with heart-related problems. They are responsible for patient care and diagnostic procedures, says nursing services manager Barbara Moore.

For example, a patient with a heart problem will be examined by a cardiologist who will take him through initial treatment. If there are complications, he will arrange for the patient to be given a catheterisation scan to see if there is an artery blockage near the heart, for example.

If possible, the block will be removed by inserting a catheter through the patient's groin and up into the affected area putting pressure on the vessel to open. "There is always a cardio-thoracic surgeon on stand-by in case of complications," says Moore.

Should the problem require surgery, the cardio-thoracic surgeon is brought in.

Sunninghill also has vascular surgeons who perform surgery on such problems as varicose veins or aneurysms (bulges in blood vessels).

One system the surgeons are very pleased with at Sunninghill is the monitors which link the theatres and ICU ward. If a patient in the ICU ward begins to experience post-op difficulties the surgeon in theatre can see what is happening and give the nursing staff instructions without interrupting the operation.

Talks raise hopes for end of strike

98
ARG 3/7/92

SHARON SOROUR
Labour Reporter

HOPES that the crippling hospital strike could end soon have been raised by the prospect of a meeting today between government negotiators and unionists.

In what is being seen as a significant concession, the Commission for Administration has agreed to meet the National Education, Health and Workers' Union (Nehawu).

The meeting, in Pretoria, could mark the beginning of the end of the nationwide strike.

Earlier, Minister of Administration Dr Org Marais would meet the 11 unions representing public sector workers only collectively.

Nehawu general-secretary Mr Phillip Dexter confirmed the meeting would take place.

Nehawu was absent when Dr Marais called an emergency meeting with the unions last month.

In Cape Town practical

Government, unions set to meet

problems surrounding the strike at Cape hospitals have been discussed by the Cape Provincial Administration (CPA), Nehawu and the Health Workers' Union (HWU).

Deputy Director-General of Hospital and Health Services Dr George Watermeyer said the talks were part of the CPA's policy of open communication, which had established a "good understanding" with all parties.

Seventeen nature conservation workers in East London, one worker at Karl Bremer Hospital and 20 workers at the Enkhuselweni Community Service joined the two-week strike by Cape health workers yesterday.

At Groote Schuur, where about 300 workers are on strike, the HWU cancelled a

meeting with hospital management.

More than 1 000 Cape roads department workers are on strike in Paarl, Kraaifontein, Bellville and Port Elizabeth.

Nehawu claimed its workers at the Malmesbury and Worcester roads depots had been locked out and the union had taken up the matter with the CPA.

Cape hospitals affected by strike action are Kimberley Hospital (276 workers), Wes-Einde (67), Vryburg Hospital (48), Frere Hospital, East London (550), Port Elizabeth Provincial (250), Empilweni (50), Elizabeth Donkin (76), Dora Nginza (141), Red Cross Children's Hospital (48), Groote Schuur (289), Mowbray Maternity (9), Valkenberg (40), Tygerberg (20), Woodstock (31), Somerset (73), Conradie (45), Brooklyn Chest (49), and Karl Bremer (1).

Two day hospitals, Guguletu and Nyanga, are still affected. Those in Crossroads, Khayelitsha, Nolungile and Langa have returned to normal.

Cost per bed one of the lowest in the country

SUNNINGHILL Medical Institute is one of the cheapest private hospitals in the country from a cost per bed point of view, according to Osmond Lange Architects former director Uwe Putlitz who was in charge of the project.

Another point of pride for everyone involved in the project is that the value of the equipment within the hospital, excluding the radiology department, is the same as the building. Putlitz says the norm is a 2:1 ratio.

The institute is built on five floors. On the lowest level is the support services, such as refuse area, kitchens, pathology laboratories, maintenance and hot water preparation. Next up is seven theatres and a 20-bed ICU area.

On street level is the radiology department, rooms for rotating doctors, administrative offices, pharmacy, physiotherapy, a coffee shop and two wards. And on the second and third floors are more wards and permanent doctors' rooms.

The general wards comprise 200 beds, there is a 10-bed paediatric

ward and a large, 20-bed ICU ward.

Wards are split into 30 beds with rooms of either four, two or single beds.

Putlitz says the design of the building has been influenced by the need to deal with the flow of patients and to reduce costs.

"Unnecessary costs were eliminated through design rationalisations. For example, lighting requirements were carefully calculated so that the least number of lights was used. Tiling was kept to a minimum and carpets were only laid in the administrative areas."

Teething

Putlitz admits that some of the teething problems the hospital experienced in its opening months would have been averted through greater communication.

He says strategy meetings and networking between the various disciplines in such a project are essential for the effective use of resources.

Osmond Lange Architects' work has focused on developing southern African states.

B/P Day 31/7/92

98

Sophisticated medicine has a place in SA

61 Day 317192
98
THERE is definitely a place for high-tech, specialised medicine in SA, despite the need for general medical care for the country's burgeoning, poverty-stricken Third World element, says the developer of Sunninghill Medical Institute, who cannot be named for ethical reasons.

It is especially true when specialised medicine is provided at medical aid rates.

"At present, provincial hospitals are under pressure because of the number of medical aid patients using them. The patients are not going to the private hospitals because they cannot afford the deposits or the excess requested by most of them," she said.

For example, a heart bypass operation can cost up to R37 000 in a private clinic, while only R23 000 is covered by medical aid.

Eskom Medical Aid Society manager Neville Ewing says by providing a hospital that charges medical aid tariffs already makes medical care affordable to more. The fact that it is sophisticated medical care is a bonus.

He believes basic health care outlets in the rural areas is the state's responsibility.

Nursing services manager Barbara Moore says: "The Health department is improving primary health care. Hospitals like Sunninghill play a supportive role."

She says the difficulty of a private company trying to provide primary health care is that rural health

problems cannot be solved independently. Health care must be co-ordinated with agricultural practices, education and other spheres of a rural community's life.

The role of the private sector is to provide alternative medical assistance. By charging medical aid rates Sunninghill is a role model.

Privilege

Moore says: "Medical care is a privilege, not a right. People must make the effort to belong to a medical aid scheme. Many South Africans do not have their priorities right — they believe medical aid payments are too high but still pay monthly rentals for TV or go to restaurants regularly."

Ewing stresses that individuals should also make more effort to diet and



BARBARA MOORE

exercise to maintain good health.

SA is also used by many African countries for specialised medical assistance. Lanseria airport outside Johannesburg is often used for emergency medical flights and Sunninghill is conveniently placed to provide medical assistance to such cases.

Sunninghill has linked up with an international rescue service, Medstar, that provides transport for critically ill and trauma patients who can be flown in from anywhere around the world.

Mediation bid could end crippling hospital strike

98

ARCT 4/7/92

■ The government's public sector negotiating forum has agreed to consider a mediation proposal that could result in the end of the hospital strike, but the National Education, Health and Allied Workers' union is not optimistic.

SHARON SOROUR

Labour Reporter

HOPES rose that the disabling hospital strike by thousands of health workers countrywide

could end next week — if the government agreed to refer the industrial dispute to mediation.

In an important breakthrough, the government's public sector negotiating forum, the Commission for Administration, agreed to consider a mediation proposal by the National Education, Health and Allied Workers' Union (Nehawu) at a meeting in Pretoria yesterday.

Union general secretary, Mr Phillip Dexter, said: "If the government agrees to mediation, the strike ends on Monday. We will be able to get our workers to go back to work."

More than 2 000 health workers — including nearly 100 nurses — are on strike at about 22 Cape hospitals. Groote Schuur is admitting only emergency cases, clinical services

are being cut back, patients are receiving cold food and organ transplants are being assessed individually.

The government has agreed to give the union an answer when the parties meet on Monday. However, Mr Dexter was not very hopeful the strike would end soon, given the forum's "intransigence" and "negative attitude".

"We spent four hours trying to get the commission members to agree to consider the proposal to refer the dispute to mediation. I am not very hopeful they will agree to mediation because they did not indicate that they felt it would be of any use," he said.

He felt the commission wanted to prolong the dispute to hurt the union: The union had shifted its position, had made proposals and had come

up against "a wall of bureaucracy".

Mr Dexter warned that the union was "seriously considering" leaving the forum because it was "a waste of time".

"We then will have to devise other ways of having our demands met ... and this would most definitely include prolonged industrial action," he said.

The union proposal includes that the following issues be referred to mediation: Salaries, the status of temporary employees, interim dispute resolution mechanisms and the dismissal of strikers.

Mr Dexter said the union agreed the mediator's recommendations would be referred back to the negotiating forum, which comprised 11 public-sector trade unions, for consultation and agreement.

Doctors flee death threats at hospital

By RYAN CRESSWELL

STW 2 ST19 2
98

ALL six doctors at a country hospital have fled after being terrorised by a string of anonymous death threats.

The intimidation campaign, which has also chased away some nurses, is slowly bringing the 180-bed Appelsbosch Hospital, near New Hanover in the Natal Midlands, to a grinding halt. The hospital was once one of Kwazulu's most efficient, serving a rural population of 300 000.

The doctors, three of them British immigrants, left in the past three weeks. The last two left last weekend. But an unknown number of nurses and other staff have left the hospital and its clinics since the campaign began late last year.

The area is predominantly Inkatha Freedom Party territory and is not one of the most violent parts of the fiery Midlands region, although there have been clashes between the IFP and the African National Congress in the New Hanover area.

Dr Peter Evans, regional superintendent for Kwa-zulu hospitals in the Midlands, said although a campaign of intimidation against staff at the hospital had been going on since late last year, the doctors began receiving calls near the end of June.

The anonymous caller said: "If you don't leave you will be wiped out." Two women doctors received the calls first.

Dr Evans said: "The whole situation is disgraceful. They were excellent doctors providing a very good service. Now the patients will suffer."

'If you
don't
leave
we'll
wipe
you out'

Greytown said an investigation was under way. Nobody had been arrested.

Inkatha spokesman Kim Hodgson said: "We condemn these threats and the IFP will investigate."

"This kind of thing has happened in other areas. Whether these threats are of a political nature we just don't know, but it seems likely this is a political



WEALTHIER FELLING... Jubilant Coenrad Mertz, the latest Viva million-rand winner, and his wife, Louise

country hospitals "at the best of times", but now it would be even more difficult.

One of the doctors who fled the hospital, asking not to be named, said the caller seemed to be black, spoke in English and appeared serious.

"He said: 'I'm telling you, you have to go and work somewhere else or we will wipe you out,'" the doctor said.

"I asked who was speaking and he said: 'It doesn't matter. You must go or we will wipe you out.' He repeated this three times.

"I was very shocked when he said: 'We know you have children and we will wipe them out too.'

"I do not have children, but a colleague has. That really worried me," the doctor said.

He added that 17 of the staff, including a transport manager, an administrator and a number of nurses had been threatened with death since November.

Some of the staff, besides those threatened, had left since the threats began because they could not stand the tension.

One of the threatened doctors said: "We had a wonderful hospital when I came out from England two years ago. We had lots of plans and were training doctors. I hoped that would continue."

Discharged

The doctors have all moved to other Kwazulu hospitals — some in northern Zululand.

The Appelbosch Hospital is still running, with nurses trained in primary health care and other staff members doing what they can for patients. Many of the less serious patients were discharged before the doctors left. Now all emergency cases and more serious patients have to travel 60km to Edendale Hospital, near Maritzburg.

About 58 of the staff are looking after 120 hospital patients, three residential clinics, three rural clinics and several mobile clinics.

A resident said people "are very worried" about not having doctors.

The SAP district commissioner, Colonel Tyrone Davis, has visited the hospital accompanied by Kwazulu officials in connection with the threats.

Colonel JM du Plessis of

Sifiso Nkabinde said there was a "peaceful" campaign to bring Kwazulu hospitals under the jurisdiction of the Natal Provincial Administration because they were badly run by Kwazulu.

Wounded

"But we do not have a plan to destabilise hospitals. If they (the IFP) say this they are making false accusations because they have no proof."

● On Monday night an ambulance driver from Edendale Hospital was shot and wounded while going to fetch a patient. A car pulled up next to the ambulance and the occupants shot Mr Anton Luswayo, 31, before pulling him from the vehicle. The ambulance was later set alight.

Several drivers from the hospital have been shot and stabbed and their ambulances hijacked in the past two years. Last July driver Mr S Phungula was shot dead and the ambulance service to the Edendale Valley was suspended for some time.

Dear E an amb

By CAS St LEGER

EVITA BEZUIDENHOUT has offered a top-notch job by the Frene Ginwala.

In a letter written on Friday Ginwala of the ANC women's cooperation committee said ambas Evita, alias satirist Pieter-Di should quit being "Pik's pret pet" and join the Women's N Coalition.

She said the new and exciting would offer a challenge for Bezuidenhout's "not inconsiderable diplomatic skills".

Miss Ginwala, convenor of the coalition, said Evita's present position would be affected by the changing place in the country.

"A new democratic South Africa would no longer recognise Basutoland as a foreign country to which it has to send an ambassador."

Although there would be no African ambassadors, she would think that after Evita's "very hectic" the frenzy of diplomatic activity would find any other post "very dull and boring".

There has so far been no response to the offer from Evita, who is at the arts festival in Grahamstown.

Hospital deadlock

98
APR 7/1/92

Strikers vow new action

SHARON SOROUR, Labour Reporter

DISGRUNTLED health workers have vowed to intensify the nationwide hospital strike and embark on militant action "to force the government out of power" after crucial talks failed to resolve the dispute.

The warning was issued after negotiations in Pretoria between the National Education, Health and Allied Workers Union (Nehawu) and government negotiators in the Commission for Administration ended in deadlock yesterday.

Responding to a proposal by unionists that the dispute be referred to mediation, commission spokesman Mr Corrie Smit said the state could not agree to mediation on the forum's concluded or outstanding matters, including wages.

Mr Smit said: "Funds for the improvement of conditions of service have to be voted by parliament. The state as employer has on numerous occasions made it clear that it cannot afford to grant better increases in the present economic state of affairs."

According to Mr Smit, negotiations on wages were concluded on May 18, but union general secretary Mr Phillip Dexter said only five of the 11 unions party to the negotiating forum had reached agreement with the state. The remaining six unions, including Nehawu, had walked out.

Mr Smit said "agreement was reached on the basis of a clear majority of members represented" and Nehawu represented only 20 000 of the 276 000 public servants.

Meanwhile, at a general meeting in Cape Town yesterday, workers resolved to sustain and intensify a full scale strike "through demonstrations and protests aimed at the government".

Nehawu regional chairman Mr Wilfred Alcock said: "The mood of Nehawu strikers in the Western Cape is more militant than ever."

Mr Alcock said the government was not committed to resolving the strike or improving the health service. This left strikers no option but to accept that the government was unable to administer the public service.

He warned that the strike would be extended to the private sector affecting private hospitals, old age homes and creches.

"We believe that an extension of the strike to affect the government's powerbase, that is the white community, will compel the state to respond to our demands," Mr Alcock said.

The strike continued to spread in the Cape yesterday and nearly 3 000 health workers and 1 200 provincial road depot workers are now on strike.

More than 300 general assistants, 47 nurses and 64 clerks at Livingstone Hospital in Port Elizabeth have joined the strike.

Intimidation and assaults were reported at Kimberley Hospital, the Cape Provincial Administration said.

Valkenberg Hospital reopened three of its wards and workers returned to work at the Pinelands laundry, Karl Bremer Hospital and the day hospitals.

The following Cape hospitals have been affected by strike action: Kimberley, Wes-Einde, Vryburg, Frere in East London, Port Elizabeth Provincial, Empilweni, Elizabeth Donkin, Livingstone and Dora Nginza, all in Port Elizabeth, Red Cross, Groote Schuur, Mowbray Maternity, Valkenberg, Tygerberg, Woodstock, Somerset, Conradie and Brooklyn Chest.

In a statement, Cosatu general secretary Mr Jay Naidoo said the government was politicising a strike which was based on the "very real grievances" of public service workers.

Mr Naidoo said the striking workers were mainly general assistants and other auxiliary staff, who got "very poor wage packages (less than R500 a month) and are not eligible for the same benefits as permanent staff."

'Coping', but now 3 500 strikers

By YVETTE VAN BREDA

LOCAL hospitals appeared to be coping with skeleton staffs despite strike action yesterday, but in the Eastern Cape strike action escalated, increasing the number of Cape strikers to 3 500.

There were about 1 200 people on strike in the Western Cape yesterday, about 400 fewer than last week.

A spokesman for the Health Workers' Union (HWU), Mr Bobby Mgi-jima, said the day hospitals normalised services yesterday because "they felt that the community needs them".


The CPA reported that the situation at its Pine-lands laundry, Karl Bremer Hospital and the day hospitals had normalised and Valkenberg Hospital re-opened three of its wards.

Union meeting

The Cape Times visited Groote Schuur, Tygerberg and Red Cross Children's hospitals yesterday as well as Khayelitsha and Guguletu day hospitals. Workers there indicated that they were coping and patients were not compromised.

● About 1 000 National Education, Health and Allied Workers' Union members yesterday resolved to embark on a full-scale strike of all Nehawu members in the Western Cape today if the CPA does not agree to its national demand for mediation or arbitration.

Hospital strike talks deadlocked

CT 7/7/92
(98) 

JOHANNESBURG. — A programme of action to paralyse the country is likely to begin after talks between the union representing hospital strikers and the government deadlocked in Pretoria yesterday.

A National Education, Health and Allied Workers' Union statement (Nehawu) said it would meet all public sector unions today to discuss the programme.

Four senior Nehawu members, including general-secretary Mr Phillip Dexter and vice-president Mr Vusi Nhlapo, were removed by police and charged after "refusing to leave the building" at which the talks were held, a Commission for Administration (CFA) spokesman said.

The government said its negotiators could not agree to a mediator regarding matters, including wages, which had already been settled within the negotiating

Union plans to paralyse country

forum consisting of 11 trade unions representing public sector workers.

'No surrender'

"Funds for the improvement of conditions of service have to be voted by Parliament," the statement added.

The CFA said negotiations on wages were concluded on May 18. Mr Dexter said on Friday agreement was only made with five of the unions present after the other six walked out.

"The agreement reached on May 18, 1992 in regard to the utilization of funds for improvements in conditions of service, was reached on the basis of a clear majority of members represented," the CFA said, adding Nehawu represented only 20 000 of the 276 000 public servants.

Mr Dexter warned on Sunday there would be "no retreat and no surrender" for the hospital strikers who would embark on sit-ins this week as part of an attempt to bring the country to a standstill.

Nehawu is demanding a minimum wage of R724 a month with a 15,3% across-the-board increase. The government has offered R708,50. — Sapa

Hospital strike stepped up

CT 8/1/92

(98)

Union leader talks of 'sit-ins, disobedience'

power and kick this government out." About 600 Health Workers' Union (HWU) members attended a militant meeting earlier yesterday where a proposal to block hospital entrances and not allow patients, doctors and personnel in or out was overruled.

It was later agreed that they would hold a placard demonstration at Groote Schuur Hospital today.

Mr Alcock said that today workers would occupy government institutions, stage sit-ins and "engage in civil disobedience".

To page 3

STRIKING hospital workers have declared they will "kick this government out" and disrupt services at all hospitals and government institutions.

However, emergency services will be maintained, they agreed at a meeting in Cape Town yesterday.

The new strategy coincided with a decision taken by union members in Johannesburg yesterday to stage marches in major cities this week in protest at the government's rejection of their proposals for mediation.

The intensified action comes hard on the heels of spreading sit-ins and increased intimidation.

In Kimberley strikers armed with

stones and knobkerries injured two employees and three volunteers at the Kimberley Hospital laundry on Monday, the deputy director-general of Hospitals and Health Services, Dr George Watermeyer, said.

In Cape Town the regional spokesman for the National Education, Health and Allied Workers' Union (Nehawu), Mr Wilfred Alcock, said that because of the government's failure to agree to mediation or resolving the strike the union was forced to engage in further action "other than our demands".

"We want to arrive at a transfer of

In Natal 17 Nehawu members — among them local organiser Mr Mduzizi Mchunu — began a sit-in at the Natal Provincial Administration headquarters in Maritzburg at lunchtime and presented a letter of demands, including the reinstatement of 38 dismissed NPA employees. The sit-in ended abruptly when police evicted the protesters last night and charged them with trespassing. — Staff Reporter, Sapa and Own Correspondent

In a statement the TPA said it regarded very seriously Nehawu's threatened occupation of government premises and the intensified intimidation of personnel, and warned that the situation would be handled with strict actions.

Mr Dexter said the union would ask hospital workers' demands as part of its campaign of mass action, following the Commission for Administration's rejection of mediation. Unless the TPA reversed its decision to fire strikers Nehawu would "mobilise the community into chasing TPA hospital management out of their posts", and would also launch a campaign to occupy government buildings, said Mr Dexter.

Yesterday at Red Cross Children's Hospital about 30 to 40 workers staged a sit-in for a few hours before dispersing. In Port Elizabeth six nurses were assaulted at the Dora Ngiza on Monday night. One was hit with an axe and was admitted to intensive care. Another needed stitches. Others were assaulted with knobkerries. Nehawu general secretary Mr Philip Dexter said political and community organisations — including the ANC, SA Communist Party, Cast and Cosatu — had decided at a meeting yesterday to join hospital workers in marching to TPA offices in Pretoria and Johannesburg.

From page 1

Strike CT 8/1/92 (98)

Two face intimidation charges after police order strikers to move from Conradie Hospital gate

18
ARC 9/7/92

HOSPITAL BLOCKADE

SHARON SOROUR
Labour Reporter

STRIKING health workers blocked the main gate to Conradie Hospital today, preventing other employees — and an ambulance with a patient — from entering the hospital.

A Cape Provincial Administration spokesman said police arrived shortly after 6am and ordered about 50 strikers to move away from the gate.

Two strikers being held at the Pinelands police station may be charged with intimidation and resisting arrest.

The gate was locked by hospital management yesterday after a meeting with non-striking staff members, who feared for their safety.

The same group of strikers moved off only to appear at the Pinelands Laundry. Police were again called.

Intimidation was also rife at strike-hit places of safety and children's homes where the three-week Cape hospital strike was having a "devastating effect on children who trust their caretakers", the CPA said.

Meanwhile, the Eastern Cape branch of the National Education Health and Allied Workers' Union (Nehawu) yesterday called off the strike in Port Elizabeth. Members in East London were still on strike.

Workers slowly started to report for work today and are expected back at Port Elizabeth's Provincial, Empilweni, Dora Nginza and Livingstone hospitals and Fort England in Grahamstown.

The decision follows the intimidation of nurses at the Dora Nginza Hospital where nurses were attacked this week. One nurse who was hit with an axe is still being treated in Livingstone Hospital's intensive care unit.

The CPA said community staff members at the Thembehlile children's home and the Siyakhathala, Lindelani, Sijalinga and Enkhuselweni places of safety were being intimidated.

"Striking personnel, especially intimidators, have placed the CPA in a very difficult position, as the necessary care and attention cannot be given to the children at the moment," the CPA said.

Intimidation was also increasing at the roads departments in Paarl and Kraalfontein where 992 workers are on strike.

Meanwhile, Nehawu's West-



ROGER THE DODGER: Cameroon soccer star, veteran Roger Milla, surrounded by South African opponents from left, Calvin Petersen, Roger Links, Philemon Masinga, Mark Williams and Zane Moosa.

'Doctor' is real tonic for Cape's soccer fans

DENNIS CRUYWAGEN
and **JOHN VILJOEN**
Staff Reporters

THEY came to see the Doctor from Soweto, the young soccer prodigy who drilled a penalty past Cameroon goalkeeper William Andem to get South Africa off to a winning start on its return to international soccer in Durban.

The fact that Doctor Khumalo, the South African soccer squad and Cameroon were late, more than two hours late in fact, did not appear to bother the more than 400 people squeezed into the international arrivals hall at D F Malan Airport yesterday.

As the white Air Botswana Boeing with its cargo of football talent landed at 2.30pm, the Trevor Vilakazi Youth Cultural Club's drum majorettes began to strut their stuff, while a drummer pounded away in the background.

After being introduced to the media, the players were given

ing crowd, many of whom shouted: "Doctor, Doctor".

Walking through a corridor formed by marshals, the Kalzer Chiefs' ball wizard was subjected to the sort of hero worship regularly enjoyed by international sports stars.

But he was not the only man in demand. Roger Milla, one of Cameroon's stars in the 1990 World Cup, was also popular with the crowd.

Milla was also a hit at a mayoral cocktail party for the two teams, South African Football Association officials and a group of Cameroon businessmen last night.

In between posing for photographs, he said he had not yet made up his mind what to do now that his playing days were over.

At the same function, Cameroon Football Association president Pascal Owona said sport could provide solutions to a country's problems.

Cameroon had 70 political

the national side played, the nation was united.

Safa president Professor Lesole Gadinabokao said South African football had passed a litmus test.

By holding their own against Cameroon, South Africa had proved to be one of the top eight soccer nations in Africa, he said proudly.

Cape Town Mayor Frank van der Velde said today's match was a boost for Western Cape soccer which was in need of stimulation.

Facilities for soccer in Cape Town were nothing to be proud of, and the Cameroon visit would hopefully help change that, he said.

ANC Western Cape secretary Mr Tony Yengeni was also at the airport to welcome Cameroon. "It's great to have them here, because they are our African heroes," he said.

Doctor Khumalo and his team-mates plf their talents against Cameroon at the Cape Showgrounds, Goodwood, to-

Hellenic acc
chance to 's
what I can

LENNIE KLEINTJES

CLAREMONT-BORN Mark Williams, Hellenic striker, today gets his big leads the South African attack at Goodwood.

Williams said today: "I am naturally just another game, a step high to respect the opposition. I am a scorer and want to prove that I against top opposition.

"People expect a lot from them want to show my worth. It is so prepared myself and worked for."

The transfer value placed on NSL was R250 000 two years ago. is the leader in the National S goalscorer competition, two goal Madida (Kalzer Chiefs) and Shaw mos).

Williams joined Hellenic in 1988

The man who was on loan to downs last season made his mark

As a pupil at Rosmead Primary, he was impressed with his touch nine.

Williams said his amateur socce

after rain and ordered about 50 strikers to move away from the gate.

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"Striking personnel, and especially intimidators, have placed the CPA in a very difficult position, as the necessary care and attention cannot be given to the children at the moment," the CPA said.

Intimidation was also increasing at the roads departments in Paarl and Kraaifontein where 992 workers are on strike.

Meanwhile, Nehawu's Western Cape branch condemned the presence of police at hospitals.

"We believe this is an act of provocation on the part of institutional management and is contrary to the agreement between our union and the Cape Provincial Administration head office," said regional chairman Mr Wilfred Alcock.

Workers at Groote Schuur, Red Cross and Valkenberg hospitals and CPA roads departments in Paarl, Bellville and Kraaifontein staged sit-in demonstrations in the administration buildings yesterday.

● At least 3 000 Cape health workers are on strike at nearly 20 hospitals.

Strikers block hospital doors

Staff Reporter

STRIKING hospital workers blocked all entrances to Grootte Schuur Hospital between 6am and 8am today.

A Provincial Administration spokesman said all doors were physically blocked by strikers.

"The hospital was blocked to everyone. No-one could get in."

She said the blockade was lifted about 8am.

"At the moment everything is under control."

A staff member said she had been "lucky enough" to get in early, but all entrances were locked shortly afterwards.

ARC 8/7/92

A hospital spokesman said striking members of the National Education, Health and Allied Workers Union (Nehawu) were responsible.

A Nehawu spokesman said no information was immediately available.

At a meeting in Cape Town on Monday, striking workers resolved to sustain and intensify a full-scale strike "through demonstrations and protests aimed at the government".

Nehawu regional chairman Mr Wilfred Alcock said: "The mood of Nehawu strikers in the Western Cape is more militant than ever."

E Cape hospital strike called to halt



98

Own Correspondent

PORT ELIZABETH. — The week-long strike at major Eastern Cape hospitals by general assistants, administrative staff and nurses was suspended provisionally yesterday. CT 9/7/92

This was announced as heated arguments and scuffles broke out at Cape Town's Groote Schuur Hospital when strikers barred nurses and doctors from entering the hospital for more than an hour.

**GROOTE
SCHUUR
STRIKERS
STOP
DOCTORS,
NURSES**

See PAGE 2

In Port Elizabeth, National Education, Health and Allied Workers' Union regional organiser Mr Max Madlinski said yesterday the decision to suspend the strike had been taken after incidents of intimidation and violence had been reported.

Cape Provincial Administration health services regional director Dr Rex Simpson said the CPA was "obviously thrilled" about the development.

Nurses who reported at the Dora Nginza Hospital, where 410 Nehawu members, including 171 nurses, were on strike, had been attacked by men wearing balaclavas, the CPA said late on Tuesday. One nurse was seriously injured with an axe.

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HUMAN BLOCKADE . . . Striking Health Workers' Union members (left) block the entrance to the trauma unit at Groote Schuur Hospital yesterday morning. **RIGHT:** Union shop steward Mr Dale Forbes, left, and nurse Ms Margaret van Wyk argue heatedly. Angry doctors and nurses were barred from entering the hospital for more than an hour.

Pictures: BENNY GOOL

Groote Schuur Strife

By WILLEM STEENKAMP

HEATED arguments and scuffles broke out at Groote Schuur Hospital yesterday, when, for more than an hour, striking Health Workers' Union (HWU) members barred all nurses and doctors from entering the hospital.

Yesterday's events forced the Cape Provincial Administration to reduce services to emergencies only.

Strikers blocked the hospital entrances from 6.45am until 8am. A large group of medical personnel stood outside the entrance to the trauma unit, unable to enter the hospital.

"We want to make a point here because the government won't listen," said HWU shop steward Mr Patrick Twala. "We are doing it like this because we don't want a situation of violence."

But arguments flared between strikers and nurses, who became angrier

Strikers stop doctors, nurses from entering

as time wore on, and a number of scuffles broke out.

"Of course we want to work — there are people in there who need to be taken care of," said one irate nurse.

"I think it's ridiculous," said a doctor. "It's the most undemocratic way of doing it. The vast majority want to work. If they want to strike, fine, but they must do it democratically and let those who want to work, work."

At 8am staff were allowed to enter the hospital, but had to walk between two lines of singing, chanting protesters to get to the entrance.



CT 9/7/92

HWU spokesman Mr Dale Forbes, whose union has a large majority over the National Educational, Health and Allied Workers' Union (Nehawu) at Groote Schuur, yesterday denied the strikers had blockaded the hospital's entrances.

"We were definitely in front of the entrances," he said, "but we were picketing. We allowed patients and management to go through."

Demonstrations by Nehawu and the HWU also took place at the Red Cross Children's Hospital, Mowbray Maternity Hospital, Valkenberg Hospital

and five places of safety. Police were called in at Groote Schuur and the Red Cross, after strikers occupied the administration buildings and held short sit-ins.

The three-week long strike at Transvaal hospitals ended in the dismissal of more than 7 000 strikers, and hospitals began recruiting replacement workers yesterday.

But the Cape Times' Johannesburg correspondent reports that government authorities said people who went to hospitals in the hope of filling the vacant posts were attacked by strikers.

Nehawu vice-president Mr Vusi Nhlapo said that at its meeting yesterday with the TPA, Cosatu and Saccola, the union said it would call off the nationwide strike if the TPA agreed to withdraw the dismissals. Another meeting is scheduled for tomorrow at which the TPA is to give its answer, reports Sapa.

Nurse tells of night three babies died

VUSI KAMA
Staff Reporter

98
AR 10/17/92

THREE babies, all under the age of one, died on the same night under mysterious circumstances at the Conradie Hospital after they were fed potassium chloride, a nurse has told the Goodwood Magistrate's Court.

Testifying at an inquest into the deaths of Lwando Ntamo, son of prominent squatter leader Mr Gladstone Ntamo, Sinethemba Magqoza and Bongwiwe Fudwana, Mrs Sophia Jeftha said she had been treating the children when she was told they had been given the wrong medication.

Attempts to resuscitate the dying babies failed and Lwando's veins "appeared to have collapsed" before treatment was halted, the Conradie Hospital nurse said.

She said the chemical had always been kept in a fridge and "nobody had authority to remove it".

The incident happened in February last year.

She could not establish who had removed the bottle from the fridge.

One of the children who had been referred to her, Sinethemba, had apparently disappeared with his mother while the nurse and the doctor were treating him.

Police were informed and the infant was later found dead.

Sinethemba had been admitted on the same day as Bongwiwe. They both had gastro-enteritis. Lwando had been admitted with chest problems.

The first child to be brought to Mrs Jeftha was Bongwiwe, who was rushed through to her

by a nurse, accompanied by her screaming mother.

"I immediately began attending to her and administered oxygen. I also called the doctor and meanwhile told another nurse to commence cardiac massage as the patient appeared to be in general failure," she said.

She said one of the doctors, Dr G Breeds, arrived minutes later and took over management of the treatment. He continued with the resuscitation.

They later applied an intravenous drip.

"At this stage a nurse arrived with an empty bottle of potassium chloride, saying it had been given to her by "a mother" who told her the contents of the bottle had been administered to the children."

The inquest was postponed to August 7.

98 of 10/7/92

Southern buys Medicor stake

JOHANNESBURG. — Southern Life Association said it has acquired a 50% strategic stake in the Medicor Group of hospitals.

Southern's health-care subsidiary Affiliated Medical Administrators (Pty) Ltd (AMA) said in a statement the deal with Unidev and major Medicor shareholder David Horwitz would involve the financing of more than R100m for restructuring debt and financing properties.

In terms of the restructuring Medicor ordinary shares owned by Unidev would be exchanged for convertible debentures in Medicor of equal value, it said.

The value of the shares in AMA and Southern for which the debentures would be exchanged is based on 1,1 million Southern shares at their market price, it said.

The deal would allow Medicor to reach its full potential and give Unidev the opportunity to participate in the broader interests of Southern, it said.

The exchange of shares into convertible debentures would result in all Unidev's attributable earnings from Medicor being in the form of cash, it said. — Reuter

IF YOU were to wander round the wards at Baragwanath Hospital during the hospital workers' strike, you would not see a great deal of disorder or disruption. Indeed, in many of the wards formerly the most overworked, the reduced numbers may even give an impression of an improvement in facilities.

This is, however, the bland mask over the ravaged features of a health service in crisis.

Invisible to the casual observer, and even to those who, although employed at the hospital, do not live in Soweto, are the many who have delayed their efforts to seek medical care until driven to do so by the increasing severity of their illness. There is a large number of people who have had elective procedures delayed, so that booking lists are now extending to the end of the year. And there are those who never make it to the hospital.

There are, of course, visible effects of the strike, too. We, the crisis committee of the medical and allied

III and dying are pawns in a sick game

By Day 10/7/72

Soweto's health care system will take years to recover from the hospital strike, says Baragwanath's PROF CYRIL VAN GELDEREN

staff of Baragwanath Hospital, believe that the public must be aware of these effects.

The outpatient services of all departments have been severely curtailed. Most departments estimate a 50% or greater reduction in patient attendances. Follow up is poor, or at times impossible, because records of previous visits cannot be obtained, and only the scantiest notes on the current visit are kept. All elective procedures have been postponed or cancelled. This particularly affects departments like surgery and all its divisions, orthopaedics, gynaecology and anaesthetics. How the ensuing backlog is to be dealt with can only be imagined.

Departments such as medicine and paediatrics have, in addition, the impression that patients with acute illnesses are reporting later than usual, so that their disease is more severe at the time of admission than has been the case in normal times. This is also the view held by the staff of the casualty department, where numbers have dropped dramatically, but severity of illness has increased. In general, intake numbers have markedly diminished, duration of hospital stay has been reduced and follow-up, never easy, has become virtually impossible. Diagnostic services such as radiology have been limited by a lack of transport and of sterile equipment. Emergency ser-

vices have been maintained as far as possible. Rehabilitative activity, such as that provided by the departments of speech therapy and physiotherapy, has become severely curtailed and less effective.

The Soweto community health centres have had difficulty in referring patients. There has been a marked loss of continuity of care and a marked destructive effect on the co-operative aspects of the function of the health care team.

We cannot measure the deleterious effect on the community that this deterioration in health care has had and will continue to cause. What is certain is that we will be reaping the harvest of the past few weeks for many years to come. We cannot give back what has been lost, and we cannot redress the suffering that has been caused.

Let no one believe the hospital is

functioning in a manner approaching normal, and let no one assume the community is unaffected. Can we ever regain the trust?

We reiterate our call to both involved parties to settle their dispute by the most expeditious means possible. It is intolerable that the agreement should continue while the ill and dying remain pawns in a sick game which can have no winner.

We demand not only that immediate settlement be reached, but that a legally enforceable mechanism be set in place to ensure that an impasse such as the present one never again occurs in the health sector.

Do not doubt that patients are suffering, and will continue to do so until normal work is permitted to resume. Prolongation of their woe for the sake of point-scoring cannot be tolerated. If settlement causes some discomfort to either or both of the negotiating parties, then so be it.

Van Gelderen is Professor of Obstetrics and Gynaecology at Baragwanath and Wits University.

REVIEW

Medi-Clinic has some doubts

THE Medi-Clinic group expects continued earnings growth in 1993, although the private medical industry faces uncertainty, says chairman Jannie de Villiers.

"Forecasting earnings is difficult due to an uncertain medical scheme tariff scale which will be applied from January 1993, as well as unpredictable economic and political circumstances," De Villiers said.

The group's business environment would also be affected by the threat of greater competition from state hospitals, as well as the Health Ministry's unknown stance on the issue of licences to new hospitals.

"Greater competition with state hospitals is not a major threat — the only proviso being that taxation is not used to subsidise private patients on a large scale in state hospitals," said De Villiers.

In 1992, group taxable income rose more than R11m to R40,3m; and dividends paid increased 50% to 6c a share. However, growth in turnover slowed, rising 21,6% in 1992 com-

pared with 40% in 1991. Attributable income growth of 9,6% was relatively unchanged on the previous year, due mainly to a 113% rise in Medi-Clinic's tax bill, but 1992 income available for distribution was boosted by a R1,8m surplus on the sale of fixed property. "Earnings per permanent capital unit increased 3c to 11,7c in 1992, while net asset value per permanent capital unit rose to 101,9c from 95c in 1991."

Management was "very confident" of the growth potential of the group's two managed health care divisions — Medimo Total Health Care Service and Medimo Occupational Health Services. "And both the Afrrox health care division and Medicaid Administrators became partners in Medimo during 1992," De Villiers said.

Financial director Craig Tingle said the group had added an eighth hospital to its portfolio, the 58-bed Stellenbosch Medi-Clinic, which opened its doors in April.

10/7/92
ANDREW KRUMM (98)



ON THE MARCH . . . National Education, Health and Allied Workers' Union protesters march past the City Hall on their way to Parliament at lunchtime yesterday. Picture: CLIVE SMITH

By **CLAIRE BISSEKER**
and **WILLEM STEENKAMP**

AN ambulance ferrying an epileptic to Conradie Hospital was denied access to the hospital by striking Health Workers' Union (HWU) members yesterday.

In other strike actions yesterday, HWU members blocked off the entrance to the City Services Laundry in Pinelands, and about 200 National Education, Health and Allied Workers' Union (Nehawu) strikers marched to Parliament, where they handed over a memorandum addressed to President F W de Klerk. It called on Mr De Klerk to end the strike.

Staff at Conradie Hospital were

Entry to hospital denied

denied entry by a group of about 50 strikers yesterday.

The police were called in when they refused to allow an ambulance with a stabilised epileptic patient on to the premises, and two strikers were arrested on-

charges of intimidation.

About 100 HWU strikers prevented workers from entering the nearby City Services Laundry for over two hours yesterday. The laundry serves 52 different institutions, including Conradie and Groote Schuur hospitals.

Laundry workers said they needed the money but did not agree with the union's methods.

Other hospitals were reported to be quiet yesterday, and strikers at the Enkhunselweni Place of Safety returned to work.

● However, acts of intimidation and assaults on non-striking workers were reported at hospitals in the Transvaal.

98
CT10/7/92



Picture: DOUG PITHEY, The Argus.

PROTEST: Striking hospital workers protest outside the CPA offices in Wale street today.

Assaults ⁹⁸ continue, so workers sent home

Aug 10/7/92

SHARON SOROUR
Labour Reporter

ASSAULTS and intimidation of non-striking hospital employees continue amid criticism from unionists of the police presence at strike-hit Cape provincial hospitals.

There was intimidation at the Red Cross Children's Hospital, where 45 are on strike. One of the supervisors was assaulted, according to the Cape Provincial Administration.

At Pinelands Laundry, where 150 are on strike, intimidated workers have been given today off.

Strikers blocked the gates and barred workers from the premises yesterday.

The workers were able to go in only once police arrived. A few women were slapped, according to the CPA.

At the Kraaifontein road works, where more than 400 are on strike, workers were intimidated "to such an extent" that most of them went home.

Thousands of National Education, Health and Allied Workers' Union (Nehawu) and Health Workers' Union members have been on strike for nearly three weeks at Cape hospitals. Workers at Port Elizabeth hospitals returned yesterday.

Workers are still on strike at about 14 hospitals, four road depots in Kraaifontein, Paarl and Bellville, and at children's homes.

Nehawu said in a statement it "denounced in the strongest terms" the presence of police and armed security members with dogs where the workers were on strike.

"We believe this is an act of provocation on the part of institutional management... and contrary to our agreement with the CPA," the union said.

About 200 health workers marched from District Six to parliament yesterday to hand over a memorandum for President De Klerk on their "disturbance" at the refusal of the Commission for Administration to refer the dispute to mediation.

Lunch-hour traffic was brought to a standstill. At several points along the route, workers stopped marching and in Adderley Street they all sat down as part of their mass-action programme.

98 ^{STAR 1117192}
**'Barricades
if strike**

not settled'

BRENDAN TEMPLETON

TRANSVAAL civic associations have threatened to shut down strike-hit hospitals by barricading entrances and exits if the Government does not meet the demands of striking hospital workers by next Saturday.

The blockade would signal the full incorporation of the strike, which has paralysed scores of hospitals across the country, into the ANC's rolling mass action campaign, said Civic Association of the Southern Transvaal (CAST) vice-president Khabisi Mosunkutu.

Escalation

He also announced that the strike at the SABC by the Media Workers Association of South Africa (Mwasa) had been incorporated into the mass action and called on all township residents to refuse payment of licence fees.

Despite the escalation of threats, the Transvaal Provincial Administration is refusing to budge on the strikers' demands, which include the reinstatement of dismissed strikers.

At a tense meeting outside Baragwanath Hospital yesterday, Mosunkutu told strikers that CAST would mobilise thousands of township residents and close down hospitals if authorities did not meet workers' demands. Similar action would be taken up by civic associations nationwide to force the Government to give in to the demands.

Before handing over a memorandum to the hospital management, he said residents in their thousands would barricade the hospital. "We will come here in our thousands and thousands and we will close the entry streets to Bara.

● TO PAGE 2

P.T.O.

Hospitals facing shut-down threat

Groote Schuur forced to cut visiting hours, limit visitors

98 (152) A 22 11/7/92
SHARON SOROUR, Labour Reporter

VISITING hours at Groote Schuur have been cut temporarily because of the strike by health workers.

The Cape Provincial Administration has cancelled all afternoon visiting until further notice.

Visitors still will be admitted from 7pm until 8pm. Each patient will be allowed two visitors.

"We regret that children will be unable to visit patients during this difficult period," said the CPA.

A total of 387 members of the National Education, Health and Allied Workers' Union (Nehawu) and the Health Workers' Union (HWU) are on strike at the hospital.

The CPA has called on the unions to "establish greater self-discipline among the strikers" after a wave of intimidation and violence hit Cape hospitals this week.

The CPA said that while it had maintained its commitment to finding solutions through talks, the unions had broken an agreement that strikers would not intimidate their colleagues.

"Various accounts of intimidation and violence have been reported over the past two weeks.

"Strikers barred doctors and other hospital personnel from entering or leaving Groote Schuur and barricaded Conradie Hospital in the same way," said the CPA.

The police presence at hospitals was to protect workers who were "understandably very scared".

Deadlock in talks to end Mwasa strike

JOHANNESBURG. — Talks between the National Council of Trade Unions and the Media Workers' Association of South Africa and SABC management to end an eight-week-old Mwasa strike at the SABC deadlocked yesterday, a Nactu statement said last night.

It said a Nactu/Mwasa delegation raised several issues:

- The SABC management's perception of the strike as political or as part of the African National Congress Alliance's mass action campaign;

- The "insensitivity" of the SABC to black viewers who could not get the news and their favourite sports coverage; and

- Wage disparities.

The unions demanded a full disclosure of grades and salary scales and actual salaries of the SABC staff.

They told the SABC management they would begin efforts to have television broadcasts of the Barcelona Olympic Games blacked out by the International Olympic Committee.

Meanwhile, after a Pan Africanist Congress delegation had met the SABC management yesterday, PAC general secretary Mr Benny Alexander told reporters "there seems to be little movement" on the issues surrounding the dispute. A number of issues had been discussed. — Sapa.

Groote Schuur

CT 11/1/92

Limits visitors

GROOTE SCHUUR Hospital has changed its visiting policy because of the health workers' strike.

The Cape Provincial Administration announced that all afternoon visits have been cancelled, that only two people per patient would be allowed to visit between 7pm and 8pm, and no children would be allowed into the hospital.

CPA spokeswoman Ms Melanie Dekind said yesterday only emergency operations and "urgent booked operations" are being performed at Groote Schuur, but "no one will be turned away".

She also said a supervisor was slightly injured at the Red Cross Children's Hospital after an assault on Thursday morning by a broom-wielding striker and another staff member was locked in a storeroom for more than an hour.

About 250 strikers from the Health Workers' Union (HWU) picketed outside the CPA building in Wale Street yesterday morning.

After union leaders met with the CPA and protested against the police presence at hospitals, the strikers dispersed peacefully.

The National Educational, Health and

Non-striking matron's house petrol-bombed

JOHANNESBURG. — Damage of about R60 000 was caused when petrol bombs were hurled at the house of a Natalspruit Hospital matron early yesterday.

Her house, in Kafelohong on the East Rand, was gutted by the fire.

Police said the woman had refused to take part in the strike at the hospital.

TPA Administrative Services chief Mr P W van Niekerk said that on Thursday temporary workers were assaulted at Rosslyn railway station and told their addresses were known and that their houses would be burnt down. — Sapa

Allied Workers' Union (Nehawu) also condemned police deployment to "provoke our members at various institutions".

However, the CPA said an agreement with the unions that strikers would not intimidate co-workers had been broken.

"Intimidation is rife and working hospital staff ... have been threatened with physical violence, damage to their personal property and even death," the CPA said, adding that police were only there to protect workers.

A Nehawu spokesman could not be

reached to comment on the CPA claims, but HWU shop steward Mr Ronald Mbana said intimidation was "quite possible", though it was not union policy.

He explained that the strikers were angry and tempers sometimes flared. "But we try to prevent it," he said.

According to a CPA strike update, all strikers in the Eastern Cape, except those at the Frere and Fort Eng-land hospitals, have returned to work. Meanwhile, talks between strikers and the Transvaal Provincial Administration have been postponed indefinitely at the TPA's request.

At Baragwanath Hospital in Soweto all professional staff reported for duty yesterday, but laundry workers failed to turn up.

A group of about 200 Nehawu members marched to the hospital yesterday and representatives of the Soweto Civic Association handed a memorandum dated June 1 to the senior superintendent.

On Thursday night, Garankuwa Hospital near Pretoria received a petrol-bomb threat and teargas was used yesterday to disperse a group at the gate.

About 800 workers embarked on a sit-in protest at Pelonomi Hospital at Mangaung, near Bloemfontein, yesterday — Staff Reporter and Sapa

Philosopher on strike

Weekend Arrives 11/7/92

Hospital dispute leader Phillip Dexter escapes — to his studies

Who is Phillip Dexter, the young firebrand leading the striking hospital workers in their protracted and sacrificial battle for higher wages? HELEN GRANGE spent some time with the secretary-general of the National Education, Health and Allied Workers' Union (Nehawu) to find out.

ONE year ago, he was out of work and living on the breadline. At the moment, he is one of the largest and most persistent flies in the government's ointment. Such has been the destiny of Phillip Dexter, secretary-general of the National Education, Health and Allied Workers' Union. Things have moved so fast lately that he sometimes feels a little "weird" when he has time to reflect on his position as head of a fledgling union which has brought hospitals countrywide to a near standstill. The fact that the 29-year-old firebrand was elected as Nehawu's secretary-general only in March this year, and that he has become an indispensable inspiration to thousands of hospital workers whose actions have got them dismissed, does not appear to shake his confidence. Yes, he has doubts every day about the union's strategies in the strike, but as far as jus-

tification for the industrial action is concerned, he is utterly convinced.

"Hospital managements are made up of National Party *apparatchiks*, a clique of racists who want to be patted on the back when they tell you that workers' salaries have been increased by enormous percentages, conveniently forgetting how low the salaries were in the first place, and the fact that workers are still earning below a living wage," he says.

"They would rather promote a white with a Standard 6 than a well-educated black. Basically, the state sector is corrupt."

Mr Dexter feels the hospital strike has brought this point home to workers, whose focus has expanded from the issue of wages to the "problem of state corruption".

"The membership has realised that to get improved wages is to sweep the government from power, to crush the state."

A daunting battle, and one in which the hospital workers would appear to be fast losing ground. However, Mr Dexter is convinced that even if the strike is broken and workers return to their posts, their plight will remain a catalyst for future industrial action until their demands are met. In spite of Mr Dexter's hard talk, he did not

concerned will become private targets of the union.

"We won't let them rest until they address our demands."

What is clear is that Mr Dexter holds an unshakeable conviction that Nehawu is on the moral high ground which, in spite of his lack of experience in handling the heat of a national strike, keeps his spirit buoyant. He has been up against the state before, but not as directly.

His involvement in politics in the early 1980s caused him to go into exile in London for seven years.

When he returned in 1990, he worked as a waiter, but this was shortlived, as — true to form — he became a union organiser and was fired.



Union leader Mr Phillip Dexter

expect that the hospital workers' dissatisfaction would escalate into the confrontation it has.

"Initially, we thought demonstrations and protests would be enough. But, it became clear the Baragwanath Hospital workers felt strongly enough to strike after management locked them out."

"Once the Baragwanath workers went on strike, it just spread at an unbelievable rate." And, according to Mr Dexter, the fact that the strike has lasted more than three weeks at most hospitals has not undermined the will among union members to continue.

"The spirit in the union is still high, even although the state has reacted by dismissing workers. I can't believe the callousness of that, but in a sober mind, one has to remember who these people (the state) are."

So, what now?

"We'll mobilise to get the dismissed workers their jobs back, but if the state refuses to reinstate the workers, government departments

At the time, Nehawu, only a year old, was looking for a branch secretary in Cape Town. Mr Dexter took the job.

Being in a union battle with the state may be the biggest challenge of Mr Dexter's life. His morality has never been so ardently attacked.

"Communist baby-killer" was the loud accusation he had to field on visiting the supermarket the other day.

"From being a lowly waiter, I've become public enemy No 1," he smiles.

Mr Dexter has an escape — studying philosophy and politics at the University of Cape Town.

In fact, far from being a hardline unionist, Mr Dexter thinks of himself as a philosopher.

beaten by this shot from grounded Camer-
Roger Milla, the Cameroon star player, and
ameroon, reduced to nine players, won this

Strikers block CPA building entrance

Staff Reporters

STRIKING health workers demonstrated outside the Cape Provincial Administration headquarters in Wale Street today.

About 250 placard-bearing people blocked the entrance by 7.45 am.

"We decided to demonstrate here to show that our intention is not to disrupt medical services but simply to carry our message across to the community at large and the CPA," said Health Workers' Union general-secretary Mr Dale Forbes.

Assaults and intimidation of non-striking hospital employees have meanwhile continued amid criticism from unionists of the police presence at strike-hit Cape provincial hospitals.

There was intimidation at the Red Cross Children's Hospital, where 45 are on strike. One of the supervisors was assaulted, says the CPA.

At Pinelands Laundry, where 150 are on strike, intimidated workers have been given today off.

Meanwhile, near Johannesburg, property worth about R60 000 was destroyed when three petrol bombs were hurled at the East Rand house of a Natalspruit Hospital matron today.

Police said the woman had refused to take part in the current hospital strike.

Her house, in Kathlehong township, was gutted. The roof collapsed and her furniture was destroyed.

Nobody was hurt in the incident. — Sapa.

● See page 4

Crucial day in hospital strike

CT 15/7/92 (98)

STRIKING Cape hospital workers are to hold a crucial meeting today to decide whether to end the three-week action which has crippled several Peninsula hospitals.

Meanwhile, the SADF has been called in to clear a massive backlog of dirty laundry in Pine-lands as several hospitals experienced a critical shortage of clean linen.

High on the list of affected hospitals is Groote Schuur, which has only enough operating theatre linen to last the day.

"Management was forced to call for outside help and requested members of the Defence Force to help with the backlog after the Health Workers' Union refused to release a few striking workers," CPA spokeswoman Ms Melanie Dedekind said.

● Police warned that they will take action against anyone who illegally occupies hospitals or government buildings, and called on the union to refrain from doing so.

Heart op refusal defended

Staff Reporter

HEART transplants had not been banned at Groote Schuur Hospital because of the hospital strike, but merely had to meet the same criteria laid down for all operations at the hospital, a spokesman said.

A heart transplant to Mrs Aletta Malan of Pretoria was refused late last month.

The hospital spokesman said in reaction yesterday that the same criteria accepted at Groote Schuur for oper-

ations since the strike began three weeks ago — that only emergency operations and urgent booked procedures be carried out — applied to all transplants as well.

● Meanwhile, a kidney transplant was performed on a Port Elizabeth man, Mr Craig Cousins, 41, at Groote Schuur yesterday.

The kidney used in the transplant was flown down from Port Elizabeth on Monday, along with the heart used in a transplant for Mr Henry Chamberlain from Malmesbury on Monday.

Nehawu general-secretary Mr Phillip Dexter said that if demonstrators were confronted by police or security forces, they would defend themselves.

● Over 150 dismissed workers, who were arrested after occupying Pelonomi Hospital in Bloemfontein, appeared in the Bloemfontein Magistrate's Court yesterday on charges of trespassing. The case against 153 people was postponed and all were released on bail.

● Continuous threats of assault, intimidation and threats to burn down their houses were still

being received by hospital personnel, the Transvaal Provincial Administration said.

In Cape Town, patients were "harassed" by 49 striking workers at the Red Cross Children's Hospital when they embarked on a sit-in protest on the premises. Children left the hospital in tears, said Ms Dedekind.

"Hospital managements have called on members of the public to avoid strike-affected hospitals as large-scale sit-ins are planned and this could lead to harassment and abusive behaviour," she added. — Staff Reporter, Sapa

More hospital strike action planned today

98 442

CT 16/7/92

By DANIEL SIMON

MORE strike action is planned for today at some government hospitals and the Health Workers' Union (HWU) has indicated that it is assessing the situation on a daily basis following the Commission for Administration's (CFA) agreement to look into workers' grievances.

HWU spokesman Mr Dale Forbes said yesterday that "nothing concrete" had come from its meetings with the CFA and that it would assess the situation during the day.

Mr Forbes said striking workers would gather at a hospital today "to make our presence felt".

"It seems a settlement was going to be reached at a meeting on Monday but the CFA has indicated that it can only

give us an answer in about three-weeks' time."

The CPA said yesterday that incidents of intimidation occurred at Valkenberg Hospital yesterday morning.

CPA spokeswoman Ms Melanie Dekind said a large group of striking workers from surrounding hospitals gained access to the hospital grounds.

"They forced non-striking workers on their way to work to join them during which intimidation of the non-striking workers occurred."

In further developments:

● Seventeen workers at the Victoria Hospital in Wynberg have joined in the strike.

● Ninety percent of the striking workforce at the Frere Hospital in East London resumed work yesterday.

Workers harassed

98
ARC-16/1/92

Police protection called for

**SHARON SOROUR
and JOHAN SCHRÖNEN
Staff Reporters**

TYGERBERG Hospital workers were intimidated by strikers today as they left Bellville station on their way to work.

Police were called to protect workers as the four-week hospital strike continued.

Talks were due to continue today between unionists and the Cape Provincial Administration in a bid to end the strike in the Cape.

Negotiations with the National Education, Health and Allied Workers' Union began yesterday and union general secretary Mr Phillip Dexter said a "big announcement" could be expected.

As 17 workers at Victoria Hospital in Wynberg joined the strike yesterday, more than 400 strikers at Frere

Hospital in East London went back to work, according to the CPA. More than 1 240 provincial workers are still on strike.

About 1 019 roads department workers are on strike at the Paarl and Bellville depots. The total workforce of 429 workers in Kraaifontein also refused to work.

The Lindelani children's home, run by the CPA department of community services, is still closed.

● The SA Nursing Council has called for proper acknowledgement for the tens of thousands of nurses who have continued working during the hospital strike, and for recognition of the rights of neglected patients.

Council president Ms Wilma Kotze said the council was worried about the disproportionate amount of publicity given to striking health workers.

● Garankuwa Hospital workers returned to work yesterday after voting against further strike action.

BACK TO WORK

98

CT 17/9/92

Hospital strike suspended today

Hospital strike in the Transvaal will end for a week today.

Over 2 000 members of the Education, Health and Allied Workers' Union (Nehawu) who were on strike agreed to go back to work.

Agreement on the week-long suspension of the strike came after 13 hours of negotiations between the union and the Cape Provincial Administration (CPA) over the past two days.

Nehawu's regional organiser for health services in the Western Cape, Mr Alistair Charles, said the week-long reprieve was "an expression of goodwill and an attempt to normalise the situation in health services".

The union has given the Minister for Administration until July 29 to reinstate all dismissed workers in the Transvaal and Free State and to agree to mediation, failing which the strike could be resumed.

Mr Wilfred Alcock, Nehawu's regional chairman, said yesterday that if these concessions were not forthcoming there would be "unprecedented action" from other Cosatu affiliates involving public sector workers and that Nehawu would "seriously consider re-embarking on the strike".

Yesterday, after marathon negotiations, the CPA gave in to several of the union's demands. They agreed to provide all workers with permanent job benefits, and not to institute disciplinary proceedings against the strikers.

A statement released by Nehawu said the CPA had also acknowledged the union's demand for the reinstatement of all dismissed workers and had "publicly distanced themselves from the actions of the Transvaal Provincial Administration".

The CPA confirmed in a statement last night that an agreement had been reached with workers to return to work today.

"With this agreement, the union also accepted the principle of no work, no pay," CPA spokesman Mr Van Heerden Heunis said that this referred to

To page 2

From page 1

Strike off

the recent strike and any future strike action.

He would not comment on the union's threat to consider further strike action if its demands were not met.

Responding to Nehawu's statements, Mr Heunis said the CPA had undertaken to continue talks with the Commission For Administration on achieving permanent status for workers who did not have such status at present.

He said the CPA reserved the right to take disciplinary action in cases of misconduct and criminal conduct. "However, disciplinary action will not be taken against workers because they participated in the strike."

Some cases of misconduct were being investigated, he said.

He emphasised that the CPA had not distanced itself from the actions of the TPA "and we were not prepared to take any stance on the way the TPA handled the strike."

On the reinstatement of workers he said the CPA had not dismissed any workers.



Mr Heunis said Nehawu had undertaken "not to involve itself in intimidation of workers who preferred to work or to interfere in any way in the activities of workers who did not strike and are not striking".

The statement said the union had also agreed to "adhere to the existing agreement regulating labour relations between the union and the administration".

Arrangements were being made for similar agreements to be reached with regional structures of Nehawu in the Northern and Eastern Cape.

The strike is continuing in the Transvaal and Free State.

Chief Mangosuthu Buthelezi
Pictures: AP

Hospital strike

over — for now

ARG 17/7/92

SHARON SOROUR
Labour Reporter

WESTERN Cape health workers return to their jobs today following the suspension of the hospital strike after 13½ hours of talks with the Cape Provincial Administration.

But the National Education, Health and Allied Workers' Union (Nehawu) has warned that workers will resume the strike if their demands are not met by next Friday.

Union spokesman Mr Wilfred Alcock said the government would have to agree to mediation and reinstate all dismissed Transvaal and Free State workers, "failing which we will have no other option but to in-

tensify the struggle from July 29".

The union called on President De Klerk to intervene to resolve the dispute with the Commission for Administration.

"We will now be returning to work but will mobilise in the event of further action," he warned.

Nehawu praised the "progressive" stance of the CPA, which had acknowledged the union's demand for the reinstatement of all dismissed workers and had "publicly distanced themselves from the actions of the Transvaal Provincial Administration".

"The leadership qualities of both management and workers have set a shining example," he said.

The CPA had also supported the strikers' demand for permanent status for all workers with full benefits and had agreed not to victimise, intimidate or discipline strikers, Mr Alcock said.

"The principle of 'no work, no pay' will apply and the CPA will assist in minimising the loss of earnings of the strikers."

Confirming the agreement, the CPA said Nehawu undertook to normalise the work situation in the Western Cape and committed itself once again to adhere to the existing agreement regulating labour relations.

The CPA undertook to facilitate further dialogue between the Commission for Administration and organisations rep-

resenting public employees.

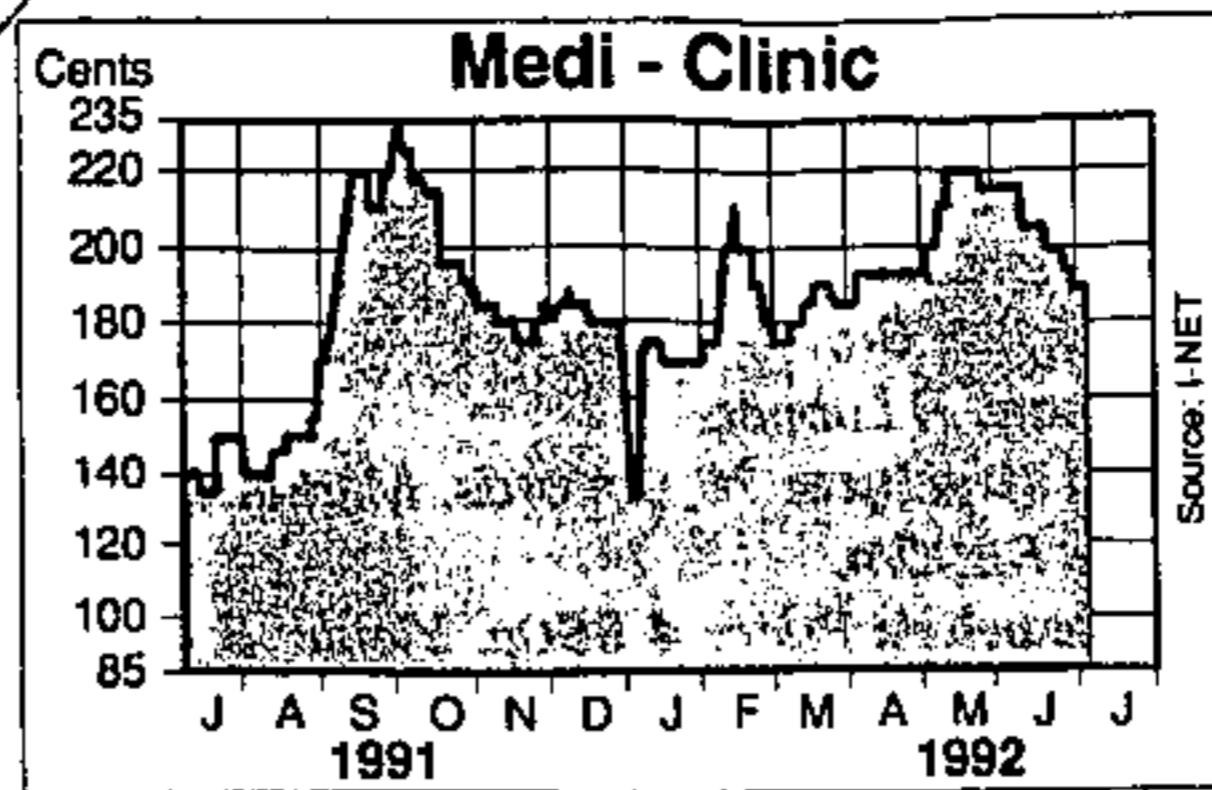
Arrangements were being made for similar agreements to be reached with the union in the Northern and Eastern Cape.

Mr Alcock said: "Nehawu believes in the spirit of dialogue and tried its utmost to resolve the strike. It was alarmed at the refusal of the government to agree to mediation in the dispute."

He said workers never intended taking strike action as they were committed to improved and more efficient health and social services for all.

The absence of a dispute resolution mechanism in the public sector had been the main reason for strike action in essential services, he said.

FM 17/7/92 (98)



MEDI-CLINIC FM 17/7/92
Gaining strength (98)

Activities: Hospital services in private clinics.
Control: Rembrandt Group 92,9%.
Chairman: J N de Villiers; MD: L J Alberts.
Capital structure: 91,5m ords. Market capitalisation: R174m.
Share market: Price: 190c. Yields: 3,2% on dividend; 8,8% on earnings; p:e ratio, 11,3; cover, 2,8. 12-month high, 225c; low, 135c.
 Trading volume last quarter, 305 000 shares.

Year to March 31	'89	'90	'91	'92
ST debt (Rm)	9,2	—	—	—
LT debt (Rm)	—	—	7 500	—
Debt:equity ratio	n/a	n/a	n/a	n/a
Shareholders' interest	0,85	0,87	0,79	—
Return on cap (%) ..	8,2	9,3	12,0	15,2
Turnover (index)	201	311	435	529
Pre-int profit (Rm) ...	13,8	16,2	24,7	34,0
Earnings (c)	4,0	12,4	14,5	16,8
Dividends (c)	—	3,0	4,0	6,0
Net worth (c)	71	78	92	103

Medi-Clinic has strengthened in the face of an ailing economy — and it did so without indulging in the unethical practice that has received much bad publicity recently, namely “paying kickbacks to doctors in return for the number of admissions that a doctor provides such a clinic,” says the chairman, Jan de Villiers.

During the financial year, the group operated seven hospitals, five in and around Cape Town and two in the northern suburbs of Johannesburg. An eighth, the Stellenbosch Medi-Clinic, was opened in April.

All but two performed well. The Mitchell's Plain Centre again had a difficult year. In an attempt to overcome its problems, the group sold two-and-a-half floors to the dental faculty of the University of the Western Cape, under sectional title, to use

for education. Despite charging only scale-of-benefit tariffs, the luxury Constantiaberg Medical Clinic also failed to meet expectations.

Group turnover, which is not disclosed, rose by 21,6%. This commendable increase was eclipsed by a 37% jump in operating income. Because interest received was R1,8m more than the 1991 figure, pre-tax income rose by an even more impressive 54%. However, the tax rate in previous years was held at a low level because of assessed losses. As these losses have been used up, the effective tax rate rose to 50% and retarded growth in attributable earnings to 16,3%.

The group enjoys a strong cash flow and its capital structure, including 78,5m 11% unsecured subordinated convertible debentures, has not required further borrowings of consequence. Debenture-holders have the right to convert their debentures into ordinary shares on September 30 and March 31 each year, but they will be automatically converted into ordinary shares at the end of the financial year when the annual dividend on ordinary shares equals or exceeds 11c.

Dividends in 1992 were increased by 50%; so there is some way to go before the debentures will have to be converted.

Until recently, the National Health Department had decreed that licences for the creation of private hospitals were to be the exception rather than the rule. But, as with so many other areas of government policy, uncertainty prevails because of a recent announcement that the department now wants to abolish the issuing of licences. This lack of clarity makes long-term planning almost impossible for the group.

De Villiers forecasts further growth in earnings for this year but declines to quantify a rate. Even if the economic downturn continues, it is hard to see the need for the group's services deteriorating markedly. So a degree of bullishness is justifiable.

Since the group shows good earnings growth potential, even in the recession, Medi-Clinic's share price and yields are fair, assuming the market does not move too far from its current level.

Gerald Hirshon

Presmed directors release shares to improve tradeability

STAR 1717192,

By Stephen Cranston

98

A further 500 000 Presmed shares will be available in the market by the end of August, MD Carl Grillenberger said yesterday.

Presmed is the largest hospital group which is still contracted into medical aid and has enjoyed consistent profit growth since listing in 1987, outperforming Clinic Holdings and Rembrandt-controlled Medi-Clinic.

Mr Grillenberger said that the shares lacked tradeability and after discussion with three stockbroking firms it was agreed that shareholders — principally the company's directors — would put a portion of their shareholding on the market.

After a share split the number of shares in issue will increase from 11,520 million to 18,432 million. The net asset value per share will fall from 96,7c to 60,4c. The share is trading at 340c and the new shares will have a market value of 212c.

Shareholders will receive 160 shares for every 100 shares currently held.

Mr Grillenberger argues that Presmed has better prospects than its main competitors as it operates more cost-effective healthcare facilities and has high credibility among medical aid funds.

Southern Life's medical aid administration arm recently bought 50 percent of hospital group Medicor from Unidev.

Mr Grillenberger describes Medicor as "equally cost-effective".

While Presmed's directors have no intention of losing control of the business, Mr Grillenberger does not rule out some sort of tie up with medical aid schemes in the future.

"Our high credibility amongst medical aids will benefit us in the currently evolving health-care environment. We have a power base from which to negotiate managed-care models to the advantage of our patients, suppliers and business partners," says Mr Grillenberger.

Behind the barricades at

WIMad 17/7-23/7/92

'Our moral obligations do require us to remain at work, and there is nothing else we can do'

- Nurse at Bara



Empty wards at Bara ... But the sick are suffering at home

THEY say: "Maw'thint' unesi uhint' Inkatha." If you touch the nurse you touch Inkatha. That, say striking workers at Transvaal Provincial Association hospitals, is the ominous rumour circulating in their picket-lines.

"The nurses have betrayed us," comments a dismissed worker from Hillbrow hospital. "Where are they? Don't they realise we are fighting for them too?"

Nchabelene, a registered male nurse at Hillbrow Hospital, is a National Education, Health and Allied Workers' Union (Nehawu) shop steward and one of the few nurses on strike. "Being a nurse," he says, "implies an obligation to heal my people. My people are suffering because of below-breadline wages, so my obligation is to strike."

"I can't abandon my people just because I got a little bit of Bantu Education that propelled me into the middle classes."

Nursing has traditionally been one of the few professions open to black women: nurses have long been bastions of African society. Now, some strikers are saying, nurses have sold out to the middle class and have become more preoccupied with their housing subsidies and bonds than with the good of society.

"But we are in a most difficult position," counters a matron, who, like all the nursing sisters interviewed this week, requested anonymity. "We are intimidated from all sides: from the strikers who see us as scabs, from our bosses who threaten to fire us, and from our own disciplinary body, the South African Nursing Council (Sanc), which tells us that we have the right to strike, but which also tells us that if we leave our patients to spend even an hour on the picket-line, we will be struck off the roll."

The problem with nurses, the

matron continues, "is that they are indentured to a hierarchical professional structure that gives them no room to speak out".

And nurses are not speaking out: clearly, they are terrified. Approach one along the corridors of Baragwanath and she'll look nervously to see if any colleagues or superiors are watching before pulling you into a closet for an urgent and brief consultation. More likely she'll rush off to tea.

They have reason to feel besieged: at Hillbrow Hospital. Nurses have been assaulted by strikers, two critically; and at Baragwanath, more than 30 student nurses were arrested for joining the strikers on the picket.

But most nurses are not protected by Inkatha. And, says one sister, "most of us are very sympathetic with the workers' demands. But we've done all we can. When nursing students were arrested for sympathising with the strikers, we pressed the administration to secure their release."

"At Nehawu's suggestion, we proposed a skeleton staff to the administration and they refused it. We have met the highest authorities, calling urgently for enforced arbitration, but

Stories by MARK GEVISSER and pictures by KEVIN CARTER

we have been ignored.

"Our moral obligations do require us to remain at work, and there is nothing else we can do."

Every evening, when this sister leaves work through the Baragwanath gates, the striking workers who used to be in her ward greet her. Sometimes, she digs into her purse and gives them some cash. "I've heard of intimidation," she says, "but I've never felt it myself. Some nurses here are indifferent but no-one I know is viciously against the strike."

On the taxi, she continues, "there is often talk about the strike. But nobody ever points a finger at me in my uniform. Usually, all they say is that patients are dying at Bara of hunger because there is no food, and I have to laugh to myself, because I know it isn't true. I've been feeding the patients myself."

The situation is different at Hill-

brow, where striking workers were responsible, according to even the more progressive nurses at the institution, for at least eight assaults on nurses. "There's terror and paranoia and rage at Hillbrow," comments one nurse there, "and the assaults turned an already-suspicious nursing staff firmly against the strikers."

"When one nurse stood up at a meeting and suggested that we write a letter to show solidarity, as a way of smoothing over the tension, she was actually booed down. 'Let them fight their own battles,' the nurses said. Some were even suggesting hiring people to attack the strikers. I don't think they meant it but that just shows you the extremes of their anger."

A major part of the problem, comments one senior nurse sympathetic to the strikers, "is that Nehawu has not organised properly among the nurses. We are health workers, and by putting pressure on us to strike, the union is insensitive to the professional obligations we have towards patients' demands. If the union had consulted us better, we might have worked out a way we could support them."

The 1990 hospital strike remains a

bitter memory for the generally conservative nurses. Then, many joined the Nehawu strike. "But even though those nurses were promised Nehawu support," comments Sister Eunace, "the union's support did not seem to be forthcoming when the nurses were called before Sanc and disciplined."

"If we were to strike again now, it might facilitate a speedy resolution, and Nehawu might even win. But then we'll be left to carry the can when we're faced with Sanc. And who'll support us? Certainly not our own professional association."

Nehawu has remained, perhaps deliberately, vague about nurses' participation: they have not officially been called on to strike, but the union has been putting pressure on them to join the pickets.

But, comments Dr Aslam Dasoo, the national publicity secretary for the newly-formed organisation of progressive health workers, the South African Health and Social Services Organisation (Sahsso), "Nehawu has acted completely appropriately according to the International Labour Organisation's guidelines regarding industrial action in essential services".

These guidelines state that health workers do have the right to strike as long as they keep emergency services running. "It is the authorities who have been archaic by putting a court interdict on strikers so that they may not enter the premises and provide essential services even if they wish to, and by refusing the option of a skeleton staff," says Dasoo.

The fact remains that — with the exception of Ga-Rankuwa, where doctors and nurses joined the pickets this week — nurses and health professionals have not joined the strike. "If health workers had joined us," comments Nehawu Johannesburg branch chairman Siphwe Mazibuko, "perhaps this dispute could have been quicker resolved."

But nurses tend to be overwhelmed by their professional obligations, comments a senior sister who is a member of Sahsso. "Much political education is necessary — and much understanding. Rather than alienating nurses, unions like Nehawu should find ways of bringing this very influential segment of black society into the fold of progressive politics."

beleaguered Baragwanath

'Our aim is to make sure that services are provided and ... to bring both sides to speedy arbitration'

-Doctor at Baragwanath
W/Week 1717-2317192

"DON'T be fooled," warns a paediatrician as he escorts us around a spotless Baragwanath Hospital ward. The cots are sparkling clean — and mostly empty — and a few children romp happily between the legs of the attending nurses.

"I wish it were always this way," he continues, "a few patients receiving good care. But the truth is that this hospital is nearly empty, not because Soweto is now healthy and peaceful but because patients are not admitting themselves, and because we are discharging all but the most urgent cases."

Baragwanath has the dubious reputation of being one of the world's busiest hospitals. Now, however, only 1 500 of its 3 000 beds are occupied. People requiring non-urgent surgery — like those with hernias — have been asked to come back in a month's time and, like Hillbrow Hospital, Baragwanath has stopped admitting cancer patients.

"This strike has to end as quickly as possible," Huddle adds. "There is no doubt that patient care is being compromised."

Clearly, some doctors are incensed by the strike by hospital staffers. "The whole thing is undignified and unnecessary," comments principal surgeon Dr Bernard Rabinowitz. "Why should sweepers who work for two hours a day get the same pay as a medical intern? This isn't about the hospital, it's about politics. We are being used by Cosatu and the ANC as a way of challenging the government, and patients are suffering."

Huddle, however, seems to reflect the opinion of most of Baragwanath's doctors when he says, "we appreciate that the strikers have legitimate concerns and we also appreciate that the other side has an overly rigid approach".

The Baragwanath medical staff has sent an urgent memo to the authorities calling for immediate submission of the matter to arbitration and asking the University of the Witwatersrand, which co-administers the hospital as a teaching institution, to intervene.

"Our aim," says occupational therapist Kathy Tyacke, "is to make sure that services are provided and to do whatever possible to bring both sides to speedy arbitration." This has included formal delegations to Minister of Health Rina Venter.

Tyacke, like many of the Baragwanath health professionals spoken to by *The Weekly Mail*, is sceptical of the Transvaal Provincial Administration's sudden concern for patient care: "What value can be placed on patient care when the people supposedly looking after them are so underpaid that they can barely afford to feed themselves? If the TPA really cared about its patients, it would also care about its employees who look after these patients."



'I've got no complaints,' says Vincent Dubazana, about the care he is getting at Baragwanath. He was shot in the spine when his taxi was carjacked. His attending doctor in the trauma ward commented: 'Of course his care is good. We've got so few patients. But ask the people who've been turned away for hernias or cancer and you'll get a different story.'

'I'm just doing my job. I need work like everybody else'

-Strike-breaker at Baragwanath
W/Week 1717-2317192

A NERVOUS little man, eyes hidden by an oversized woolen cap, wheels a semiconscious patient away from Baragwanath's operating theatre.

"I don't want to talk," he says in broken English when approached. "I'm just doing my job. I need work like everybody else."

The man is one of 464 temporary workers at Baragwanath — euphemistically called "volunteers" by the authorities and angrily branded "scabs" by the picketers outside the gates.

Nurses inside the hospital confirm the accusations of the picketers outside: the majority of these pay-by-the-hour workers are rural Zulu people, and many state Soweto's hosts as their place of residence on their application forms.

Is the hospital deliberately recruiting Inkatha members to replace strikers? "Absolutely not," states Baragwanath public relations officer Seugnet van Niekerk. "Our hospital is in the vicinity of a number of hostels, so of course many hostel-dwellers are applying. But we don't see it as important. We have no recruiting policy. We take whoever needs work."

Perhaps it is true that most township residents are staying well away from the hospital, and that hostel-dwellers, more immune to township politics and antagonistic towards the African National Congress/Congress of South African Trade Unions anyway, are the only volunteers for this work.

Perhaps it is also true that, living in hostels, they feel safer than other residents against retribution.

But the high number of hostel-dwellers doing general work in Baragwanath is making everybody edgy. "I can't help but feel," says one nurse, "that this policy is deliberate. The administration knows they can depend on these people. Of course I appreciate that there are people doing the work — it means that I'm not overloaded myself."

"But I'm keeping my distance from these guys — every one is."

Hospital meeting ban sparks march

JOHANNESBURG. — About 1 000 doctors and allied medical staff at Baragwanath Hospital in Soweto yesterday marched on the administration building after hospital authorities banned a meeting, according to the general secretary of the South African Health and Social Services Organisation (SAHSSO).

Dr Refik Bismilla said guards prevented the allied staff from entering the meeting in the doctors' tearoom. About 100 doctors were addressed by other doctors who then went outside and joined the allied workers, he said.

They handed over a memorandum stating that the dis-

missal of hospital workers did not solve the issues over which general assistants had originally gone on strike.

He said the demonstration lasted half-an-hour and all medical services were manned for the duration.

Dr Bismilla said SAHSSO was trying to arrange a meeting with Health Minister Dr Rina Venter and the MEC of Transvaal Provincial Administration health services, Mr Fanie Ferreira, to get negotiations reopened with the National Education, Health and Allied Workers' Union.

Comment from the hospital was not available. — Sapa.

'Adult' comic soaps unbanned

PRETORIA. — The Publications Appeal Board has lifted a ban on five "adult" Love and Rockets cult comic books the Directorate of Publications had banned. They are *Love and Rockets* magazine, three volumes of the *Complete Love and Rockets* series, including *Love on the Ceiling* and the *Love and Rockets Sketchbook*.

The graphic novel is relatively new to South Africa and is an adaptation of a novel in comic-art form, appellant Paul

Suntup, owner of the Fantasia book shop in Norwood, said.

He said the Love and Rockets series was an award-winning cult comic book created by Hispanic American brothers Jaime and Gilbert Hernandez.

Their rough-edged Latin American soap opera in stylised black and white comic strips had become a benchmark of authenticity and integrity by which many modern adult comics were measured.

— Sapa.

Court may have to tackle rugby star's call-up

Weekend Argus Reporter

KEY Natal rugby player Robert du Preez has had his application for deferment of his national service turned down — but, the issue is almost certain to be taken to the Supreme Court for a second time.

Lawyer Mr Angus Stewart said yesterday that a Supreme Court action would probably be launched next week for a review of the board's decision, which was "entirely unreasonable".

If Mr Du Preez fails to get another deferment, it will be a major blow to Natal rugby at a time when the province faces the All Blacks on August 1 and are preparing for the Currie Cup final against Transvaal.

Mr Du Preez, in an urgent Supreme Court action early this month, said he had received a telephone call from an unidentified high-ranking SADF officer who said "people in the Northern Transvaal" had asked him to use his position as an officer to ensure Mr Du Preez was called up so that he would be unable to play for Natal.

The Defence Force has emphatically denied that any rugby authority influenced it to call him up.

The Supreme Court granted Mr Du Preez a temporary order postponing his call-up to July 31, pending a final determination of his deferment application.

"We are considering our options, but our likely route is to ask that the Supreme Court review the decision on the grounds that the decision is entirely unreasonable," said Mr Stewart.

Mr Du Preez was to have reported for duty at Voortrekkerhoogte on July 8.

Chaos in hospitals threatening more lives

TED MAGILL

Weekend Argus Reporter and Sapa

HEALTH and laundry services at several provincial hospitals in the Cape Peninsula remain disrupted, with more than half of the Western Cape's health workers continuing to strike.

At a meeting of the striking Health Workers' Union yesterday, about 300 workers voted to continue the strike, in spite of a decision by the National Education Health and Allied Workers' Union (Nehawu), that strikers should return to work.

In a statement yesterday, the South African Medical and Dental Council (SAMDC) said clinical training at the Medical University of South Africa (Medunsa) had been suspended because of a lack of patients arising from the Nehawu strike.

The SAMDC was concerned the hospital strike would be to the detriment of medical and dental students and, if it continued, it could mean medical students might not be able to finish their studies this year.

Dr L H Becker, president of the SAMDC, said the council was established to protect the public and, therefore, patients, principally by maintaining high standards of education and training.

The SAMDC supported Medunsa's appeal that the dispute be resolved as soon as possible.

In Cape Town, Health Workers' Union general secretary Mr Dale Forbes said 221 workers had voted to continue the strike and 110 had voted against doing so.

The union's demands included a minimum wage of R724, an across-the-board increase of 15,3 percent, permanent status for all staff and the reinstatement of dismissed Nehawu workers in the Transvaal and Orange Free State.

The Health Workers Union controls a membership of about 2 500 health workers in the Western Cape, while

■ To page 3

Disabled will march to Pretoria

■ From Page 1

Nehawu controls only about 2 000 in the region.

A provincial administration spokesman confirmed yesterday that strike action continued to take its toll.

The affected hospitals are Groote Schuur, Conradie, Tygerberg, Somerset, Woodstock, Brooklyn Chest and Victoria.

Meanwhile, the Disabled People of South Africa (DPSA) has blamed the government for the deaths of two people who were refused medical treatment at strike-affected hospitals, and have threatened to march to Pretoria on crutches and in wheelchairs if the government didn't resolve the strike.

In a statement yesterday, DPSA general secretary Mr Mike du Toit said the dispute and strikes at major hospitals had a severely detrimental effect on disabled people.

At least two, identified by a DPSA Soweto spokesman as Mr Bushyie Magene and Mr Samuel Mkwanzazi, died after being turned away from strike-bound hospitals.

Mr Magene sought treatment at Baragwanath and Hillbrow hospitals. He died on July 4.

Mr Mkwanzazi was referred to Hillbrow Hospital, but could not be helped there. He died on June 9.

The DPSA believed that both men would not have died if they had been able to get treatment.

Mr Du Toit said patients were being discharged prematurely from hospitals, rehabilitation services had been disrupted and were even non-existent at some hospitals.

"All of this means that injuries and other medical conditions, which may not be life-threatening and would be treatable under normal circumstances, are now leading to permanent disabilities."

The organisation endorsed strikers' demands for permanent status and mediation to end the dispute, believing the government to be responsible for its life-threatening consequences.

"If the strike is not resolved, we are going to picket and march to Pretoria in our wheelchairs and on our crutches. We feel the government is responsible," he said.

Hospital to become a refuge

SITimes (Cf. Metro)

By JESSICA

BEZUIDENHOUT

191-7192
A SECTION of the old Westlake Hospital in Tokai is soon to be used as a refuge for drug addicts, pimps, vagrants, prostitutes, alcoholics, the homeless and the unemployed.

The Ark, which has successfully run similar ventures in Durban for several years, is to take over the A J Stoll Memorial Sanitarium.

The refuge will have craft workshops, a creche, a dining hall, a gymnasium, teen centre and a church.

Ark spokesman Mr Vasco de Gouveia said people would be taken in as soon as the Minister of Health Services and Welfare, Mr A Julies, had granted permission.

Anyone interested may telephone 461 2178 or write to The Ark, City of Refuge, P O Box 30476, Tokai.

Two sent from hospital, die

98 (12)
CF 18/7/92

TWO people with severe spinal injuries have died after being turned away from strike-bound hospitals, according to Disabled People South Africa (DPSA).

DPSA general-secretary Mr Mike du Toit said in a statement yesterday his organisation believed the government to be responsible for the strike's life-threatening consequences, and endorsed strikers' demands for permanent status and mediation to end the dispute.

"If the strike is not resolved, we are going to picket and march to Pretoria in our wheelchairs and on our crutches. We feel the government is responsible."

DPSA said at least two disabled people, Mr Bushyie Magene and Mr Samuel Mkwanazi, of Soweto, died after being turned away

Strike:

'Govt is to blame'

from strike-bound hospitals.

DPSA aims for equal opportunity for the disabled.

Meanwhile in Cape Town, striking National Education and Health Workers' Union (Nehawu) members started returning to work yesterday while Health Worker's Union (HWU) workers were still on strike.

As most hospitals are staffed by

HWU workers, hospitals still affected are Groote Schuur, Conradie, Tygerberg, Somerset, Woodstock, Brooklyn Chest and Victoria.

HWU workers were due to vote yesterday on ending the dispute.

● As the strike continued in the Transvaal, the Transvaal Provincial Administration said 18 Nehawu workers have appeared or are about to appear in court on charges of intimidation or assault.

● Police have arrested 17 people for intimidation and assault of non-strikers at Garankuwa Hospital over the past few days.

● Dismissed hospital workers and Nehawu members will attempt to occupy Baragwanath Hospital in Soweto and Pelonomi Hospital in Bloemfontein today. — Sapa, Staff Reporter, UPI

PRESMED is to health care what City Lodge is to the hotel business — no frills and value for money.

President Medical Investments managing director Carl Grillenberger makes the analogy.

SA's medical profession by and large is untrained in keeping costs down. Perhaps this is because there has always been a wealthy sector of about 20% able to pay. But the recession and retrenchment have reduced medical-aid membership and reduced the number of people who can afford medical treatment. The trend will continue and the writing is on the wall — cut costs or the nation will suffer.

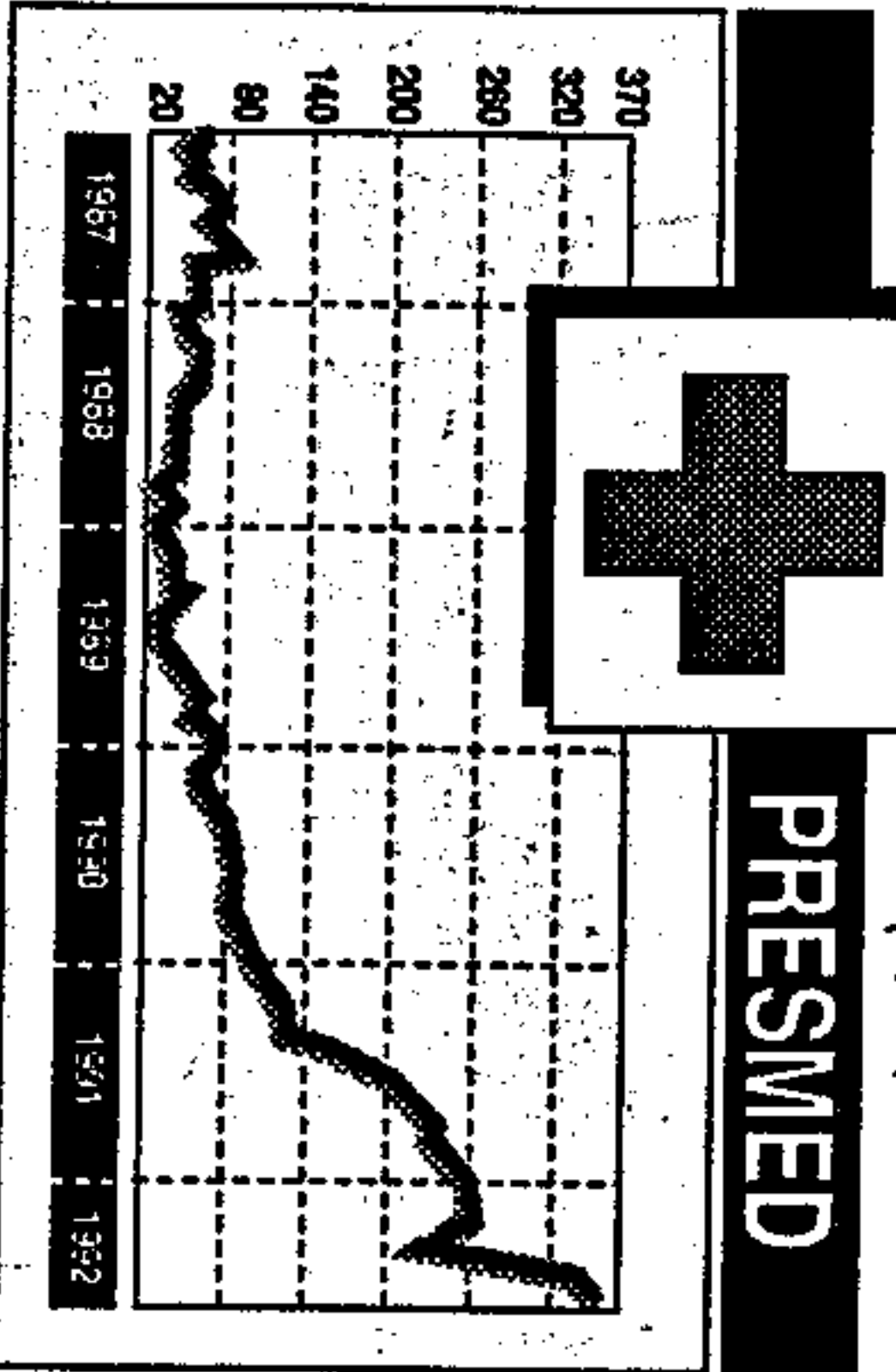
Mr Grillenberger says Presmed management was originally involved in Africa Invesco, a clone of an American company of similar designation. Its business was sectional title development in the early 1980s.

Hay can be made while the sun shines, but the cyclical nature of speculative property investment made the managers look for an alternative, counter-balancing business. Health care was chosen and Presmed has grown to five private hospitals and eight day clinics since 1983.

In America, medical-aid insurers meet the cost of treatment at the day-clinic rate. If a patient wants to go

Presmed cuts the bills by offering few frills

SITWES (bus) 19/7/92



into hospital, he or she is obliged to foot the difference in cost.

In 1970, fewer than 6 000 operations were carried out at day clinics in America, but by 1990 the number topped 2,5-million.

In SA, a medical-aid scheme is compelled to pay the whole bill within the agreed tariffs irrespective of whether it could have been half the amount.

Mr Grillenberger estimates that 50% of the procedures undertaken at over-

night hospitals can be done at day clinics at half the price.

One problem that had to be overcome was that of attracting doctors to perform the smaller operations at day clinics.

Mr Grillenberger says: "Our day clinics are geared to be more efficient in handling patients. In a hospital, a doctor might be able to get through five minor operations in an afternoon. At our day clinics the figure is more like 10. So the doctor earns more and the cost to the patient is lower.

"We are also sitting our day clinics next to hospitals to

make it easier for doctors to work at both."

Another inducement is joint ventures in which the medical professionals are co-owners and profit sharers.

Advances in medical technology have helped the day-clinic boom. Gone are the days of big cuts for small jobs, such as appendectomies and ligament repairs. Fibre optics has given rise to arthroscopy and laser treatments that obviate the need for the scalpel. Instead of several days' immobility after a ligament job, the patient can go home the same day because muscles are not hacked.

Anaesthetics is another example — 20 years ago it required two-day convalescence, now it is a matter of hours.

The health-care business is under review, but Mr Grillenberger says there is resistance to change not least from those with most to lose — private clinic operators. A well-run hospital needs 60%-plus occupancy rates to break even. But at current costs, SA's private hospital sector has too many beds.

Presmed is the only private operator to have gone for day clinics in a big way.

Its growth has been impressive in spite of the disincentives for many to use day clinics. Presmed's turnover in the year to February 1992 was R74-million, 45% up on 1991. Operating income was R11,6-million and interest only R1,2-million.

Compound earnings-a-share growth has been 50% a year for the past four years. It is one of the few success stories emerging from a 1986 Development Capital Market listing.

Low tradeability of the shares is being attended to. The number of shares in issue will increase by 60% after a consolidation and share split.

When the debentures are converted, the controlling stake in Presmed will be reduced to 50,1%.

The current share price is 340c, 11 times historic earnings. With improved tradeability and rosy prospects in a near recession-proof business, Presmed is the kind of company investors should be looking for.



CARL GRILLENBERGER: The City Lodge style Picture: ANDY KATZ

Hospitals 'saving cents rather than lives'

Staff Reporter

DEPARTMENTAL heads at hospitals have had to change their roles from "saving lives to saving cents", a leading Groote Schuur Hospital heart surgeon said yesterday.

Professor John Odell, who recently resigned his post as head of the University of Cape Town's department of cardio-thoracic surgery after being offered a post at the prestigious Mayo Clinic in the US, also expressed distress at indications by some of his colleagues that they may follow suit.

"Since resigning, a number of my colleagues have informed me of their future plans which include emigration. I don't know how many of them will leave but they have been approached with offers."

Prof Odell said that, as far as he knew, no one had been chosen to replace him.

Cost-cutting exercises at hospitals were putting patient care in the balance and threatening academic medicine, he said in a statement.

"It has become impossible, without compromising patient care, to make further cost

savings, yet it is repeatedly demanded."

Financial restrictions forced on hospital administrations had resulted in an over-zealous attitude in the application of cost-containment measures.

"The attitude is that rationalisation and cost-containment justifies the means and, if someone falls by the wayside, it is part of the new South Africa," he said.

Heads of department, instead of being pre-occupied with clinical work and research, were being over-burdened by cost-cutting measures. Efforts to address the crisis in

academic medicine were either ineffective or not being implemented fast enough.

It had to be realised that the future health of the country was dependent on medical schools and teaching hospitals, as it was through them that all future medical doctors and health care workers would be trained.

"When I was appointed head of the department I wanted to build on the foundations laid by my predecessors and make the department even more prestigious. Sadly, however, my aspirations seem to have been repeatedly dashed," Prof Odell said.

98 CT 21/7/92

Special protection for Groote Schuur workers

GROOTE SCHUUR Hospital has initiated special measures to protect non-striking workers.

The move follows the death of Mr Ivan Michaels of Mitchells Plain, who was found dead next to the railway line near Philippi on Friday. He was apparently flung from a moving train.

The new security was confirmed yesterday by Dr DJ Adams, senior medical superintendent. He was reluctant to give details, but did say the special measures included looking at the safety of staff on trains, as well as alternative transport arrangements.

Mr Michaels, who had been working in the medical records department at Groote Schuur for 18 years, had told colleagues he feared for his life while travelling to and from work.

A Groote Schuur worker has no doubt that Mr Michaels' death was "directly related" to the hospital strike.

The worker, who spoke only on condition of anonymity, said it was unsafe for hospital workers to travel to and



DEAD ...
Ivan Michaels

from work by train.

Groote Schuur medical superintendent Dr MS Kabat said it had not been proved Mr Michaels' death was a consequence of his not joining the strike.

He said police yesterday took statements from hospital workers about Mr Michaels' death.

Members of the National Education, Health and Allied Workers' Union (Nehawu) have suspended their strike for a week, but the Health Workers' Union (HWU) is still continuing the action at eight Cape Town hospitals.

Mr Allistair Charles, a Nehawu organiser, confirmed late yesterday afternoon that a deadlock with Groote Schuur management had been resolved and Nehawu members were back at their posts.

The situation at Pelonomi Hospital, near Bloemfontein, was tense yesterday after striking workers overturned garbage cans and food in the wards.

The TPA added that there had been a sit-in at Hillbrow Hospital.

Hospitals' emphasis on cost criticised

BLDAM 21/7/92
CAPE TOWN — A doctor's role at academic hospitals had changed from one of saving lives to one of saving cents, departing head of UCT's cardio-thoracic surgery department at Grootte Schuur Prof John Odell said yesterday.

He said preoccupation with cost-saving techniques at these hospitals had overtaken concern about clinical work and research.

It had become impossible, without compromising patient care, to make further cost savings, but this was repeatedly being demanded. He said that since announcing his resignation and planned emigration, a number of his colleagues had told him they were also planning to leave SA.

LINDA ENSOR

"Financial restrictions forced upon hospital administrations have resulted in an over-zealous and overbearing attitude in the application of cost-containment measures.

"The attitude is that 'rationalisation, cost containment and a new approach' justifies the means, and if someone falls by the wayside, it's 'part of the new SA'.

"It must be realised that the future health of the country's people is dependent on medical schools and teaching hospitals. It is through them that all future medical doctors and health-care workers are trained."

Health strike easing in Cape

98

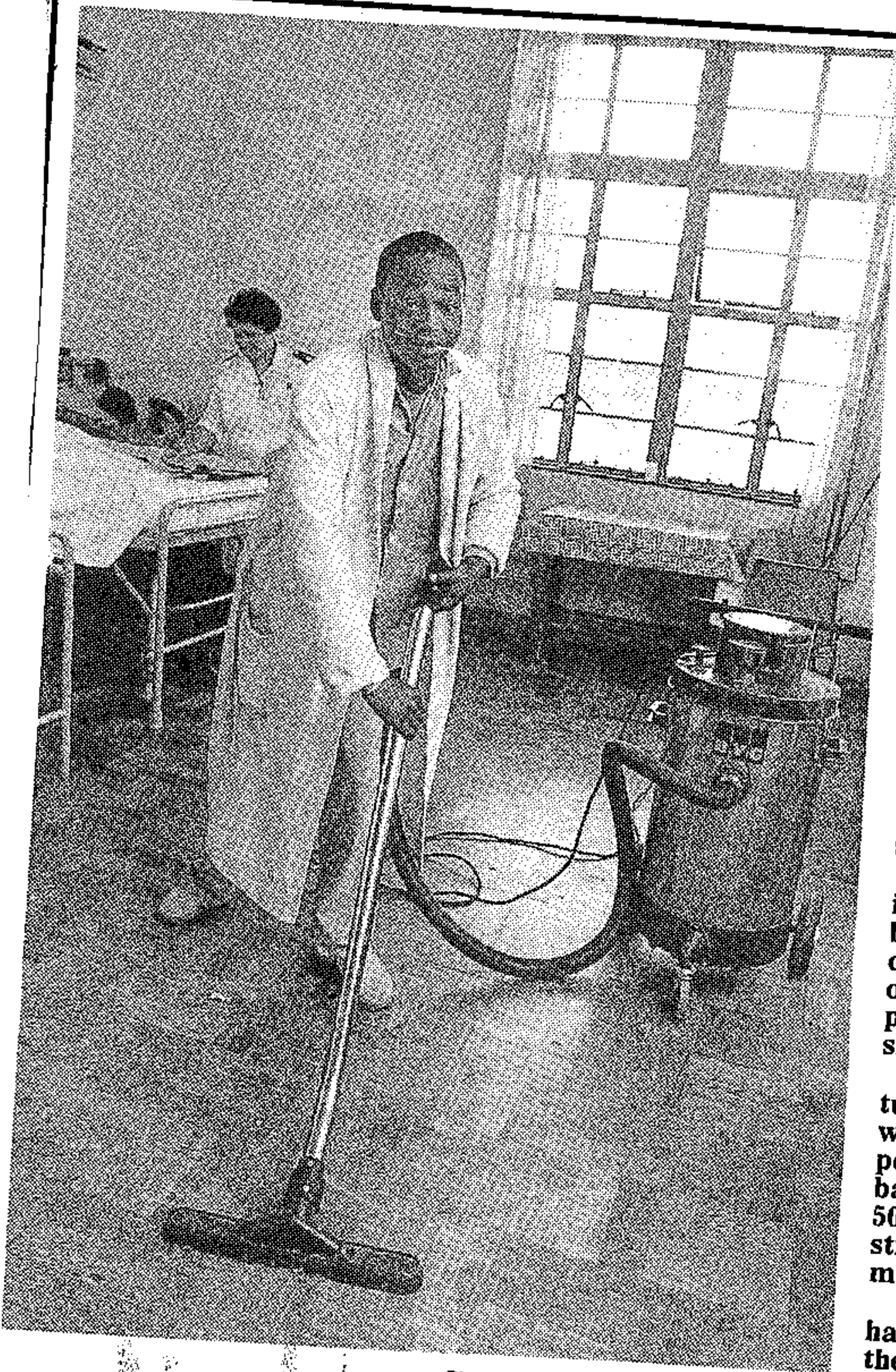
AR 21/7/92

Health Reporter

ALMOST all members of the National Education, Health and Allied Workers' Union have returned to work in the Cape.

In the latest strike bulletin, the CPA said the situation at Red Cross Children's Hospital, the central laundry in Pinelands, the Siyakhathala and Lindelani places of safety and the Paarl, Kraaifontein and Bellville roads department had returned to normal.

But the strike is being carried on by about 650 members of the Health Workers' Union at Groote Schuur, Mowbray Maternity, Valkenberg, Woodstock, Somerset, Conradie, Victoria and Brooklyn Chest hospitals.



Hospital strike keeps out TB babies

ARG. 22/7/92

ANDREA WEISS
Health Reporter

98

TWENTY babies with TB are among 70 patients waiting to be admitted to the strike-hit Brooklyn Chest Hospital — even though there are beds to accommodate them.

The hospital is the worst hit with about 50 percent of its general workers, all members of the Health Workers' Union, on strike.

Medical superintendent Dr Peter Morris said he had stopped admissions on July 9.

There were 20 babies waiting to be admitted. Four baby beds and 12 beds for older children were empty because of the strike. There were 70 patients waiting for admission and 70 beds vacant.

If 20 members of staff returned to work, the hospital would be able to admit 10 people a day to make up the backlog. At present, between 50 and 60 workers were on strike out of a staff complement of about 120.

Dr Morris said the strike had affected ward cleaning, the kitchens and the linen department.

The remaining staff were "all working flat-out, doing overtime and running scared," he said.

PATIENT POWER: TB patient Mr Patrick Phindela vacuums the floor of a ward at the Brooklyn Chest Hospital where 50 percent of general workers are on strike.

Picture: DOUG PITHEY, The Argus.

We don't give preference to hostel dwellers — Bara

STAR 22/7/92
Baragwanath Hospital yesterday categorically denied giving preference to hostel dwellers to fill positions of dismissed strikers or by using them as volunteers.

National Education, Health and Allied Workers' Union members claimed at a press conference on Monday that the hospital had recruited Soweto hostel dwellers and workers from Natal to fill jobs left vacant by dismissed striking workers.

Baragwanath superintendent Dr Chris van den Heever said rumours that the hospital was hiring hostel dwellers "could be part of



Dr Chris van den Heever ...
It's propaganda.

discreditation propaganda".

No specific efforts were made, said Dr van den Heever, to take on volunteers who lived in hostels. — Staff Reporter.

'Saving non-striker led to man's death'

98 CT 23/7/92

By GLYNNIS UNDERHILL

MURDERED Grootte Schuur clerk Mr Ivan Michaels could have become a target after he saved the life of a worker who was attacked by strikers on a train, according to a colleague.

Mr Arthur Farred, local chairman of the Public Service League (PSL), one of the oldest labour organisations at Grootte Schuur, said Mr Michaels had told him that he had been "coerced" to join the strike for a few days but he had returned to work.

"Grootte Schuur Hospital should not make a statement that his death might not have been strike-related. I am disappointed at the management's response to his death. After 18 years with the hospital, he was entitled to more than that," Mr Farred said.

Police are investigating a claim that strikers had burst into the medical records department where Mr Mi-

chaels worked to threaten his life a few days before he was killed.

Staff in the department downed tools this week until they are assured by management that safety measures would be taken, according to sources.

Hospital management responded yesterday to workers' allegations that it had shown a "cold and distant" attitude to Mr Michaels' death.

His "tragic death" had "deeply distressed" management, a statement said. "Police are investigating his death and management is, therefore, unable to comment on possible causes. Acutely aware of the difficulties experienced by some of our staff at stations and on trains, management has increased its efforts to address these problems."

A 60-year-old worker told the Cape Times yesterday that the gash on his forehead had been caused by a blow to the head by strikers.

Threatening pamphlet not ours — Nehawu

PRETORIA. — Two senior National Education, Health and Allied Workers' Union officials denied, before the Goldstone Commission, that an intimidatory pamphlet was issued by Nehawu, or that the union supported violence or intimidation.

Mr Justice Richard Goldstone said yesterday that the Transvaal Provincial Administration had shown the commission a pamphlet in Northern Sotho which claimed to have been published by Nehawu's Pietersburg branch. "The pamphlet contains unambiguous threats to take the lives of workers who do not participate in the hospital workers strike."

Nehawu general-secretary Mr Philip Dexter and the organiser of the Pietersburg branch, Mr C P Mahlo, told the commission that Nehawu "did not publish the pamphlet and that the letterhead on which it was typed did not come from a Nehawu office". — Sapa

R2-m clinic planned for Lenasia

A R2 million clinic is being planned for the Lenasia South-East Community Centre, the Central Witwatersrand Regional Services Council announced yesterday. (98)

At its monthly meeting the

CWRSC also discussed the acquisition of the Corobrik complex, situated near Lenasia. The complex would be used for centralised municipal activities, a library and another clinic, the CWRSC said. — Staff Reporter.

STAR 23/7/92

Sowetan 23/7/92

New clinic

A new clinic for Lenasia South-East costing R2 658 000 is to be incorporated in the town's new community centre, the Central Witwatersrand Regional Services Council said yesterday.

98

Rise in deaths

at Bara blamed on strike, strike

Staff Reporter

98

Thirteen patients died in a 24-hour period last week in the medical admission ward of Baragwanath Hospital, probably due to increased township violence combined with industrial action, hospital superintendent Dr Chris van den Heever said yesterday.

Under "normal circumstances", an average of three patients a day die in the ward.

The number of patients treated for bullet wounds had risen from 984 in 1987 to more than 2 000 last year, he said.

He described violence-related statistics at Baragwanath as "astronomical" and said 51 000 trauma patients were treated last year.

During the recent unrest, many patients with respiratory tract infections, diabetes and heart problems had delayed visiting the hospital "out of fear and apprehension".



Saying goodbye . . . little Zanele Khahleli (6) pays her last respects to her grandmother, Normgibelo, who was among the four Madikane and Khahleli family members buried at Avalon cemetery in Soweto yesterday after their home in Naledi Extension was petrol-bombed.

Picture: George Mashinini

Hospitals remain on alert TPA

131047 24/7/92

KATHRYN STRACHAN

THE hospital strike was over but hospital authorities would remain on guard until after August's general strike, TPA officials said yesterday.

TPA chief director, administrative services, Pieter van Niekerk said hospital services would be returned to normal only once the threat of a general strike was over.

The TPA had instructed hospitals not to fill beds so that they were prepared for another wave of protest action next month, Van Niekerk said. They would continue to operate on an emergency basis, discharging patients as soon as possible.

Almost 4 000 new appointments had been made to fill the positions left when about 7 500 strikers were dismissed, and a further 1 000 applications were being processed. The full quota would be made up once services had returned to normal.

Although general assistants were fired from 25 hospitals, the situation had normalised relatively quickly at most of the smaller hospitals in the province. Services at 11 larger hospitals remained affected.

National Education Health and Allied Workers' Union (Nehawu) secretary-general Philip Dexter said the TPA had not discussed the situation with the union. Nehawu would be part of the general strike, but staff would offer to work on a skeleton basis so that services would not be disrupted.

But Baragwanath Hospital superintendent Chris van den Heever said yesterday many patients, who normally came early for treatment, were afraid to go to the hospital during the strike.

"The result is that extremely ill medical and paediatric cases have been admitted lately, many with complications of respiratory tract infections, neglected diabetics and cardiac patients," he said.

Last week 13 patients died in a 24-hour period in the medical admission ward, compared with two to four cases under normal circumstances, he said.

Van den Heever said the hospital had been inundated with critically ill and seriously injured patients in cases directly related to township violence and the hospital strike.

Violence-related statistics at Baragwanath had soared, with more than 51 000 trauma patients treated in the past year, mostly with stab wounds, he said.

Intermediary

CHARLIE PRETZLIK reports that despair has fallen on Nehawu as it awaits a response from the TPA a week after the union attempted to enter into negotiations with the body through employers' association Saccola.

Last week Saccola sent a request from Nehawu to the TPA for the reinstatement of dismissed workers. A response had been expected on Monday. The move was an attempt to involve Saccola as an intermediary between the two parties.

Dexter said: "We've pursued all the avenues, but they won't even listen to big business.

"We just do not know what to do next," he said.

Murder: Unions 'not involved'

CF 247192
Staff Reporter

BOTH the National Education and the Health Workers' Union yesterday denied that any of their members were involved in the murder of Groote Schuur Hospital clerk Mr Ivan Michaels, who was thrown off a train last weekend.

And senior spokesmen for both unions said their unions were opposed to violence, and appealed for witnesses to the murder to report the matter to the police.

ARG 25/7/92
12 arrested
for hospital
sit-in demo

JOHANNESBURG. — Twelve people were arrested at Baragwanath Hospital in Soweto after they began a sit-in in the administration building.

A police spokesman said the 12 were charged with trespassing.

Baragwanath chief superintendent Dr Chris van den Heever said in a statement the protesters handed over a memorandum yesterday and said they would remain there until their demands were met.

The demands included Baragwanath management giving a written commitment to be active in the normalisation process, and immediate telephone communication with the Minister of Health, Dr Rina Venter, Transvaal Provincial Administration health services MEC Fanie Ferreira, and the Commission for Administration.

Dr Van den Heever said the memorandum was sent to the TPA.

He added that the management repeatedly pointed out the delegation should direct their demands to the level where they could be suitably addressed.

"After lengthy discussions an ultimatum was presented to vacate. The delegation refused to comply and were arrested."

Meanwhile, a group of nurses marched to the administration building at noon and were joined by dismissed workers who pushed their way through the gates. Police escorted them off the premises. — Sapa.

Bara to celebrate with congress

Medical Reporter (98)

Baragwanath Hospital, still gripped by continued strike action, plans to celebrate its 50th birthday on September 23 with a major international, multi-disciplinary congress.

At a press conference in Soweto yesterday, plans were unveiled for the hospital's 50th jubilee.

The congress aims at focusing world attention on the hospital's achievements as well as on what could be achieved in future at Baragwanath if it were given further support.

STAR 2417192
A large number of overseas speakers — all recognised leaders in their respective fields — are expected to attend the congress during November.

Baragwanath-trained specialist Dr Barry Krasner, now chairman of the department of anaesthesiology at the Fairview Hospital in Massachusetts, presented a cheque for R25 000 as well as a set of four infusion pumps valued at R10 000 each to Baragwanath, and also paid tribute to the hospital.

"I happened to work at Baragwanath in the 1970s and will always identify with Bara.

"It is one of the few hospitals, not only in Johannesburg but in the world, where you can get a thorough education," he said, adding that doctors trained at Baragwanath could work anywhere with confidence.

The programme for the "Bara 50 years on congress" consists of five parallel sessions, covering subjects from ICU and anaesthesia to surgery, obstetrics, gynaecology, cardiology, trauma, infectious diseases, Aids and many more.

The congress exhibition will be open to the public on November 7, when a small fee will be charged to raise funds.

98 25/7/92

Deans call for strike settlement

SEVEN university teaching hospital deans yesterday made an urgent appeal to authorities to take "whatever measures necessary" to settle the hospital strike as soon as possible.

In a statement the Co-ordinating Committee of Deans — which represents all seven medical schools in South Africa — said failure to resolve the strike immediately would "further deterioration in working relationships".

According to a CPA statement, large-scale intimidation took place at Conradie

Hospital yesterday and a deaf and mute mortuary worker was seriously assaulted on his way home from work on Thursday.

The CPA statement said Grootte Schuur had also reported constant intimidation of workers since the death of Mr Ivan Michaels, who was thrown off a train and killed last Friday. Mr Michaels' funeral is set for today.

Yesterday morning strikers at Central Laundry in Pinelands tried but failed to prevent workers entering the premises.

● So far all but 1 500 of the vacancies

created by the dismissal of 8 000 striking workers had been filled, the TPA said.

● The Regional Health Co-ordinating Committee for the Vaal Triangle will request the Minister of Health ensures that attention be given at high level to stabilise conditions in the area.

The committee said it is concerned about conditions in some of the townships, where health, sanitation and refuse workers were intimidated and prevented from carrying out their duties. — Staff Reporter, Sapa

Outcry over Vaal health services

STAR 27/7/92
CAPE TOWN — The degradation of health services in Vaal Triangle townships will not be allowed to continue, Minister of Health Dr Rina Venter said in a statement from Cape Town on Saturday.

Township violence, particularly in the Vaal Triangle, led to health hazards.

An urgent inquiry by the Department of National Health and Population Development showed that:

- The lack of refuse removal posed health hazards.
- The maintenance of an otherwise effective sewerage

98
system was being sabotaged by radical elements.

- Maintenance personnel were being intimidated.
- Health personnel were prevented from moving freely and essential immunisation could not be undertaken.
- Essential emergency medical services, such as transporting maternity patients, could not be rendered.

"These conditions cannot be tolerated. It is the Government's responsibility to ensure that basic health services are rendered uninterrupted," she said. — Sapa.



Warning . . . Dr Rina Venter.

Back Gluckman, doctors urged

Health Reporter

THE Medical Association of South Africa has called on doctors to support Dr Jonathan Gluckman whose life has been threatened following his disclosures about deaths in police custody.

Masa said it was most concerned about the deaths of people allegedly as a result of maltreatment while in police custody. It was also shocked to hear that Dr Gluckman had been threatened and could be harmed.

It encouraged "national medical associations, fellow doctors and the international community" to support doctors and their families whenever they were under threat.

Masa reaffirmed its support of the Declaration of Tokyo which demanded that all doctors maintain the "utmost respect" for human life.

The declaration states that doctors "shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures".

Masa also added its voice to the call for an independent commission of inquiry.

It said Dr Gluckman was a respected member who had been the driving force behind its investigation into the medical care of prisoners and detainees.

APG 28/7/92

98



Stayaway: CPA has 'contingency plans'

CT 28/7/92

THE Cape Provincial Administration is working on contingency plans for health services during the stayaway called by Cosatu for Monday and Tuesday.

A CPA spokeswoman said steps to be taken to minimise the effects of the stayaway would be announced later this week.

The National Education, Health and Allied Workers Union (Nehawu) said yesterday it was committed to maintaining emergency services during the stayaway.

Almost 600 members of the Health Workers' Union are still on strike at eight Cape Peninsula hospitals.

Volunteers fill Soweto health care gap

By Paula Fray
Medical Reporter

Volunteer medical workers have given up their free time to run an emergency clinic in Kliptown to cope with the growing number of people unable to afford basic medical care.

The clinic, started by the Society of St Vincent de Paul, has been running for only two Sundays, but long queues have already started forming after news filtered through the

township by word of mouth.

The Catholic society, which normally distributes food to the poor, hopes to bring spiritual and physical upliftment to those who need it most.

The society's Victory Park branch, which usually distributes food in Meadowlands, Orlando East and Kliptown, started the clinic after it saw a dire need for basic health care — not just basic foods.

"There is an incredible need for the service," says Simon Gore, who helped found the clinic. "This is the second week we've been running it

and the queues have just doubled. If we had the facilities we would run a double clinic."

Two doctors and 12 nurses have volunteered their services.

Barbara Harris, chairman of the Eldorado Park branch of the society, ascribes the increasing numbers of people seeking help to growing unemployment and the continuing hospital strike.

Inside the Kliptown clinic, a table covered with a blanket serves as an examining bed. There are a doctor and three nurses — all volunteers work-

ing on their days off.

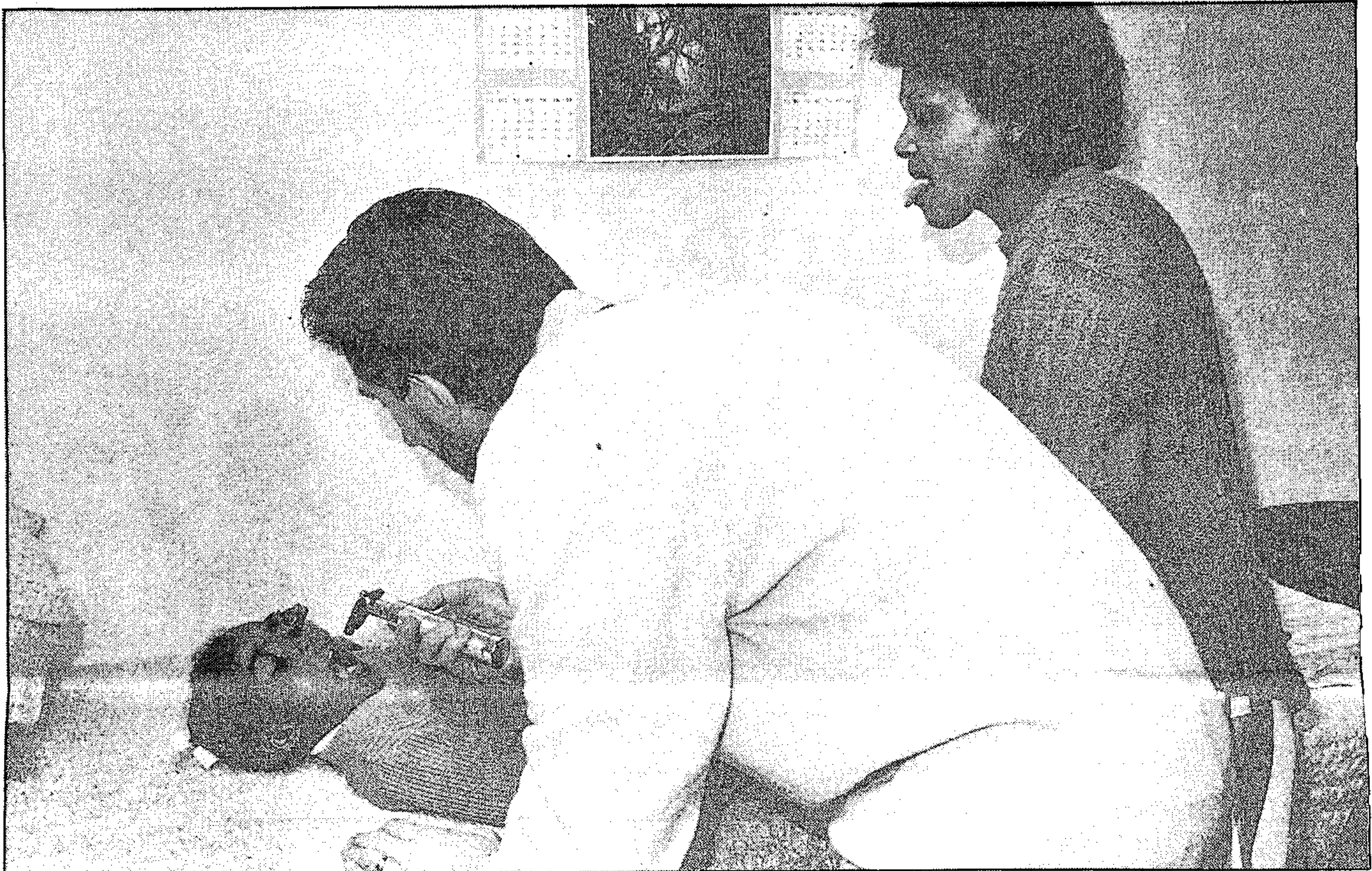
According to the doctor, who cannot be named as he is in private practice, ailments range from injuries to flu, bronchitis and worms. Only 30 families arrived on the first Sunday. Yesterday, about 80 families waited patiently for medical care. No fees are charged, in line with the society's constitution.

"So far we've managed with the medicines, but if we continue the way we have, we are going to run out," said the doctor. He has spent three years

working at a mission in Swaziland, and described the work in Kliptown as rewarding but also frustrating in view of the large number of people who needed help.

Medical disposables and financial help are two of their needs. If the project takes off, the society would like to set up clinics at other feeding points, as well as go into the people's homes.

Anyone who can help the clinic should telephone Dolores Hubbard at (011) 888-3818 after 3.30 pm.



Say aaah . . . a mother encourages her child to co-operate with a volunteer doctor conducting a check-up at the emergency clinic in Kliptown. [Picture: Stephen Davimes]

Crisis plan for Vaal

By Stan Hlophe 30/7/92

Emergency plans would be made to address the health crisis caused by the collapse of services in the Vaal Triangle, the Vaal Negotiating Forum (VNF) announced at a Sebokeng meeting yesterday.

The VNF — which has representatives of the TPA, the Vaal Civic Association, Consultative Business Movement and township administrators — agreed work would begin to repair sewage pipes, a task force would escort municipal workers, and security forces would be asked to withdraw.

A mediator would be appointed to settle disputes and a multiparty forum would look at long-term solutions to security and political issues.

New protests threaten TPA hospitals

JOHANNESBURG. — Pending legal action threatens the Transvaal Provincial Administration's claim on Tuesday that the hospital strikes in the province have ended.

Efforts to reinstate dismissed workers were intensifying yesterday as various organisations warned the TPA that Transvaal hospitals would be made ungovernable by protest actions beginning next week.

An attorney representing the National Education, Health and Allied Workers' Union said yesterday that application for an order to reinstate five dismissed workers could be filed as a test case in the Supreme Court early next week.

She said they believed the 7 000 hospital worker dismissals in the Transvaal were unlawful.

SA Health and Social Services Or-

ganisation spokesman Dr Aslam Dasoo said yesterday his organisation, along with Nehawu, Cosatu and the Civic Associations of the Southern Transvaal, would disrupt hospital administrations.

He was reacting to the government's refusal to re-enter into negotiations with Nehawu.

Dr Dasoo said his organisation would reconsider its position if the government agreed to negotiate.

Protest actions yesterday spread to private hospitals.

A march on the private Park Lane Clinic here was planned for this morning, said Nehawu assistant general secretary Mr Neal Thobejane.

Meanwhile, Transvaal Health Services MEC Mr Fanie Ferreira said the TPA was prepared to consider re-employing dismissed workers on merit, depending on vacancies. — Sapa

Nehawu threat of new hospital strike

CF 29/7/92 (98) (102)

THE National Education, Health and Allied Workers' Union (Nehawu) could go back on strike at Cape provincial hospitals today if the government fails to agree to mediation by lunchtime.

Nehawu members will meet this morning to discuss possible strike action, according to regional chairman Mr Wilfred Alcock.

The Health Worker's Union was still on strike at the hospitals yesterday.

A spokesman for the HWU said that the strikers would wait until after the national stayaway next week before meeting to decide on future steps.

General workers at eight Peninsula hospitals, including Groote Schuur, were still on strike yesterday, according to the Cape Provincial Administration.

The CPA reported no incidents at local hospitals yesterday in its daily bulletin.

More than 70 HWU workers are on strike at the central laundry in Pine-lands but the services have not been badly disrupted, according to the CPA.

● Serious intimidation was preventing Witbank Hospital nurses from working, the Transvaal Provincial Administration said yesterday.

Witbank Hospital reported last week that at times "less than 10%" of the black nursing staff had turned up for duty.

The TPA considered the hospital strike over but still wished to negotiate with the unions to conclude formal agreements, said the MEC for health services, Mr Fanie Ferreira.

Union to hit 'white' premises

981822 CT 30/7/92
Staff Reporter

PRIVATE hospitals, clinics, old age homes, creches and other places used predominantly by "whites" are being targeted for disruption by the National Education Health and Workers' Union (Nehawu). This follows failed talks between the government and Nehawu yesterday.

Nehawu suspended its strike action nearly two weeks ago. However, about 698 Health Worker's Union (HWU) members are still on strike at Peninsula hospitals.

The new Nehawu strategy, unveiled at a Salt River press conference after the noon deadline to the government expired yesterday, had left "no alternative but to take our action into the white community", said Nehawu general-secretary Mr Phillip Dexter.

The action would include sit-ins and occupation of premises and would continue until the union demands were met. "We are not saying where things will go," he said.

The union has demanded the reinstatement of 8 000 workers sacked in the recent three-week hospital strike and to meet the 1990 demands for a minimum R1 100 wage, permanent status for all workers with benefits and the amendment of the Labour Relations Act to include all workers.

The private City Park Hospital, which permitted a Groote Schuur Hospital heart transplant team to perform an operation during the strike, was among the first targets yesterday.

Mr Dexter led a 10-strong delegation to City Park and handed a memorandum with the union demands to the manager, Mr Alan Matthews.

Mr Dexter said Mr Matthews had agreed to forward the demands to the hospital's head office in Johannesburg.

At the private Vincent Pallotti Hospital, management faxed a letter to the State President's Office endorsing the union's demands after 10 Nehawu workers staged a sit-in, said hospital manager Mr Tim England.

A demonstration was also held at the Highlands Park Home for the Aged.

The change in tactics, supported by Cosatu and the Dispensing Family Practitioners' Association, was because of the union belief that the state had ignored worker grievances and the plight of patients in state hospitals because they were black, said Nehawu Western Cape regional secretary Mr Wilfred Alcock.

● See John Scott's column — Page 6

Non-striker's home hit: Baby dies

PRETORIA. — A Garankuwa Hospital staff member's baby died yesterday of injuries suffered when her home was petrol-bombed, the Transvaal Provincial Administration said.

The woman, who doesn't belong to the National Education, Health and Allied Workers' Union, severely burnt her hands as she tried to save her two children from the blaze, said TPA administrative services chief director Mr P W van Niekerk. He did not say when this occurred.

"Intimidation in the residential area near the Medunsa dental hospital is very serious," he said. "People are pulled from buses at bus stops and threatened."

On Tuesday night, nursing students at Garankuwa Hospital set alight the curtains of the security guards' sleeping quarters, he said. — Sapa

for the group's mail order products return to the previous excellent compounded growth."

Funds to air asset stripping fears

CAPE TOWN — Greater obstacles were likely to be raised against asset stripping of pension funds by those companies involved in mergers and takeovers when the Financial Institutions Amendment Act was implemented later this year or early next year,

31/07/92
LINDA ENSOR

Southern Life employee benefits GM Roy Lennox said yesterday.

Any transfer of retirement funds' business would have to satisfy the Registrar that it was reasonable and equitable and that it recognised the rights and reasonable benefit expectations of beneficiaries.

However "reasonable benefit expectations" needed further clarification, said Lennox.

Other changes included heavier penalties of as much as R2 000 for late payment of contributions and a fine of R2 000 multiplied by the number of members of funds in cases of failure to pay over contributions to the fund.

Lennox said in a statement Southern Life welcomed the principle of protecting fund members in the legislation.

However, he expressed concern over the power given to the authorities to make arbitrary decisions on matters such as the waiving of statutory reporting requirements for exempt funds.

The Act has passed

through Parliament but the effective date has not been announced and regulations still have to be finalised.

Southern Life was concerned the changes would probably result in higher costs to the industry and to fund members.

The Act would also have a major impact on underwritten retirement funds which enjoyed exemptions from several provisions of the Pension Funds Act.

The administration of these funds was likely to become more costly as a result of the more detailed reporting requirements, the need for the insurer to comply with the Registrar's requirements for administrators, the need to revise existing standard rules and the possible increased costs of fund registration where non-standard rules were used.

Lennox said discussions between the industry and the Financial Services Board indicated that the regulations to the Pension Fund Act would incorporate details of "model rules". The board was promoting standard rules in an attempt to reduce the burden on its own staff.

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Medi-Clinic outlook bright

LINDA ENSOR

CAPE TOWN — Rembrandt's hospital group Medi-Clinic was on track for a good financial year to end-March 1993 and would see a further improvement in earnings, chairman Prof Jan de Villiers said after the AGM yesterday.

The group was quite happy with its performance and while there had been a slight drop in occupancy levels, this had only been in the order of 1%, he said

Depending on geographic area, occupancies were running at between 60%-75%.

De Villiers said all the group's projects were on schedule. The latest hospital built, the Stellenbosch Medi-Clinic, had accepted its first patients in April and its performance had exceeded expectations.

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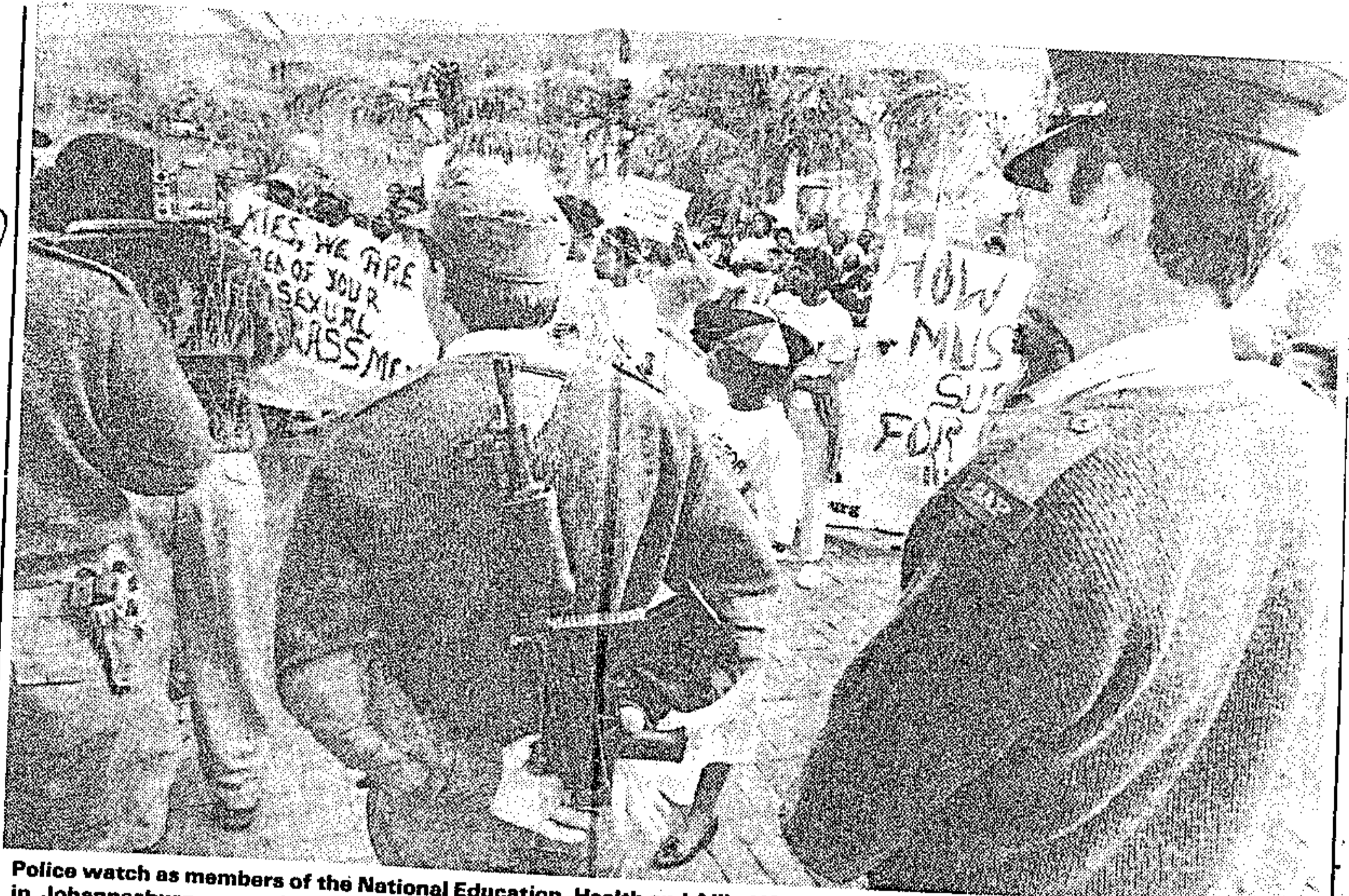
Medi-Clinic outlook bright

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Police watch as members of the National Education, Health and Allied Workers' Union protest outside the Park Lane Clinic in Johannesburg yesterday. The clinic was one of six private institutions whose workers joined the hospital strike yesterday.

Picture: ROBERT BOTHA

Protests stop schooling

KATHRYN STRACHAN

SCHOOLING in Soweto and Alexandra came to a halt yesterday as teachers protested against the dismissal of a colleague. *BIDAY*

Department of Education and Training (DET) spokesman Sol Mashokoa said almost all of the 68 high schools in the region were affected. *31/7/92*

An SA Democratic Teachers' Union (Sadtu) spokesman said more than 3 000 teachers and thousands of pupils protested.

The DET said it was not responsible for dismissals at state-aided schools.

Jo'burg clinic workers join hospital strike

KATHRYN STRACHAN

Nehawu assistant general secretary Neal Thobejane said the union had targeted private hospitals because the strike, until yesterday, had affected only the black community.

The private sector strike also showed the union had the resources to bring health services to a standstill.

Anderson said the six clinics were left with only skeleton staff, but services had been kept running with the help of volunteers. He said it was unacceptable for the union to bring its political frustrations into the sensitive arena of health.

TPA MEC for health services Fanie Ferreira said yesterday the workforce at state hospitals could be cut if a TPA investigation found there were more workers than necessary. Fewer numbers would allow hospitals to set higher wages.

Sapa reports at least three health workers have been admitted to hospital after assaults and intimidation, which were still taking place on hospital premises and in residential areas, the Transvaal Provincial Administration said yesterday.

Meanwhile, the TPA announced that a minimum salary of R708,50 a month for employees in rural areas and R783,50 in certain urban areas would come into effect on August 1.

WORKERS at six private hospitals in Johannesburg joined the two-month-long National Education, Health and Allied Workers' Union (Nehawu) strike yesterday.

The general assistants began their strike by marching on the Park Lane Clinic yesterday morning. A group of six union officials handed a list of grievances to the management of Clinic Holdings — which controls the six private hospitals.

However, our Cape Town correspondent reports that Nehawu's plan to disrupt private clinics in that city fizzled out yesterday with no institutions reporting buildings occupied, demonstrations or sit-ins, despite an announced campaign.

About 600 health workers' union members are still on strike at Groote Schuur, Mowbray Maternity, Valkenberg, Woodstock, Somerset, Conradie, Victoria, and Brooklyn Chest hospitals and the Central Laundry in Pinelands.

In Johannesburg, Nehawu officials occupied the Park Lane Clinic until Clinic Holdings director Graham Anderson agreed to fax the memorandum to the Department of Manpower, as a symbol of the private sector's support for the union's demand that 7 500 dismissed workers be reinstated. Anderson said later he had added a covering letter dissociating the company from the memorandum.

aging
nts Limited

Last night the committee called for an immediate public inquiry into

Strike war: 3 more hurt

PRETORIA. — At least three health workers have been admitted to hospital following assaults and intimidation, the Transvaal Provincial Administration said yesterday.

A newly-appointed worker was being treated in Johannesburg Hospital after being attacked on a train.

Another two hospital workers were admitted after a group of five workers had assaulted them outside the premises.

And six J G Strijdom Hospital workers were also attacked.

● The TPA announced yesterday that a minimum salary of R708,50 per month for employees in rural areas and R783,50 in certain urban areas would come into effect tomorrow. — Sapa



Picture: Leon Muller, the Argus

PAY UP: Members of the Health Workers Union and their families occupied the administration block of Groote Schuur Hospital because they were not paid.

98 120 ARG 31/7/92

Strikers stage sit-in at Groote Schuur

ANDREA WEISS
Health Reporter

ABOUT 150 Health Workers Union members and their families occupied the administration block of Groote Schuur Hospital today because they had not been paid.

The Health Workers Union has been on strike since June 24 and the Cape Provincial Administration has adopted a policy of "no work, no pay".

Chief medical superintendent Dr Jocelyn Kane-Berman said the strikers, some accompanied by toddlers, moved into the administration block soon after 6am when cleaners opened the building. They took the doors off the hinges, making it impossible to lock the block.

Secretarial staff had asked to be allowed to leave the building because they were frightened.

A worker said similar actions were planned for Somerset, Woodstock, Victoria, Brooklyn Chest and Conradie hospitals as well as the central laundry in Pinelands. Valkenberg workers were due to join the Groote Schuur Hospital workers today.

"Strike action is one thing, but disruption to this extent is unacceptable. The last measure on our side would be to lay a trespass charge and call the police. We do not wish to do that but we can't allow this to continue," Dr Kane-Berman

Union's hospital strategy fizzles

CT 3/7/92
98

HEALTH authorities at private sector institutions "frequented by whites" which have been targeted for occupation by health workers have hit out at the union for attempting to disrupt health services in the hospital dispute.

The new strategy by the National Education Health and Workers' Union (Nehawu) to disrupt private institutions fizzled in Cape Town yesterday.

Mr Alan Matthews, manager of the private City Park Hospital which was targeted on Wednesday, said there had been no incidents yesterday.

"I'm not at all happy with Nehawu members targeting private hospitals and disrupting the running of the hospital," he said.

Mr Tim England, manager of the private Vincent Pallotti Hospital, said after 10 Nehawu workers had staged a sit-in on Wednesday that he was concerned that private hospitals had been targeted. Contingency plans would be used.

About 600 Health Workers Union members are still on strike at Groote Schuur, Mowbray Maternity, Valkenberg, Woodstock, Somerset, Conradie, Victoria and Brooklyn Chest hospitals and the Central Laundry in Pinelands.

● Sapa reports that workers at six private hospitals in Johannesburg joined the Nehawu strike yesterday.

Union rules out hospital emergency services

98
ARG 1/8/92

**SHARON SOROUR
and DENNIS CRUYWAGEN**

Weekend Argus Reporters

HEALTH workers' union Nehawu has called on all its members to join the mass stayaway next week.

Union branch chairman Mr Wilfred Alcock told workers taking part in a march through the city centre to Parliament that emergency services would not be provided at provincial hospitals because agreement on the matter could not be reached with the Cape Provincial Administration.

He said the CPA had refused to discuss union proposals to allow health workers in essential services like intensive-care units to wear special "stickers" for identification purposes.

"So, if any single patient dies in hospital on Monday, it will be the responsibility of the CPA," he said.

Lunchtime traffic was brought to a standstill yesterday when marchers sat down in the middle

of Adderley, Plein and Darling streets.

ANC regional secretary Mr Tony Yengeni, who led the march, warned the media not to side with the government, but with "the victims of violence and oppression".

He said people would have no option but to boycott "some newspapers" for unfair coverage.

Mr Yengeni also warned security forces to "stop killing our people or we will have no option but to convene trials to make them accountable for their actions".

SA Communist Party regional secretary Mr Lizo Nkonki told the marchers that "at some stage, we will have to come and occupy this Parliament".

He said the marchers were there to show President De Klerk and his government that "although they have the army and the police, we have the people".

In a memorandum addressed to President De Klerk, accepted on behalf of the Commission for Administration by Lieutenant L J Krause, Nehawu demanded that Mr De Klerk intervene in the dispute to reinstate dismissed Transvaal and Free State workers and take outstanding issues to mediation.

The union also demanded that Mr De Klerk "take steps to ensure that the corruption and theft by the National Party apparatchiks ends".

■ At a march by University of Cape Town students, a memorandum was handed to Captain F Hitchcock outside Groote Schuur Estate following a march from campus yesterday.

In the document, UCT staff, workers, and students demanded an end to minority rule.

■ Weekend Argus Reporter TED MAGILL reports that the South African Health and Social Services Organisation has called on all health and social workers to observe next week's stayaway and operate only essential services.

The organisation called on all private health and social service practitioners to close their practices for four hours in solidarity with the nationwide action for peace and democracy.

Health and social service workers were also encouraged to take part in the occupation of cities and government administration offices in solidarity with their dismissed colleagues and to demand their immediate and unconditional reinstatement.

Baragwanath: getting laurels despite odds

Sowetan 3/8/92

HUMBLE ORIGINS

Starting as a small military infirmary, Africa's largest hospital celebrates 50 years:

By Tsale Makam

98

IN SPITE of the sorry state of health services in many of South Africa's hospitals due to strikes, Baragwanath Hospital in Soweto is making the grade.

Celebrating its 50th anniversary this year, this legendary hospital has, against all odds, held its own among the world's more sophisticated first world health institutions.

Since 1985 Baragwanath has gone through four strikes, including the current one ravaging the country's hospitals.

The present strike has not made things better for the already hardened "mother of all hospitals" in the southern hemisphere.

But the institution has gone through some of the worst incidents, some of which left it almost crippled.

About 50 security guards and some nursing personnel were arrested in 1988 for stealing drugs and equipment from the hospital.

In the same year hospital authorities took the TPA to court for allegedly neglecting the hospital.

To rub salt into the wounds, the hospital made headlines again when doctors signed a petition complaining about overcrowding at the institution.

This case ended in the Rand Supreme Court when a doctor accused hospital authorities of "refusing to promote her to a senior position because of the petition".

In 1988 the hospital set a medical record when a team of specialists, led by Professor Robert Lipschitz from the University of the Witwatersrand, successfully separated the world-famous Mathibela twins, Mpho and Mphonyana, in South Africa's historic operation.

The first of the three-stage operation on the Siamese twins - born to Klerksdorp domestic servant Sophie Mathibela - was carried out in October 1987.

World attention was again on the hospital in May 1988 during the successful final operation to separate the twins.

Baragwanath's history dates back to 1939 when it was established as barracks for Commonwealth soldiers during World War 2. Later it was turned into a tuberculosis unit to treat ailing soldiers.

In 1942 the South African Government bought the military hospital and renamed it Baragwanath.

At the time the whites-only Johannesburg Hospital was relieved of the "black section" when the section was relocated to Baragwanath.

Today, a two-year-old boy is in the hospital's Intensive Care Unit awaiting a sex-change operation.

The boy, Nhlanhla Mkhwanazi, had his genitals severed and other parts of his body mutilated in what is believed to be a muti attack in Soweto.

This has once more cast the spotlight on the hospital.

The complexity of the staff and the departments are equipped to deal with the most complicated and bizarre cases handled almost daily by the institution.

In such cases Baragwanath's social work department has to advise families of victims how to cope with various mind-boggling situations.

Ms Seugnet van Niekerk, Baragwanath's spokesman, points out: "The commonest cases the social department deals with are rapes, abandoned children, child abuse, incest and patients



Baragwanath in the background, strikers below and policemen watching on the bridge

trying to reach their families."

The department of medicine is divided into nine units, surgery has three departments, there are the obstetrics and gynaecology department, radiology, allied medical services, medical technicians, food and services and others.

"If you have seen duty at Baragwanath Hospital then you can work anywhere in the world."

This is what Professor Barry Krasner of Wits University says of this hospital, which is Africa's biggest.

Baragwanath, which is situated in Diepkloof, Soweto, boasts, among black people, the names of Winnie Mandela, who became the first black to be employed as a medical social worker at the hospital.

Some of today's outstanding medical men such as Dr Nthato Motlana, now head of Lesedi Clinic; Dr Joe Jivhuho, of the South African Boxing Board of Control; and Dr Jiyane Mbere, a leading gynaecologist, served their internships at Baragwanath.

Chicago University's head of the department of pathology Professor L Ackerman also worked at Baragwanath for six months when he visited South Africa.

Baragwanath Chief Superintendent Dr Chris van den Heever said: "When it first opened in 1948 Bara had 300 beds.

"Today it has 3 300 beds and its staff numbers 10 000."

Baragwanath's congress runs from today until Friday at the National Exhibition Centre, south west of Johannesburg.

From barracks to Bara

- Built as a British military barracks during World War II.
- Turned into a hospital for soldiers with TB.
- Turned into a black hospital in 1942.
- Admits more than 500 patients a day.
- Has 3 300 beds and a staff complement of 10 000.
- Treats 3 500 patients in the casualty and out-patients departments a day.
- More than 6 500 a day treated at satellite clinics.
- Performs 120 operations a day.
- Delivers more than 90 babies a day.
- Administers more than 130 units of blood a day.
- Takes more than 2 000 X-rays a day.
- Trains more than half of the medical staff at Wits University.

Volks Hospital for city council

Municipal Reporter ⁹⁸

THE city council has been asked to take over Volks Hospital as part of a plan to turn State hospitals into non-profit "community-operated facilities". *AKG 11/8/92*

Medical officer of health Dr Michael Popkiss said it seemed the State wanted to establish a "third way" between the high costs to patients of private hospitalisation, and the high costs to the State of public facilities.

Hospitals handed over to local authorities would be run "in competition with the private sector but not at a profit," Dr Popkiss said.

11 500 jobs to go as BP losses grow

LONDON. — British Petroleum had its darkest day for decades as it cut its dividend for the first time since World War 1, reported a substantial first-half loss and said it was cutting 11 500 jobs.

The loss and redundancies were the result of a cost-cutting and asset sales programme, for which the company made an exceptional charge of \$1 billion (\$5,3 billion).

The charge transformed a second-quarter net profit of \$107 million (\$567 million) into an unprecedented \$812 million (\$4 303 million) net loss. The first-half loss was \$717 million (\$3 800 million) compared with an \$334 million (\$4 420 million) profit in the 1991 period.

The second-quarter dividend was halved to 2,1p (11,1c). BP's shares fell 10p (53c) to 196p (R10,39) yesterday.

Last clue today to win R20 000

TODAY the last clue for The Argus/Steers R20 000 in cash Stick-a-Pic competition is on page 7. Clues from last Monday and Tuesday are also reprinted on that page so those who failed to get their copies of The Argus on those days, as a result of distribution difficulties

Ramaphosa warns of more mass action

The Argus Correspondent DUBBAN. — ANC secretary-general Mr Cyril Ramaphosa has warned that South Africa would face another lap of "rolling mass action" unless the government heeded the call for an interim government, constituent assembly and embarked on constructive steps to end violence.

Speaking during a visit to Empanjeni, Mr Ramaphosa indicated that this week's mass action campaign, "which has successfully brought this country to a standstill", would be taken further unless demands were met.

He was reacting to President De Klerk's announcement on Wednesday that he was prepared to resume talks.

Addressing more than 70 000 ANC supporters who marched to the Union Buildings in Pretoria on Wednesday, Mr De Klerk said there was an urgent need for negotiations to be resumed.

"I am prepared to sit down tomorrow," he said.

The naked truth?

DIXON (Illinois). — A prisoner is suing for what he says is his freedom under the First Amendment to worship in the nude. The lawsuit by Mr Jesse Loden asks for \$3-million from the Illinois Department of Corrections and from 13 people who work at the Dixon Prison. — Sapa-AP.

However, Mr Ramaphosa threw the ball back into the government's court yesterday, saying that any new talks would depend on the government response to ANC demands.

"We will talk to Mr De Klerk only when he is ready to give us our freedom", said Mr Ramaphosa.

Recent reports indicated that the government, the ANC and the IFP might meet under the auspices of the National Peace Commission to discuss violence.

Also speaking at Empanjeni yesterday, the secretary-general of Cosatu, Mr Jay Naidoo, said organised labour would continue to support the ANC demands.

Expressing Cosatu support for continuing mass action, Mr Naidoo said that being voteless, the black people had no other means to express political aspirations.

SA Communist Party general-secretary Mr Chris Hanani told cheering residents at Esikhawini township that democratic elections would soon be held and they should mobilise numbers to ensure a democratic government.

Mr Hanani and Mr Naidoo were accompanying Mr Ramaphosa on a fact-finding mission to investigate the killing of 11 people in Esikhawini on Sunday night.

Health strikers take over office

SHARON SOROUR, Labour Reporter **REPORT 7/8/92**
ABOUT 60 striking members of the Health Workers' Union occupied the manager's office at the hospital central laundry in Pinelands today.

The strikers occupied the Cape Provincial Administration premises at 8am, according to union shop steward Mr Isaac Ngame. Police monitored proceedings.

Mr Ngame said they were demanding that management open the staff tearoom to allow the strikers to hold a meeting.

About 80 of the workforce of 309 have been on strike at the laundry for about seven weeks. Mr Ngame said management locked the tearoom because they said it had been damaged by the strikers.

"This is not true. We asked the manager to show us what damage had been caused, but he refused," said Mr Ngame.

At 10am the group was still in the manager's office, singing and chanting, while police, management and union officials negotiated.

Police vehicles were on the premises but the atmosphere was calm.

Non-strikers and workers from other Cape Provincial Administration institutions carried on working. Mr Ngame said strikers would not interfere with non-strikers.

About 20 singing and chanting strikers stood outside the building. They said they would occupy the office until their demands were met.

The Health Workers' Union is demanding permanent status for all workers, a R724 minimum monthly wage and a 15,3 percent increase. The manager refused to comment.

● See page 7.

End of road for chauffeur

NICE. — Police have arrested the chauffeur of a Franco-Lebanese millionaire on charges of stealing four paintings — by Matisse, Degas and Modigliani — from his employer's French Riviera home. Together valued at R100-million, they were snatched a week ago. — Sapa-Reuter.

Union 'acts on intimidation'

A HOSPITAL strike leader said yesterday action had been taken against union members guilty of intimidation.

Mr Philip Dexter, general-secretary of the National Education Health and Allied Workers Union, also told the Cape Town Press Club that strikers had offered to maintain emergency services, but this had been rejected by the Transvaal and OFS provincial administrations.

However, Cape officials had been "very constructive".



Hospital strike death to ARG 8/8/92 be probed

**ANDREA WEISS and
SHARON SOROUR**
Weekend Argus Reporters

THE Goldstone Commission will hear evidence on the death of Groote Schuur Hospital worker Mr Ivan Michaels, whose body was found next to the railway line in Philippi at the height of the hospital strike.

This was revealed by National Education, Health and Allied Workers' Union (Nehawu) general secretary Mr Phillip Dexter at a Press Club lunch yesterday.

But Mr Dexter added "no member of our organisation had anything to do with that incident".

Mr Michaels, from Mitchell's Plain, had worked in the records department at Groote Schuur Hospital for 18 years.

Referring to an alleged attack on a Red Cross Children's Hospital worker, Mr Dexter said the worker had not been physically attacked. He said he had been taken outside and given his bus fare in a "symbolic dismissal".

He said the worker, who had a Standard 6 qualification, had been promoted to a post for which there had been 14 other applicants, one of whom had a degree in public administration. This had angered workers who perceived his appointment as unfair as the applicant with the degree was black and a union member.

Mr Dexter said in cases where union members were found to be guilty of intimidation, disciplinary action would be taken.

The strike had raised public awareness of the "medieval conditions of employment" in the public sector.

The problems highlighted by the strike would be solved only once the Labour Relations Act was extended to the public sector. Referring to Health Minister Dr Rina Venter's threat to ban strikes in essential services, he said: "Only in South Africa could one ban what is already illegal."



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Constable shot in legs outside police station

ARG 11/8/92



JOHANNESBURG. — A policeman was shot in both legs by an AK-47 rifle as he got out of a Caspir at Sharpeville police station in the Vaal Triangle.

Constable Jan Appelgryn, 20, from the northern Cape, was wounded in both legs above the knees and was admitted to Medi-City Clinic in Vereeniging, where his condition was described as "stable".

Witwatersrand police spokesman Major Henriette Bester said Constable Appelgryn was attacked "out of the dark". The gunman fled.

"Certain organisations have propagated, admitted and approved attacks on the police in the media and in public," she said.

"In view of the increasing number of attacks on the police, the possible involvement of these organisations will be investigated."

Major Bester said that despite numerous attacks, the morale of the police was excellent and they were getting wide support for their presence in the townships.

● Shots were fired and petrol bombs thrown at two farms near Elliot in the north-eastern Cape yesterday, police said.

Liaison officer Captain Henry Chalmers blamed the attacks on the Azan-

ian People's Liberation Army (Apla) which is the armed wing of the Pan Africanist Congress.

Mr Ernie Cooper, 66, of the farm Clutha, said he was woken shortly after midnight by three shots.

He told his wife to telephone the police, but things were quiet after the initial shots.

He said the gunmen set alight his barn and the fire destroyed 1 300 bales of lucerne.

"It was a horrible experience. We didn't know which direction the shots came from," said Mr Cooper.

Captain Chalmers said two petrol bombs had also been thrown at the house, one of which ignited.

The other farm, Cluny, which is 3km from Mr Cooper's farm, was attacked soon afterwards.

Mr N J de Klerk, 55, and his wife were also woken by gunshots. Mrs De Klerk returned fire from a window and the assailants fled.

Captain Chalmers said four petrol bombs had been thrown, two of which had ignited. An unexploded grenade was also found.

A PAC spokesman said all inquiries in connection with Apla should be directed to its headquarters in Dar-es-Salaam, Tanzania, but Apla spokesmen there could not be reached for comment. — Sapa.

Armed group trap nurses for hours

98

ARG 11/8/92

The Argus Correspondent

JOHANNESBURG. — Tembisa Hospital nurses were trapped inside the building for several hours when a group of men and women with sticks and sjamboks dared them to "come out".

The group were believed to be dismissed hospital employees who assaulted nurses on Friday.

"We are not going to leave until they come out. We will have to sleep here if necessary", some members of the group were heard to say.

According to reports the group assembled outside the hospital as early as 8am.

Most nurses have not worn uniforms to and from the hospital since last week.

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'Legitimate grievances' behind hospital strike

SHARON SOROUR
Labour Reporter

HEALTH authorities have questioned the morality of the hospital strike but have failed to amend legislation to address legitimate grievances of workers, says Mr Cedric de Beer of the Centre for Health Policy at the University of the Witwatersrand.

Authorities who denied hospital staff the right to strike as a last resort should, in return, show particular sensitivity to their demands, Mr De Beer said in an article in *People Dynamics*.

The hospital strike had raised the question of the legitimacy of strikes by those providing essential services.

However, Mr De Beer said the consequences of denying rights in the health service were worse than dealing with the occasional strike.

Legitimate grievances were at issue: unskilled hospital workers earned "a pittance" and employees with many years' service were categorised as "temporary employees".

He added: "Two years ago, a similar strike ended with a commitment from the Transvaal Provincial Administration (TPA) to negotiate these issues. If this commitment had been enthusiastically implemented, the present impasse might have been avoided."

Instead, the union was now told that workers would be treated "as if" they were permanent, but a formal change in status required an Act of Parliament. The authorities therefore acknowledged the legitimacy of the grievance yet had not used the time between strikes to amend the legislation.

98 (92) ARG 13/8/92

700 workers still striking

Labour Reporter

168 98

APC 12/8/92

MORE than 700 health workers are still on strike at Peninsula hospitals.

At least 10 provincial hospitals are affected.

Almost half the workforce — 138 employees — were on strike at the Central Laundry in Pinelands which served the hospitals, the Cape Provincial Administration said.

Union general secretary Mr Dale Forbes said emergency services were being provided at Khayelitsha Day Hospital and the Brooklyn Chest Hospital.

He said that union negotiators were holding talks with the CPA in an attempt to end the strike.

100 demonstrate outside hospital

CT 14/8/92

98
158

JOHANNESBURG. — More than 100 people demonstrated outside Hillbrow Hospital here for two hours yesterday demanding that the superintendent explain an assault on striking Nehawu members by hospital workers on Wednesday.

Dr Trevor Frankish, however, did not go out to address the National Education Health and Allied Workers' Union protesters. Deputy superintendent Dr J Norman Smith said Dr Frankish did not know what the protesters wanted him to do so.

On Wednesday, a group of Nehawu members were attacked outside the hospital by workers who, according to Dr Frankish, had had enough of intimidation and attacks after two staff members were stabbed while on their way to work. Nehawu has denied its members were responsible for the stabbings.

● Various aid measures were available for the more than 7 000 dismissed hospital workers in the Transvaal who could not be reinstated because the vacancies had already been filled, Minister of Health Dr Rina Venter said yesterday. — Sapa

Medunsa call for FW's help

ET 14/8/94
PRETORIA. — President F W de Klerk has been asked to intervene in a labour dispute that has led to the dismissal of more than 1 000 workers from Garankuwa Hospital near here.

The appeal was made by Professor Thibedi Mokgokong, vice-chancellor of the Medical University of Southern Africa (Medunsa), after the university's negotiations with the Transvaal Provincial Administration deadlocked with the TPA's refusal yesterday to reinstate the workers.

Professor Mokgokong said the crisis at Garankuwa was affecting Medunsa's academic programme. — Sapa

Support for hospital staff

Staff Reporter

THREE doctors were holding the fort at Khayelitsha Hospital yesterday.

Many nurses arrived at work and community support had been "tremendous", said a medical source. ~~98~~ 98

The source said there was no intimidation of workers at the hospital.

There were 482 workers absent from Groote Schuur Hospital yesterday and only 68 from Tygerberg Hospital, according to the daily Cape Provincial Administration bulletin.

CT 5/8/92

Hospital restored to health

THE north wing of Somerset Hospital, restored at a cost of R11,2 million, was opened yesterday by the Administrator of the Cape Mr Kobus Meiring — 133 years to the day after the original building was commissioned.

Orthopaedic cases formerly referred to state hospitals and acute medical, surgical and orthopaedic cases now treated at Woodstock Hospital would in future be treated at Somerset Hospital, Mr Meiring said.

This would increase occupancy from about 55% to about 80%.

The north wing had had damp and was beetle-infested. During restoration cracks had appeared in the facade and the towers had begun to tilt.

The exterior was restored to the original design as far as was practical and later additions were demolished, except for two distinctive front balconies that had to be entirely rebuilt.

The restoration included refurbishing the interior to conform to modern clinical requirements.

Restoration architect Mr Gawie Fagan supervised the work.

Town council embarks on hospital rescue bid

98 CT 26/8/92

SIMON'S TOWN Council, worried about the future of False Bay Hospital, is to set up a committee to raise funds for the hospital.

The move was suggested by the mayor, Mr Charles Sanderoff, in papers tabled at this week's town council meeting.

He said: "The council is aware of the problems surrounding the proper management of False Bay Hospital — a responsibility which at the moment remains with the Provincial Administration.

"The future of this hospital is also a cause for concern and we

as a council have resolved to support the approach that this hospital is essential to the future welfare of our local community.

"As mayor, one of my concerns is that with some wards already closed, support and in particular, financial support, is not really forthcoming.

R10 000 target

"Money is needed and the resident matron under the aegis of the hospital committee is attempting to gather funds, particularly for the updating and renova-

tion of the wards."

He suggested the committee should aim at raising R10 000 to renovate a ward which could be named the Simon's Town Ward.


Mr Sanderoff outlined a possible plan to reach this objective, which would involve local organisations.

"Perhaps each organisation could accept responsibility for attempting to raise R1 000," he said.

The council decided that a committee would be formed in cooperation with the False Bay Hospital Board.

Go ahead for new clubhouse

CF 20/8/92
**Medics march
on govt offices**

PRETORIA  Hun-
dreds of academics, staff
and students from the
Medical University of
Southern Africa
marched on the Union
Building yesterday.

The principal and vice
chancellor of Medunsa,
Professor Ephraim Mok-
gokong, delivered a
memorandum, which
called on President F W
de Klerk to help resolve
problems at Garankuwa
Hospital affecting Me-
dunsa. — Sapa

Granger Bay: Developer urges rethink

ARG 21/8/92



CLIVE SAWYER
Municipal Reporter

DEVELOPER Mr Harry Fuchs, up in arms about the way Cape Technikon has handled proposals to redevelop its Granger Bay campus, has asked for a chance to put in a proposal for the site.

He has questioned the Technikon's granting of power of attorney to a firm of architects to handle the rezoning application, and the fact that a Technikon council member is a partner in the firm.

Lawyers acting for Mr Fuchs's company, Seacore Investments, have asked Minister of Education and Culture in the House of Assembly Mr Piet Marais to ensure "free market principles" are applied.

Rezoning for offices, flats and a hotel on the old merchant academy site have so far got the go-ahead from the city council town planning and executive committees.

The rezoning application was made by architects Meiring,

Van Der Lecq and partners, on behalf of the Technikon.

In correspondence with the Technikon and Mr Marais, copies of which were given to The Argus, Mr Fuchs objected to the proposal being processed without the Technikon calling publicly for proposals from developers.

The Technikon's Act prevented it from giving away any rights, such as power of attorney, without ministerial permission, Mr Fuchs said.

He said one of the principals of the firm of architects, Mr Jack van der Lecq, was on the Technikon council.

A 1980s proposal for a R200 million development by Mr Fuchs's company was turned down by the Department of Trade because the only way to dispose of the site was by public tender.

Mr Fuchs said he had asked the Technikon to furnish plans of the site to enable his company to prepare a proposal.

In a July letter, the Techni-

kon said it was autonomous, had not bound itself to any developer, but reserved the right to do so.

Lawyers for Seacore told Mr Marais that Cape Technikon seemed to be using a particular developer and firm of architects, to the exclusion of others from Cape Town and the rest of the country.

"The Granger Bay site, if indeed it is developable, is a unique development opportunity, the impact and benefit of which will be felt not only by the Technikon, but also the greater Cape Town and western Cape community,"

They asked Mr Marais to ensure, if he gave permission for the sale or swap of land, that the process be open and according to free market principles.

Technikon spokesman Dr Nick Kok said section three of the Technikon's Act made it a body corporate, legally entitled to confer rights, while selling land would need ministerial permission.

ANC unsure about cost benefits of heart swops

ARG 21/8/92

98

ANDREA WEISS
Health Reporter

IT was an "embarrassment" that heart transplants had put South Africa on the medical map when the country had some of the worst infant mortality rates in the world mainly due to preventable diseases, the ANC has said.

The ANC was countering comments by Professor John Odell, head of cardiothoracic surgery at UCT, who has made a plea for the continuation of heart transplants in the "new" South Africa.

This year celebrates 25 years of heart transplants.

In a statement, ANC health secretary Dr Ralph Mgiijima,

said: "The fact of the matter is that health policy makers in South Africa including the ANC are unsure about the cost benefits of heart transplants.

"It has been argued for instance that if a heart transplant is done on a patient, it will decrease the costs which would be incurred were the patient instead be medicated and hospitalised repeatedly to sustain life."

Dr Mgiijima said the ANC had no access to studies to prove this theory.

Even if heart transplant patients fared better, measures such as the promotion of health and provision of housing would have to be taken into account

before transplants could have an established place in a future South Africa.

The prevailing view was that no country was justified in undertaking very expensive operations for preventable diseases if that country spent no resources on preventative measures.

Dr Mgiijima said most health policy makers agreed on the need to maintain high standards in health within the primary health-care approach.

Dr Mgiijima challenged Professor Odell to make concrete studies available to the ANC for comments or to allow a "third party" such as a community health department member of UCT to do such a study.

**DEPARTMENT OF NATIONAL
HEALTH AND POPULATION
DEVELOPMENT**

No. R. 2338 21 August 1992

THE SOUTH AFRICAN MEDICAL AND DENTAL
COUNCIL

REGULATIONS RELATING TO THE REGISTRATION
BY HEALTH INSPECTORS OF ADDITIONAL QUALI-
FICATIONS: AMENDMENT

The Minister of National Health has, in terms of
section 61 (1) (o) of the Medical, Dental and Supple-
mentary Health Service Professions Act, 1974 (Act No.
56 of 1974), on the recommendation of the South Afri-
can Medical and Dental Council, made the regulations
set out in the Schedule hereto.

SCHEDULE

1. In these regulations "the Regulations" means the
regulations published by Government Notice
No. R. 2309 of 3 December 1976, as amended.
2. The Regulations are hereby amended by the addi-
tion of the following qualification:

Examining authority	Qualification	Abbreviation for registration
Technikon Witwatersrand	Masters Diploma in Tech- nology (Public Health)	M Technology (Public Health) Tech Wits

REPUBLIC OF SOUTH AFRICA

No. R. 2359 21 August 1992

NATIONAL POLICY FOR HEALTH ACT, 1990

NOTICE OF DETERMINATION OF POLICY

I, Elizabeth Hendrina Venter, Minister of National
Health, hereby give notice in terms of section 2 (3) of
the National Policy for Health Act, 1990 (Act No. 116 of
1990), that I have determined the national policy in
terms of section 2 (1) of the said Act to be applied in
respect of—

- (a) the privatisation of hospitals;
- (b) the co-ordination of health services;
- (c) the South African hospital norms in respect of
community health centres and of maximum
security and closed ward units in psychiatric
hospitals; and
- (d) the allocation of health funds.

The documents setting out such policy are obtain-
able upon written request from the Director-General,
Department of National Health and Population Devel-
opment, Private Bag X828, Pretoria, 0001.

E. H. VENTER,

Minister of National Health.

**DEPARTEMENT VAN NASIONALE
GESONDHEID EN BEVOLKINGS
ONTWIKKELING**

No. R. 2338 21 Augustus 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE
DEUR GESONDHEIDS-INSPEKTORE VAN ADDI-
SIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het, op aan-
beveling van die Suid-Afrikaanse Geneeskundige en
Tandheelkundige Raad, kragtens artikel 61 (1) (o) van
die Wet op Geneeshere, Tandartse en Aanvullende
Geneeskundige beroepe, 1974 (Wet No. 56 van
1974), die regulasies in die Bylae hiervan uiteengesit,
uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Regulasies"
die regulasies atgekondig by Goewermentskennis-
gewing No. R. 2309 van 3 Desember 1976, soos
gewysig.
2. Die Regulasies word hierby gewysig deur die toe-
voeging van die volgende kwalifikasie:

Eksaminerende liggaam	Kwalifikasie	Afkorting vir registrasie
Technikon Witwatersrand	Meestersdiploma in Techno- logie (Openbare Gesond- heid)	M Technologie (Openbare Gesondheid) Tech Wits

REPUBLIEK VAN SUID-AFRIKA

No. R. 2359 21 Augustus 1992

WET OP DIE NASIONALE BELEID VIR GESOND-

HEID, 1990

KENNISGEWING VAN BELEIDSBEPALING

Ek, Elizabeth Hendrina Venter, Minister van Nasio-
nale Gesondheid, gee hierby ingevoegde artikel 2 (3)
van die Wet op die Nasionale Beleid vir Gesondheid,
1990 (Wet No. 116 van 1990), kennis dat ek kragtens
artikel 2 (1) van genoemde Wet die nasionale beleid
bepaal het wat gevolg moet word ten opsigte van—

- (a) die privatisering van hospitale;
- (b) die koördinerings van gesondheidsdienste;
- (c) die Suid-Afrikaanse hospitaalnorme ten opsigte
van gemeenskapsgesondheidsentra en van
maksimumsekuriteit- en geslotesaaleenhede in
psigiatrisiese hospitale; en
- (d) die toedeling van gesondheidsfondse.

Die stukke waarin sodanige beleid uiteengesit word,
is op skriftelike aanvraag verkrygbaar van die Direk-
teur-generaal, Departement van Nasionale Gesond-
heid en Bevolkingsontwikkeling, Privaat Sak X828,
Pretoria, 0001.

E. H. VENTER,

Minister van Nasionale Gesondheid.

Poor heart patients 'will suffer' as surgeons leave

(98) ARC 2/18/92
Health Reporter

THE exodus of heart surgeons from hospitals in South Africa could have devastating consequences for patients with heart problems caused by Third World diseases, according to a leading surgeon.

Professor John Odell, head of Groote Schuur Hospital's department of cardiothoracic surgery, said only 20 of the 60 cardiothoracic surgeons in the country were employed within academic medicine and hospital practice.

In an editorial in the latest issue of the Cardiovascular Journal of Southern Africa, Professor Odell said: "The remainder spend the majority of their time in private practice.

"In private practice, the ratio of surgeons to population is one per 175 000 people, while in hospital practice the ratio is one per 1,4 million. In America, the ratio is one per 100 000."

With high unemployment contributing to overcrowding, poverty and criminal activity, rheumatic fever and its damaging effects on the heart valves was increasing, as was pulmonary tuberculosis and trauma to the chest due to violence.



Professor John Odell

"All of these conditions require the life-saving skills of the cardiothoracic surgeon," he said.

Hospital administrators had to acknowledge that cardiothoracic surgery was not a luxury but a necessity for people who could not afford private hospital and surgeon's fees.

Professor Odell suggested that a differential pay structure, as used in Britain, would help to keep cardiothoracic surgeons in hospital practice. He also called for improved career planning for young registrars.

98 ~~100~~ ~~101~~

'Baby-killer' barb doesn't daunt Dexter

APG 22/8/92

SHARON SOROUR
Labour Reporter

"COMMUNIST baby-killer" is only one of the cutting barbs 29-year-old Phillip Dexter has felt since the bitter battle of the hospital strike thrust him into a firing line of white ire.

But the country's youngest union leader — of the fledgling Nehawu (National Education, Health and Allied Workers' Union) — remains undaunted in his fight for a fair deal for public sector workers.

Ironically he was not even a union member in 1990 when a similar strike at Baragwanath Hospital was associated with the death of 10 babies.

This year's strike claimed the lives of several workers, and posed a threat to the lives of innocent patients caught in the union/government fray.

But while he has become "public enemy no 1" (readers of an Afrikaans daily recently voted him the most hated *writte* in the country), he has become a shining inspiration for tens of thousands of disgruntled, desperate workers throughout the country.

"It's nice to be classified as a white person," he muses with a glint of sarcasm. "There has been a big fuss because I am seen as white... but I am actually

coloured — or of mixed race, to be ideologically sound."

His "infamous" rise has indeed been meteoric: After returning from exile in 1990, he joined Nehawu in June last year, becoming general secretary five months ago.

Mr Dexter was born in Durban and grew up in Pietermaritzburg, attending Alexandra Boys High and Natal University.

Controversy — and the police — have followed him since he became involved in politics in 1981. He was at the centre of a storm after opposing a quota system to limit the number of black pupils attending white schools.

And a stint with a band that was an "anti-conscription vehicle, producing crude, political songs made up by the children of white intellectuals and myself" landed him in deeper waters.

"I had to leave town for a while because of police harassment."

In 1983, he opposed a military service call on political and moral grounds, only to be told "there was no such thing". He left the country for London, where he lived for seven years, studying and working in the SACP and ANC abroad.

Married to a Brazilian mime artist,

Morgana, with a 15-month-old son Filipe, Mr Dexter commutes between Johannesburg and Cape Town to complete his University of Cape Town studies in philosophy and political science.

He comes across as cock-sure, supremely confident, even arrogant. But concealed by these qualities is a tenacity and courage even his enemies could not have failed to notice.

An infallible determination to fight for basic human rights for his members carried him buoyantly over criticism of his lack of negotiation experience.

Even though about 8 000 workers have been dismissed, Mr Dexter firmly believes their grievances, which centre on basic labour issues, are legitimate.

"The history of the dispute between the union and the Commission for Administration is long and complicated. A misconception was created by the media that it was solely a hospital strike and a spurious moral argument has become central to the dispute: do hospital workers have the right to strike?"

Workers were battling "medieval" working conditions and demanding permanent status with full benefits, a living wage and a dispute resolution structure put in place until the Labour Relations

Act was extended to the sector. He accused government negotiators of having a "frightening lack of labour relations knowledge" and spoke of a "corrupt" state sector.

He firmly believed Baragwanath's management provoked the strike in an attempt to crush the union, but they did not reckon on the strike spreading as quickly as it did, or the determination of workers to put valued jobs on the line because of their strong belief.

And he boldly asserted: "We will get the workers' jobs back, we will grind down the Transvaal Provincial Administration."

He was still hopeful the workers' demands would be met and noted that pressure on the government had already induced a slight shift of policy pertaining to the dispute.

In the next three years — the rest of his term — Mr Dexter is certain to be at the forefront of the crusade to revolutionise the public sector.

It is a measure of his rise to prominence that his first appearance at a Cape Town Press Club lunch was in Communist Party chief Joe Slovo's bodyguard... His next was to address journalists in his own right, as the youngest guest speaker yet invited.

Strikers in court



FOUR Nehawu members appeared in the Wynberg Magistrate's Court yesterday in connection with intimidating workers during last month's hospital strike.

CF 25/8/92

A happy marriage is a contradiction in terms

Sowetum 13/6/88

Bonami Delaten
 (3) Code - Smith
 (3) Morken
 (3) Morken
 (3) Morken

Monday blues

By Elliot Makhaya

IT'S a wedding in Marapyane . . .

The bells are ringing and we get an invite to be witnesses to a couple taking a dive into the oldest of institutions — marriage, ya see *S'bali*.

Before going into the "academics" of the Blues Train, I suddenly remember one smart *umjila* saying to me that a happy marriage is a contradiction in terms. He says that you are either married and unhappy . . . Or single and happy.

you can find solace in that academic argument if you had a brawl last night with your "bitter" half.

Back to Marapyane's wedding celebration, mama. We land, *sringas*, Joe. *Sistayela phansi* in our sartorial elegance. Marapyane is built on sandy ground and even before you touch *ispinza* or *irakis* your eyes are bloodshot from the dust. The "eagles", that is us, have landed in Maraps. And the story about the congregation in Marapyane rather parting with their daughters than with their grub, begins to unfold. Big dishes of *ting ya*

mabele and *inyama* fly over our heads destined for their own people, ya sec.

Me, I have this *babalase* and I'm hungry, Joe. Auntie out of Mamelodi gets angered by this Marapyane pattern of plates and dishes "ignoring" our presence. She screams: "Hey lona basadi, le nahana hore rona re tile ho babala mona, hey. Nengang bana ba me dijo, sisi!"

Cow-knee

There is a compromise from the hosts, ya sec. We are provided with *ting ya mabele* and a cow-knee, *lengoale la kgomo*, Joe. The knee is half cooked and imagine our teeth after the confrontation with the rubbery meat.

Seeing that we were unwelcome, we ventured into the Marapyane *phuza-cabins* led by one Yvonne and Sis Kenkie.

Contrary to expectations, *ispinza* is very cold and we do battle with booze as we buzz about *lengoale la Marapyane*, dear boy. Amid the dust and the pain that *basishaye nge-current* at the wedding, we are now happy and talking family shop. Yvonne's eyes begin to roll. Monica's voice raises the roof. It's all happening. MaGreenberet's eyes dart from one corner of the room to the next.

Pickled

We have cleanly forgotten about *lengoale la Marapyane* and things. As we return to the wedding ceremony, we

are nice and pickled, and humming out-of-tune songs.

Next time you go to Marapyane, be advised: Take with you a provision of *pap en vleis*, venture into *phuza-cabins* and see your hosts when it's time to rest your old tired bones, ya see mama.

Protest

During the three-day protest action, thousands of people stayed away from work, including Boy Ndebele, a king-pin of members of the *phuza* congregation. His "protest" turned into *udwesh*, Joe *uyagavama*.

He stayed away from home and work. His *phuza* habit landed him in another township and his *umfazi* was moaning and grumbling, ya sec. Boy Ndebele owns no car but, his friends say,

he loves cars more than police dogs. Just say to him, "*lat ons gaar*" and he will jump into your car with no knowledge of your destination. This is how he lands into the soup with MaNdebele.

When he comes back home, he looks like he survived a heavy mudslide. Take it easy, *mfowethu*.

Purist

Woza Monday, honey. This is the longest day — Blue Monday. *Aag nee*, we are all in this together, suffering from yesterday's 'boozin' and buzzin'. Even your *umlungu indana uphethwe ubabalase*, and the mischievous *indana* will play purist to you. You just relax and nurse the feeling. *Sekunjalo madoda*. See ya next Monday. Ta.

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Cont

Masa urges action to settle disputes

Health Reporter

ARC 28/7/92

98

THE "tragic consequences" of the hospital strike could have been avoided if there were adequate dispute resolution mechanisms, according to the Medical Association of South Africa.

Chairman Dr Bernard Mandell said that Masa had decided as a matter of urgency to call for the establishment of a negotiation structure and process in accordance with accepted international labour relations practices.

Dr Mandell said Masa had been "deeply perturbed" by the consequences of the strike which could have been devastating if it were not for the dedication of the doctors and health personnel.

He expressed sympathy for all those whose health care had been jeopardised and for the people who lost their jobs.

"Every effort must be made to avoid deadlocks, such as the recent one, as nobody benefited and because thousands of people have suffered," he said.

UIF cards will be posted - hospital

By Paula Fray
Medical Reporter

STAR 26/8/92

The Johannesburg Hospital is posting hundreds of Unemployment Insurance Fund (UIF) cards, pension details and service certificates to dismissed workers, a hospital superintendent, Dr Lize Kalmyn, said yesterday.

This follows a complaint from a Star reader that striking workers, dismissed last month, had still not received their pension payouts or their UIF cards.

However, National Education, Health and Allied Workers' Union (Nehawu) assistant general-secretary Neal Thobejane yesterday said the union was still determined to get dismissed workers reinstated.

Nehawu and the Transvaal Provincial Administration are to meet again today under the chairmanship of the Wits/Vaal Regional Dispute Resolution Committee in a bid to resolve the 12-week hospital strike.

According to the reader, one hospital worker who was fired in July had, as yet, received only her final cheque. She had worked for the Johannes-

burg Hospital for nine years.

According to the reader, who preferred not to be named, he was told by Johannesburg Hospital administration staff that the cards would be posted as about 900 workers had been dismissed.

Dr Kalmyn said that if hundreds of workers had gone in to collect their cards, it would have resulted in delays in processing the documents.

The TPA yesterday said intimidation was still being reported at provincial hospitals.

According to a TPA statement, a Ga-Rankuwa Hospital recruit was stabbed on Sunday, a house belonging to a clerk at Witbank Hospital was set alight, and a senior official at Sebokeng Hospital had his vehicle damaged.

Written intimidatory threats, in which workers were warned of endangering their lives, had been distributed at Baragwanath Hospital, the TPA added.

● Contributors who experience difficulty in obtaining their cards from ex-employers can approach any office of the Department of Manpower for assistance.

...with another friend, tape fuels earlier speculation were a million to one". — Sapa-Reuter.

Hospital management company goes into provisional liquidation

ARG 29/8/92

98

LIBBY PEACOCK
Supreme Court Reporter

THE Cape Town management company of two provisionally liquidated private hospitals has also been provisionally wound up after an urgent application to the Supreme Court yesterday.

The application was brought by architect Mr Benzion Hoffenberg against Medigroup (Pty) Ltd.

Medigroup is based at 134 Long Street and has its registered offices in New Church Street.

Mr Hoffenberg, of Mount Rhodes Drive, Hout Bay, said in an affidavit that he had been a registered member of Medi-

group since its incorporation. The other members were Dr Jennifer Zuck and Mr Ivan Zuck.

Medigroup's function was to manage and develop private hospitals. The company had developed the Elizabeth Hospital in Buitengracht Street, Cape Town, and the Cango Medicentre in Oudtshoorn.

The hospitals, which had debts totalling about R10 million, were placed under provisional liquidation this week and Medigroup therefore had no further management function, Mr Hoffenberg said. It was not developing any other hospitals.

Although he could not say exactly how much Medigroup

owed him, he was certain it was more than R100 000.

The value of Medigroup's assets was uncertain, but its liabilities were about R950 000.

The company, which had bound itself as surety for the debts of Elizabeth Hospital and Cango Medicentre, was insolvent.

Medigroup was unable to pay its salary bill due at the end of the month and had no cash resources.

The order was granted by Mr Justice Cooper. The return date is September 23.

Mr Peter Berthold, instructed by Herbsteins, appeared for Mr Hoffenberg.

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Red tape swamps hospitals

OPPOSITION sources say a political storm could blow up over the burgeoning public service following revelations that administrative staff increases in provincial hospitals have vastly outstripped medical staff in recent years.

According to a confidential report prepared for the Regional Development Advisory Committee in the Western Cape, administrative staff at Groote Schuur Hospital increased by 824 percent and at Tygerberg Hospital by 388 percent from 1979 to 1988.

Increases of medical/professional staff for the same period were 77 percent for Groote Schuur and four percent for Tygerberg Hospital.

Nursing staff for Groote Schuur Hospital increased by 56 percent and at Tygerberg by 20 percent in the same period.

The report states: "Even although there may have been any number of reasons for this increase, it is a fact that the relative increase in medical/professional staff was not remotely commensurate."

A nationwide network of regional development advisory committees was set up in the early 1980s as a joint initiative between the government and private enterprise to guide development.

The Cape Provincial Administration put the apparent disparity down to reclassification of posts, computerisation, a new fees system and SITTE tax as well as the need for more administrative staff at the new Groote Schuur Hospital.

In 1983, a reclassification of posts resulted in a huge increase in administrative staff as posts previously classified as general were re-classified as administrative ones. This process continued until 1990. Vocational groups like ward clerks, reception officers and control officers were included in the administrative division, said the CPA.

Over the past decade, increased computerisation resulted in an increase in administrative staff as positions had to be created for programmers, computer operators and data typists.

When a new hospital fees system and SITTE tax were introduced, posts had to be created for administrative back-up.

■ At a time when hospitals have closed wards because of a shortage of medical staff, a confidential report shows that administrative staff increases outstrip medical staff.

ANDREA WEISS

Health Reporter

■ Not only was a large number of nurses needed when the new Groote Schuur Hospital was commissioned, but administrative support, too, had to be provided.

The CPA said the figures provided in the report had not included "sessionary staff" (academic doctors who worked a certain number of hours a week in these hospitals). Groote Schuur had 43 420 sessionary hours and Tygerberg Hospital 27 248

sessionary hours available a year.

■ The number of professional staff had remained constant over the past three years due to budget shortages, it said.

Democratic Party spokesman for health Mr Mike Ellis described the reasons given by CPA as "lame".

"It makes little sense. You do not expand administrative staff at the expense of other staff."

He said new technology, like computerisation, should require re-training existing staff and, if computers were being used, new administrative systems should not require any great increase in numbers.

"The DP has been deeply concerned for a long time that the public service has continued to expand," he said. "P W Botha promised a smaller, leaner public service. F W de Klerk said the same thing, yet we have continued to see enormous growth."

Mr Ellis said this growth was not reflected in professional staffing levels. "We need teachers, doctors, nurses and policemen, but these are not

the areas that have expanded. It is always in the area of public administration."

He said there was concern in the DP that there was a move to protect pensions within the public service.

"The public service is going to be at the centre of major redevelopment which could be very ugly. It will be at the centre of a political storm."

Mr Willie Hofmeyr, assistant secretary for the Western Cape ANC, commented: "We find this trend extremely disturbing, particularly in view of the desperate health crisis which our country is facing."

"We believe the situation would be even worse if one took account of the figures for all the other apartheid departments that have started functioning over the past decade.

"It's shocking that in some areas medical services are being cut back while the bureaucracy just seems to go on growing. We feel there is an urgent need for drastic rationalisation in the health sector. These figures just illustrate how urgent that has become."

98
AKG 29/8/92

Crippled hospital to raise loan

*STimes
EMJ 30/8/92 (98)*

THE provisional trustees of a private Cape Town hospital which has debts of R10,5 million have been granted Supreme Court permission to raise a loan of R400 000 to keep it open.

The Elizabeth Hospital, in Buitengracht Street, was placed under provisional liquidation on August 18. It had been trading at a loss of between R150 000 and R200 000 a month.

"The company has no funds with which to meet its day-to-day commitments," the liquidator, Mr Christopher van Zyl, told the court this week.

The order was granted in the Supreme Court on Wednesday.

First National Bank and the Commercial Bank of Na-

By DIANA STREAK

mibia had agreed to lend the company the R400 000, Mr Van Zyl said in papers before the court.

The loan was to meet the expenses of running the hospital, including R124 000 for salaries.

Mr Van Zyl told the court the hospital should be kept in business until it could be sold.

If it were placed under final liquidation on September 17, its "hospital licence" would be withdrawn, he said.

"I understand that the authorities are not issuing new hospital licences and it is therefore a valuable asset."

If the company were to cease trading the fixed assets would realise only "fire sale" prices.

The Elizabeth Hospital has 40 beds and three oper-

ating theatres, which opened last year.

The liquidators said they had been approached by five other hospital operators who were interested in buying it.

Among the institutions to which the hospital owes money are Nedfin Bank (about R4,5 million), the Commercial Bank of Namibia (about R2,2 million), Investec Bank (about R6 million), and the KDK Trust (about R1,7 million).

Mr Van Zyl said the loan would be repaid out of the income made from the hospital's continued functioning.

"The loss which the company would make during the period of the loan would be met from the nett proceeds of the anticipated sale of the company's business," he said.

He also asked, if the court gave permission for the hospital to borrow money, that it be made a condition that its landlord "must agree" to waive the rent payable from the date of winding up until September 30 this year.

Medigroup, which owns and operates Elizabeth Hospital, runs the Cango Med centre in Oudtshoorn, which is also under provisional liquidation.

Research 'losing' AIDS virus battle

BIDAY: 31/8/92
KATHRYN STRACHAN

THE world was rapidly losing the AIDS battle, delegates from the Amsterdam eighth international conference on the virus said at a report-back in Johannesburg.

At a briefing for health organisations on Friday, Johannesburg City Health spokesman Dr Clive Evian said researchers were no closer to finding a vaccine against the virus. "Every year the virus is winning the battle by a much larger margin," he said.

The emergence of a variety of virus sub-strains had also made the infection more difficult to treat, he said.

Evian said the pharmaceutical industry had been the target of heavy criticism and "very aggressive" protests at the conference, with organisations accusing pharmaceutical companies of exploiting the epidemic.

He said it was clear from the conference that another battle had emerged — the conflict between the economic power of pharmaceutical companies and the interests of people infected with the virus. Evian quoted the example of a US company which supplied a drug at the cost of \$75 000 for a year's treatment.

Other issues were: governments worldwide were being slow to respond to the epidemic; and a lack of legislation to protect the infected from discrimination.

Evian said the global impressions gained from the conference were that biochemical knowledge and technology came far short of providing a solution and the only way forward was to address the socio-economic causes of the spread of the disease.

The rapid spread of AIDS in Africa, and the high incidence of infection among blacks, hispanics and the homeless in First World countries, indicated the spread of the virus was rooted in social problems, he said.

Evian said 13-million people worldwide were already infected with the virus, and AIDS was on the increase, particularly among women and adolescents.

Hospital design criticised

KATHRYN STRACHAN

HOSPITALS designed by First World architects were often not equipped to meet the needs of developing countries, a recent international congress on hospital engineering heard. BIDAY 31/8/92

The congress of the International Federation of Hospital Engineering in Bologna, Italy, highlighted the need for suitable technology for Third World countries, said Ken Howie, a partner of FGG Architects who attended the congress.

Howie said the point had been raised by delegates at a previous congress two years ago, but never acted on. It had been reported then that three quarters of equipment supplied to developing countries broke down within a year.

He said delegates reported that unsuitable equipment had been supplied, with no consideration given as to how it would be maintained.

"It was proposed that hospitals for Third World countries should be low-level structures which are simple to build and maintain..."

Howe said a hospital designed for Mogadishu, Somalia, with the aid of the Italian government, would be three times the cost of a European hospital, and was a prime example of "over-engineering" for Third World conditions.

From Page 1

Claremont gets 130-bed hospital

Staff Reporter

THE new R15,5 million 130-bed Kingsbury Hospital in Harfield Road, Claremont, opens its doors in November. (18) ARG 3/9/92

The hospital is a replacement for the old Kingsbury Maternity Home as well as the Wynberg Surgical Clinic which has been closed and transferred to new premises.

The opening of the hospital will bring some of the medical profession's most sophisticated hospital facilities to the Claremont area.

Mr Bernard Freeman, MD of the owners, Lifecare, said there had long been a need for a purpose-built hospital in the area to cater for the major medical disciplines.

The hospital complex is bordered by Wilderness and Harfield Roads.

What Prosa stands for

STAR 319192

The Patients' Rights Organisation of South Africa (Prosa) is a lobbying group with three major demands:

- For patients to be given duplicates of their records at the times they are recorded; this will help should the doctor be taken to the South African Medical and Dental Council or to the courts for any complaint. "At the moment, patients have no leg to stand on when they make a complaint to the SAMDC," says Mary Fanner.
- For it to be mandatory for doctors

to tell patients of treatment risks. 98

- For the scrapping of the ethical referral system from statute books so that patients can see a doctor of their choice.

Prosa does not act for individuals, or give medical advice. It does not act as an agent for suppliers of services, and does not refer members to individual lawyers.

- For more information, send a self-addressed envelope to Prosa, Box 3699, Pretoria 0001.

Court order against hospital director

98

ARG 3/9/92

Supreme Court Reporter

THE estate of a second director of the provisionally liquidated hospital management company Medigroup has been provisionally sequestered.

Yesterday's application in the Supreme Court was brought by the legal firm Herbsteins against Dr Jennifer Zuck of Mount Rhodes Avenue, Hout Bay.

On Tuesday the estate of Dr Zuck's business partner, architect Mr Benzion Hof-

fenberg, was sequestered.

Herbsteins claimed that Dr Zuck and Mr Hoffenberg owed them R100 000 for professional services and were unable to pay.

Medigroup, which ran the Elizabeth Hospital in Buitengracht Street and the Cango Medicentre in Oudtshoorn, was placed under provisional liquidation on Friday.

Both hospitals have been provisionally wound up with debts of about R10 million.

TRENDS

Health

MAMA'S SNEEZE:

The gene responsible for asthma, hay fever and other allergy-type illnesses is active only when inherited from the mother, UK researchers say. — The Independent.



BRIGHTER NIGHT:

Therapy can help different types of nightmare: Those that threaten one's survival or security and those that attack self-esteem, such as failing an examination. — The Independent.

Patients are pulling their weight

STAR 3/9/92

MARY Fanner's telephone started ringing non-stop within hours of her dream of a patients' rights organisation being announced. Today, her telephone has been delisted to give her time to get on with the job.

What started out as an isolated call a year ago was soon joined by the voices of hundreds of South Africans who wanted to be heard. More than 400 people have put their complaints on paper or called her.

These include:

- A man who had an eye operation — and whose vision subsequently deteriorated so that he could no longer work. He has been to 25 doctors to get expert testimony to prove his case. All refused. So far, he has spent R50 000 on costs.
- A 52-year-old woman who died after her colon was perforated during an examination of her intestines. The family could not get medical reports.
- A man whose father had cancer and who saw six doctors who said he had six weeks to go. One doctor suggested an operation to remove the liver at a cost of R25 000.
- A man who had neck operation and ended up with paralysed arms and legs. A subsequent specialist report said the operation was "still in the process of refinement".

The groundswell of support for a body which promoted patients' rights has changed Mrs Fanner's one-woman crusade into a fully fledged organisation which has already made representations to the Parliamentary Committee on Health.

Today, the Patients Rights Organisation of South Africa is spearheaded by an eight-person committee and is finalising its declaration of rights; despite deliberately delaying its membership drive until there was suitable infrastructure, the organisation already has members signed up.

Mrs Fanner heads the organisation as chairman; its executive committee boasts a lawyer, an accountant, business people and housewives.

Redress

The group is investigating the best ways of redress for patients and says that for damages claims, patients must not go to the South African Medical and Dental Council or to any of the professional associations "which exist solely to protect their own members".

If Prosa can achieve its demands (see box), then perhaps "the playing fields will be a bit more level", says Mrs Fanner.



LIKE TOPSY IT GROWED

Mary Fanner (above) had no idea what she was letting herself in for when she called for an organisation to represent the rights of patients, reports **PAULA FRAY**.



(98) AUG 8/9 PM

Alan out to cure hospitals

ANDREA WEISS
Health Reporter

THE chances are that if you have been involved in a serious car accident in the Western Cape in the past 25 years and are reading this, you owe your life to Dr Alan MacMahon.

The man who built up Metro to a crack rescue operation and put 500 ambulances with trained personnel on Cape roads, has now turned his attention to rescuing Cape hospitals from decline.

He is modest but comes across as a mover and a shaker, as a man who will put tea back in the mugs of thirsty doctors, if that's what it takes to boost flagging morale in the province's hard-pressed hospitals.

Dr MacMahon recently had his appointment as chief direc-

tor of hospital and health services for the Cape Provincial Administration confirmed.

Although he's not given to looking over his shoulder, his achievement as head of Metro services was impressive.

His involvement dates back to 1967, when he was working as a physician at Karl Bremer Hospital. Because of the "appalling state of ambulance services", he used his own car to attend at accidents.

In 1972 he started the first mobile medical squad of 15 doctors who went out on call to accidents. Because there was no rescue service to get people out of tight jams, patients could spend hours trapped where they were and a doctor on hand was invaluable.

In 1976, Dr MacMahon opened Metro Control full-time to co-ordinate this work. This success was quickly followed

by the opening of the first ambulance training college for South Africa in 1978 and the launch of the first Metro rescue squad in 1979.

Due to his efforts, 48 towns in the Cape have a rescue capability allowing for specialised work such as the use of the Jaws of Life and the winching of accident victims up steep mountain slopes.

But now Dr MacMahon has moved on — and is reorganising Cape hospitals "to maintain services within a shrinking budget".

Among the tasks he has set for himself is to broaden hospital services to expanding urban communities and to provide an equitable service for everybody in the community.

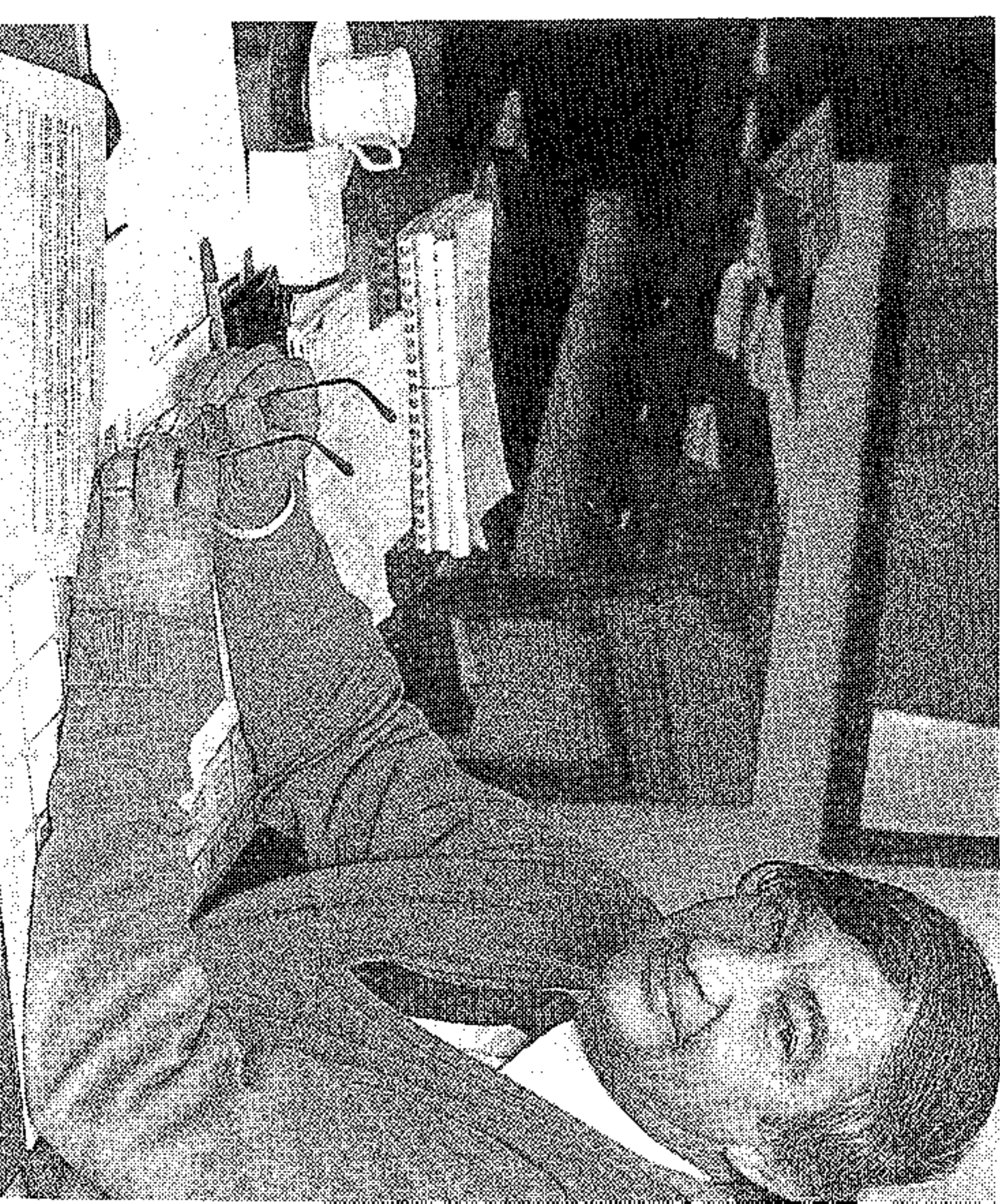
A strategic plan has been devised to this end — but it is not yet final because, as Dr MacMahon puts it, if somebody

comes up with a better idea there is always room for change.

Part of the scheme includes building a new day hospital in Khayelitsha, the upgrading of the G F Jooste convalescent hospital in Manenberg to a full hospital, restoring Karl Bremer Hospital to its full hospital status and the creation of medical posts for the township day hospitals.

The plan is essentially three-tier in that second-level hospitals are being created — such as at Manenberg and Karl Bremer — to take pressure off the two academic hospitals. On the ground, "a phalanx of primary-care hospitals" — such as the day hospitals — are envisaged.

Dr MacMahon has also taken it upon himself to tackle the flagging morale of provincial administration staff.



TO THE RESCUE: Dr Alan MacMahon is set to tackle the hospital crisis now.
Picture: OBED ZILWA, The Argus.

Babies died: Blame laid on hospital

CT 9/9/92 (98)

Staff Reporter

CONRADIE HOSPITAL was responsible for the deaths of three babies whose mothers were given lethal potassium chloride to treat their children for gastro-enteritis instead of a harmless drug used for the complaint, a Goodwood inquest found yesterday.

Immediately after the findings of the magistrate, Mr F G Olivier, Ms Nopasinjana Vudwane, the mother of Bongiwe, and Ms Mirriam Nokwakhe Ntemo, mother of Lwando, said they would be serving notice of a civil action against Conradie Hospital.

The mother of the third baby, Sinthemba Magqoza, was not at the inquest.

The three infants, all under a year old, died of cardiac arrest.

Nurses and doctors had fought a frantic battle to resuscitate them after they began vomiting and emitting fluids from their noses and mouths after their mothers gave them the fatal potassium chloride on February 20 last year.

Mr Olivier found that the potassium

chloride was placed on a table in the overnight ward for the mothers to give their children.

While the label on the plastic bottle clearly said it contained potassium chloride, the bottle used normally contained Sorol, a harmless drug also administered for gastro-enteritis.

Mr Olivier found it was "impossible to lay the blame for the deaths on any specific nurse", as there were between 10 and 15 hospital staff on duty in the ward and "any one of them could have handled the bottle".

"Under normal circumstances the potassium chloride should have been kept separate from the other drugs in a refrigerator which was kept under lock and key."

One of the hospital staff must have taken the bottle out of the refrigerator, he said.

Mr Olivier said it was unfortunate that the bottle had disappeared either at the hospital or after being given to police.

Potassium chloride was a Schedule Three drug given only on prescription and put on a trolley administered strictly by the nurses only, Mr Olivier said.

Ambulances 'for the living first'

THE living take priority over the dead, according to the ambulance service.

A spokesman said this yesterday in response to criticism that the body of a Rocklands man who had been murdered in his home had not been removed for several hours.

Distraught family and friends of Mr Alfred le Bron, found brutally stran-

gled to death in his home about 10am, yesterday said it was "despicable" that an ambulance had failed to remove the body till after 6pm.

Ambulance services spokesman Mr Rod Douglas said: "We feel bad about this matter and sympathise with the family. However with our limited resources we are obliged to concentrate on the living." (18) CT 10/9/92

Govt hard line 'escalated strike'

STATE intransigence and deficient bargaining mechanisms had turned the hospital strike, hinging on a relatively minor dispute, into a traumatic all-or-nothing showdown, says a South African Labour Bulletin editorial.

Writing in the latest edition of the SALB, guest editor Jeremy Baskin said remarkably modest demands by workers had been met by an intransigent administration which had learned nothing from the 1987 railway strike. Central to the strike were the

state's refusal to enter into meaningful wage talks, no strike rights for hospital employees and, linked to this, no fair channels for workers to resolve problems.

The workers' demands were remarkably modest. "They want a minimum wage of little over R700 a month. And they want to be recognised as permanent employees and not temporary workers, as most still are, notwithstanding years, and even decades, of service.

"Only the most hard-hearted

can begrudge them this."

● In Johannesburg yesterday, about 250 National Education, Health and Allied Workers' Union (Nehawu) members marched on the TPA regional offices.

This was despite an agreement between the two parties not to take provocative action.

A Nehawu official claimed discussions surrounding the reinstatement of the sacked hospital workers had deadlocked, thus nullifying the agreement. — Sapa

98 (6) ET 12/9/92

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Hospitals: Rags for loo paper

98 CT 12/19/92

JOHANNESBURG. — Conditions at some Transvaal hospitals are so bad some patients are using washing rags as toilet paper and critical operations are being delayed.

Two unnamed TPA hospital employees, defying their superiors by talking to journalists on Thursday, said newly-employed general assistants, who had not yet been trained, could not replace the experience and training of the more than 7 000 workers dismissed following their strike in July.

A Baragwanath Hospital doctor said the situation there had not been normalised as the TPA claimed.

"Non-urgent" surgery cases, including certain cancers such as oesophagus, rectum, uterus and breast cancers, had been wait-listed since April.

A male nurse at a Soweto clinic said newly-employed general assistants had not been trained to handle people with fractured bones.

A former radiographer at Tembisa Hospital on the East Rand said there was sometimes a shortage of toilet rolls and patients had to use washing rags.

TPA director-general Mr Andre Cornelissen said in a statement in Pretoria it was premature to comment. — Sapa



Medical professionals could form companies

5/10 AM 4/9/92
DOCTORS, dentists and other professionals registered with the SA Medical and Dental Council will soon be allowed to form group companies.

Council registrar Nico Prinsloo said last week that "group practices" could, for example, consist of a doctor, a dentist, a physiotherapist and a psychologist — all working for the commercial benefit of the shared company.

All parties of the company would have to be individual members of the SA Medical and Dental Council, which did not include nurses and pharmacists, who were registered with different councils.

Prinsloo said the Medical Act was amended in May, enabling Health Minister Rina Venter to make regulations to permit group practices.

The council's executive committee had made certain recommendations in connection with the new law, and these would be considered by the full council next month.

Prinsloo said there was a lot of support for the plan, and he expected it to be in place in November.

He said although professionals would share income under the trading company umbrella, professional conduct would be judged strictly on an individual basis.

Practitioners were expected to benefit

financially from the scheme, because by sharing facilities and resources they would be able to run a cost-effective practice.

But Prinsloo said he did not anticipate that any savings would be passed on to the patient.

Medical costs would remain largely the same for patients, he said.

It was expected that the plan would offer certain communities a wider range of services, said Prinsloo.

He said it may not have been financially viable for professionals such as physiotherapists to open a private practice in some areas, but a company might enable them to do so.

The council had previously been opposed to group practices out of concern that the system could be abused.

Prinsloo said there had been fears that a patient could be unnecessarily referred by a general practitioner to a specialist because the GP stood to gain financially.

Although this possibility still existed, the council believed any abuse of the system would be reported to the council, and that medical aid schemes would be alert to the potential for unnecessary use of funds.

KATHRYN STRACHAN

umbrella, professional conduct would be judged strictly on an individual basis. Practitioners were expected to benefit

council believed any abuse of the system would be reported to the council, and that medical aid schemes would be alert to the potential for unnecessary use of funds.

Call for shift to primary health care

BIDAY 14/9/92

KATHRYN STRACHAN

(98)

SA COULD not afford the existing health care structure, and only a shift towards primary care channelled through local authorities could provide an affordable system.

Speaking at a seminar in Johannesburg last week, National Health director-general Dr Coen Slabber reiterated the critical state of health services.

He said SA, like many developing countries, was faced with a population which had an "unacceptable health status" and limited access to health services.

This was compounded by the deepening recession, unemployment, poverty and political unrest.

The emphasis should therefore shift from the purely curative in hospitals to primary health care through local authorities, Slabber said.

The transfer of functions and responsibilities to local authorities would simultaneously lead to a devolution of resources such as manpower and facilities — but would not mean that government would scale down its financial responsibility.

Slabber said local authorities would have to find alternative sources of income and initiate cost effective practices.

This could include selling or letting redundant facilities, or entering into contracts with major employers to render primary health services to their workforce.

More than R15bn was spent annually on health services in SA. Approximately 55% of this amount was spent by the public sector and 45% by the private sector, Slabber said.

This annual expenditure was about 6,4% of the GNP — which meant that SA had already exceeded the target of the World Health Organisation of 5% for the year 2000.

SA spent 11% of its total budget in the public sector on health. The payment by medical schemes to beneficiaries increased by an average of 27,2% a year while the number of beneficiaries increased by only 3,3% a year.

Added to this was the low economic growth rate combined with a population growth rate of 2,3%.

"It takes no economic genius to realise that the health allocation will not increase dramatically in the foreseeable future. In terms of economic constraints, we have to look at efficiency and affordability," said Slabber.

Disaster looms as hospitals face cuts

Own Correspondent

DURBAN. — Drastic cuts in expenditure and service provision at Natal government hospitals have brought the institutions to the brink of disaster.

Among the moves announced yesterday by the Natal Provincial Administration are the closure of the Newcastle and Empangeni hospitals,

the loss of at least 2 400 beds and the axing of 5 000 staff members.

This means 500 000 patients will have to be turned away from Provincial health facilities.

The cuts are to take effect before September 28.

Durban's King Edward VIII hospital which was bailed out of its financial downward spiral by a special R39-million grant from President

F W de Klerk two years ago will have all the benefits of that grant withdrawn.

The NPA, which is cutting back hospital services in view of its own difficult financial position, said other measures should be considered, include terminating the air-ambulance wing of the Ambulance and Emergency Medical Services. Cancer patients also face a reduc-

tion in their services and in some instances oncology services will be discontinued.

Non-emergency — surgery should cease to save money, hospitals were told.

Democratic Party MP Mrs Carole Charlewood said last night she was "absolutely appalled" at these measures.

98 ET 15 9/92

Hospital launches home care centre

(48) CT 15/4/92

TYGERBERG HOSPITAL yesterday launched a home care information and training centre to educate families on how to care for patients after they are discharged from hospital.

Ms Erika Fourie, co-ordinator of the project, said that because there are not enough beds and resources available in hospitals, patients are discharged earlier and quicker.

"Families then have to look after the patients themselves," she said.

The centre will be open from Monday to Friday and will provide information and demonstrations for family members to equip them to cope with patient care.

A formal home care training course will start next month. It will teach participants about toilet care, how to help patients take care of themselves, give exercise programmes for patients and provide instruction on the correct administration of food and medicine.

Soweto faces health crisis

■ UGLY TURN Five Soweto clinics attacked in the past two weeks in wake of hospital strike:

By Lulama Luti and Mokgadi Pela

ESSENTIAL HEALTH SERVICES in black townships could soon grind to a halt following the petrol-bombing of five clinics in Soweto since September 5.

One of the clinics, in Orlando East, was set alight by a group of men on Tuesday night.

The other attacks were carried out at Mofolo Central Health Centre, where the X-ray unit was destroyed on September 5; Zola Clinic where the maternity wing was razed on September 7; and Diepkloof Clinic, also on September 7.

The Dobsonville Clinic was destroyed on September 12.

The attacks caused damage estimated at thousands of rands.

The Transvaal Provincial Administration yesterday said a Katlehong Hospital employee was killed on Tuesday.

Police believe the attacks are related to the 16-

week-old strike by members of the National Education, Health and Allied Workers' Union.

The targeting of the clinics follows closely on the attacks on non-striking hospital workers in the PWV area.

Soweto police spokesman Lieutenant Eugene Henning said no arrests had been made in connection with the attacks.

Leading to a breakdown

In a statement last night, TPA Administrator Mr Danie Hough condemned the attacks and said they were steadily leading to a breakdown in hospital services.

Nehawu spokesman Mr Neal Thobejane distanced the union from the attacks on clinics and said:

"Our members know it is against union policy to do such things.

"If they become violent, they would rather target white hospitals than black ones. We suspect there are some agent provocateurs behind these attacks."

Soweto 17/9/92

98



New health care crisis

Sowetan 17/9/92 98
■ FIRE-BOMBED Soweto faces primary health care problems as two more clinics are torched:

ESSENTIAL health services in Soweto could soon grind to halt following the petrol-bombing of five clinics in Soweto since September 5.

One of the clinics, in Orlando East, was set alight by a group of men in an attack on Tuesday night.

Damage estimated at thousands of rands has been caused during

the attacks which police believe could be related to the 16-week hospital strike.

The torching of the clinics follow closely on the attacks on non-striking hospital workers.

The National Education, Health and Allied Workers' Union has distanced itself from the attack on the clinics.

See story page 2



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September 18 1992 5

City hospital⁹⁸ in money crisis

Supreme Court Reporter

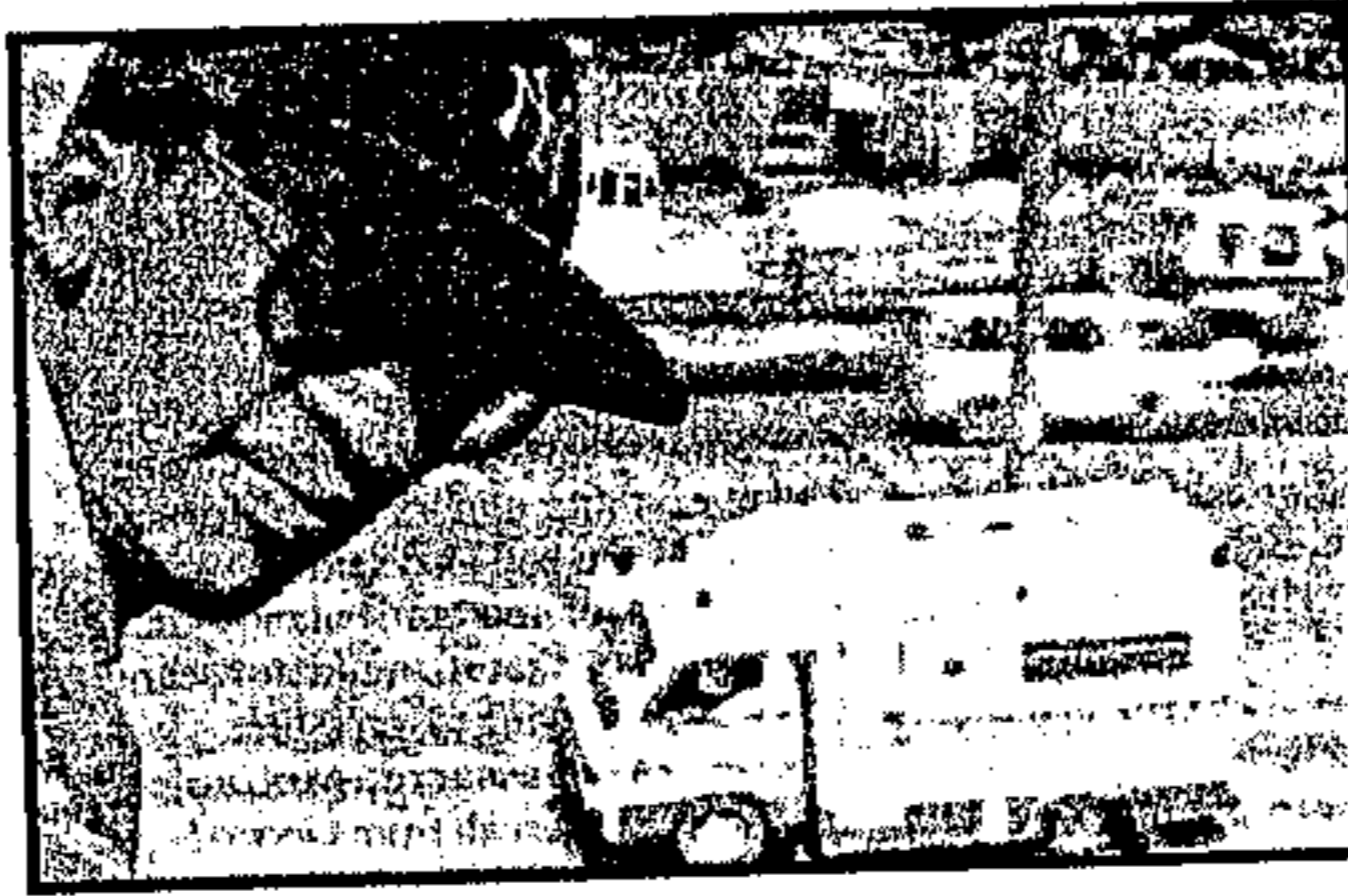
THE holding company of two private hospitals, the Elizabeth Hospital in Cape Town and Cango Medicentre, was yesterday in the Supreme Court placed in liquidation.

The 41-bed Elizabeth Hospital in Buitengracht Street has no funds to carry on its day-to-day business. CT 18/9/92

Two other companies in the group, Stanford Road Developments (Pty) Ltd and Russelling Pools Investments (Pty) Ltd, were also placed in liquidation.

Shock portrait of a hospital on the edge of collapse

Inside Bara's wards of filth



The man who slipped in: reporter Bafana Khumalo at Baragwanath Hospital this week. Photo: GUY ADAMS

W/Mail 18/9-24/9/92.

(98)

A NURSE tiptoes through a puddle of urine and water in a ward bathroom. In the corner a dustbin filled with discarded tissue paper and surgical gauze breathes a pungent stench into the ward.

Down the corridor in the ward storeroom, piles of dirty linen litter the floor. They have been there "for some time", says a nursing sister. The syringes stored on the shelves above will be used, she says, to give patients medication.

These were some of the images confronting *The Weekly Mail* during an unofficial trip through strike-hit Baragwanath Hospital this week. More than 1 000 strikers were fired in July, and although some replacement staff have been hired, the quality of patient care continues to suffer disastrously.

The hospital has been turned into a fortress, with a large contingent of security guards on the access gate, further guards posted at the main entrance to the hospital complex and a controlled turnstile in the main administration block. All media visits have been banned.

The Weekly Mail, with the aid of the Baragwanath Health Crisis Committee and South African Health and Social Services Organisation activists, smuggled in a journalist, who spent five hours touring the casualty section, the maternity ward, the orthopaedic workshop and a number of the general wards.

In interviews with hospital staff and from first-hand observation, a horrific picture emerged of surgical operations being delayed, filthy conditions, nurses carrying out menial functions such as cleaning and the neglect of patients.

Many people spoken to did not want their names mentioned, citing fear of losing their jobs

or violent reprisals by the temporary workers hired by the hospital. Even patients were not willing to talk, fearing they might be harmed.

The major problem at Baragwanath is a lack of suitably trained support staff, said one doctor, which means the health of patients is being compromised.

The worst-affected area was surgery. "Last week the whole paediatric surgery list was cancelled," he said. Two of the children, with cancer, had their operations this week after a week-long delay — but "who is to dictate the delay of even one day in a child with cancer?" the doctor asked.

As for adults, "many 'non-urgent' surgery cases have been wait-listed since April". The reason was "the lack of staff and not enough linen or sterilised instruments". Before the strike there had been 80 operations a day. That number has dropped to 41.

"On the outside you will not see anything that has not always happened here," the doctor said. "There have always been people carrying their own drips."

Commenting that "patient care was continually compromised", an insider said a patient with wired jaws had not eaten for two and a half days last week because his special pureed meals had not been provided by the kitchen.

There were piles of linen on the floors of the three wards visited. In one of the wards, a student nurse was washing the walls while patients lay unattended. "If I don't do it myself there isn't anyone else to do it," she said. She explained that three general workers had been hired, but it was the day off for one of them, another had gone to school and the third had "just not pitched up".

People hired to replace strikers were not much in evidence at Baragwanath. It was common in the hospital to see nurses pushing oxygen cylinders

Strike-hit Baragwanath Hospital is hiding from the world, with squads of security men patrolling perimeters and wards to ensure no unauthorised outsiders get in to see how far conditions have deteriorated. But this week reporter BAFANA KHUMALO managed to slip past the guards and spend five hours observing a hospital in crisis

Continued on PAGE 3



It was more a carnival than a protest when the Democrats tried their hand at mass action. Among the grey-suited marchers was this man in a hurry. See Charlotte Bauer on PAGE 28 Photo: KEVIN CARTER

Can Europe bail out its currencies?

PAGE 1

Middle East peace hopes keep rising

PAGE 14

Peru captures the messiah of terror

PAGE 19

Who really did win the Cold War?

PAGE 22

Frightened Gqozo's pre-march dithering

RHEMA church leader Ray McCauley, who engaged in an extraordinary dialogue with a frightened and vacillating Brigadier Oupa Gqozo shortly before the Bisho tragedy, has provided new insights into the events leading up to the massacre.

Gqozo, who at the time seemed willing to back down and call a referendum, showed McCauley an exchange of letters with FW de Klerk, in which the state president tried to press him into allowing the African National Congress march to take place.

PAGE 2

No peace in the town of Vrede

THE town may be called Vrede, but there's never been much peace. Boeretwis was the local sport ... until the new South Africa provided a common foe and a shared fear.

PAGE 17

Bara's wards of filth

W/Mail 18/9 - 24/9/92

From PAGE 1

ders on trolleys or mopping floors. In areas where the personnel were not willing or able to carry out those support duties, they went undone.

In the orthopaedic workshop where, after the strike, not enough cleaners were hired, technicians fitted artificial limbs to amputees in very unhygienic conditions.

There were piles of dirty rags at the entrance of the club-foot clinic section of the hospital and, inside, mounds of plaster of Paris left over from previous operations.

A technician at the workshop said that before the strike there were four workers employed to clean and remove artificial limbs from the workshop. "Now there is only one worker," he said. "The place is supposed to be clean but now there is no one to do that job. None of the technicians has the time to do it."

The sink was blocked; there were marks on the floor where water had overflowed and the floor had not been mopped but instead had been left to dry. The blocked sink had not been reported, said the technician, because "the person responsible for this is on strike, and at the moment there isn't anyone who has been hired to do this job".

A mentally disturbed patient who, according to a staff member, should have been supervised at all times, was lying on his bed unattended as the nurse scrubbed the walls of the ward.

It is not only the patients who are suffering from the lack of support staff. Student nurses have also been affected. "Since the problems started we have not had any practicals," said one student nurse. The senior nursing staff who supervise student nurses have to do "non-nursing duties and therefore do not have the time to supervise us," he said.

One nurse said she had been threatened by new

workers after nurses had marched in Pretoria last week. She said the workers had accused the nurses of having gone to "tell De Klerk to take away our jobs".

The only ward in the hospital which seemed to be operating normally was the surgical admissions ward — where, said a health worker, the nurses usually do the job themselves anyway.

One nurse summed up the feelings at the hospital: "They say things are normal but things are far from normal."

Meanwhile, the hospital is still trying to recruit new staff. A hospital clerk this week was putting up an advertisement for porters to work in the maternity section. The requirements: None.

Commenting on what *The Weekly Mail* witnessed at Baragwanath, the hospital's public relations department said the matron in charge had no knowledge of nurses carrying out non-nursing tasks. Bara, it said, had always had a waiting-list for non-urgent surgical cases. It said it had no information from the head of paediatric surgery, a Dr Fonseca, about the cancellation of the entire paediatric surgery list last week.

Hospital staff to carry guns?

By BAFANA KHUMALO

BARAGWANATH Hospital management is to push for police permission for staff to carry guns in the hospital, as an exception to Soweto's emergency regulations.

The Weekly Mail has in its possession a circular from hospital administrator Dr C van den Heever saying that although Soweto had been declared an unrest area, police had agreed that hospital management could apply for "collective permission" for the carrying of weapons.

Approached for comment, the Baragwanath public relations department referred *The Weekly Mail* to Soweto police. Soweto SAP liaison officer Tienie Haigryn was unable to confirm that an application to carry weapons had been received from Baragwanath.

The hospital's move takes place against the background of continuing violence related to the four-month Transvaal hospital strike.

The Transvaal Provincial Administration revealed that on Tuesday this week, a worker was murdered outside the Natalspuit

Hospital. Since September 5, five Soweto clinics had been firebombed, causing thousands of rands of damage. Part of the Orlando Clinic was burnt down on Monday this week.

The TPA said a Tembisa Hospital nurse's house had been burnt down in broad daylight and that other workers had been threatened with similar violence. The house of a clerk at the Kalafong Hospital in Pretoria was also burnt down, and the clerk and her husband admitted to hospital with serious burns.

Workers at the Hillbrow Hospital had been assaulted — one being stabbed in his home — while an HF Verwoerd Hospital staffer was thrown from a train.

This week the TPA, National Education Health and Allied Workers Union and the Congress of South African Trade Unions issued a joint statement, under the aegis of the Wits-Vaal regional peace secretariat, urging people not to act in such a way as to intensify conflict and undermine negotiations.

Poor hospital planning is adding to the problems of Cape Flats residents suffering from physical injuries. **Justin Pearce**

looks at recent research on the issue:

CAPE TOWN is a dangerous place. Each year 250 000 people need treatment for new injuries — that's about one person in every 10.

High rates of crime and accidents are part of the problem — but it goes deeper than that. Recent research shows that facilities in the Western Cape to cope with physical injuries — known in the medical world as "trauma" — are not as efficient as they could be. With the health care system in a national crisis, energy and money are being used in a way that is misdirected and wasteful — particularly in the case of trauma patients.

Trauma treatment facilities are being brought under the scrutiny of a research programme conducted by the Medical Research Council (MRC). The first stage of this national programme is taking place in the Western Cape.

"Trauma is so common in this

Trauma victims' long road to health care

South 1989-23/9/92

98

region that there is considerable opportunity here to gain experience of the subject," says Dr Johan van der Spuy, who is co-ordinating the programme. Researchers have been gathering data since early 1989.

Part of the problem is the geographical mismatch between homes and hospitals that bedevils health care in greater Cape Town.

With the exception of Tygerberg, hospitals are concentrated in the suburbs near the mountain, with no general hospitals on the Cape Flats.

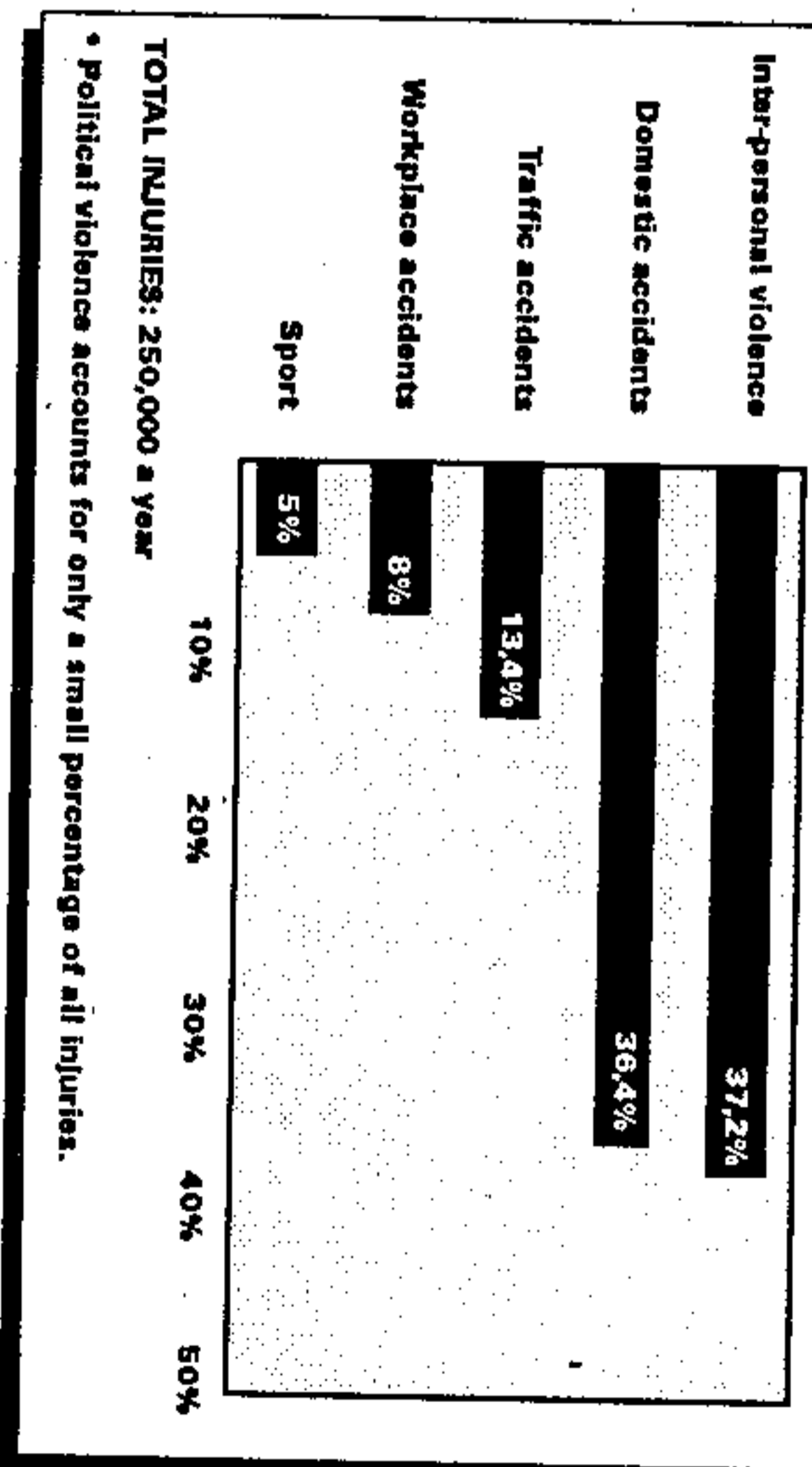
Health planners initially assumed that ambulances would be an adequate solution to the distance problem. But MRC research shows that only 28 percent of trauma victims travel by ambulance.

The result is that health authorities are not meeting the needs of most trauma patients. And transporting even a relatively small number of patients over long distances for treatment is a strain on ambulances needed for emergency cases.

Another problem is the nature of the hospitals, and when their facilities are available.

In an ideal situation, the health care system should start with a visit to a general practitioner or a day hospital (the primary level of health

INJURY STATISTICS FOR GREATER CAPE TOWN



care). If necessary, the patient is then referred to a general hospital or a more specialised teaching hospital.

In this way higher-level facilities, which are more expensive to run, are not burdened with minor cases.

But in the case of trauma patients, the system does not work.

Day hospitals are excellent places to treat minor injuries — "but are usually closed at night and over weekends when most injuries take place", says Van der Spuy.

Researchers found that many trauma patients were being treated

at secondary or tertiary level, mostly at night, when clinics were closed.

"This flood of trauma patients to teaching hospitals is a waste of money," says Van der Spuy. "It's like using a Rolls-Royce to plough instead of a tractor."

Research findings from the Western Cape have already had some impact. In February this year, when the Cape Provincial Administration announced plans to reorganise hospitals, trauma facilities were improved by keeping certain Cape Flats day hospitals open for longer. A trauma unit has also been

Doctors finally go public

By THEMBA KHUMALO

20/9/92

Union.

MORE trouble is expected at Baragwanath and other Transvaal hospitals this week following shocking revelations by doctors relating to the sharp decline in patient care and health standards.

At a recent media conference, three doctors said they were risking their jobs by exposing "repression and the compromise of health and patient care at Bara and other Transvaal hospitals hit by the strike."

"Behind the facade of normality, hospital authorities are trying to tell the public there is a lot of dissatisfaction among health workers," they said.

They accused the TPA of making a political decision by firing striking members of the National Education and Health Workers'

A Baragwanath doctor said after she told the media "the real happenings in the wards" she was told that her contract would not be renewed at the end of the year as she had defied an order not to attend the media conference.

South African Health and Social Services Organisation national secretary, Dr Aslam Dasoo, said his organisation would do everything to prevent their "brave members" and other health workers from losing their jobs for revealing hospital irregularities.

He appealed to other health workers to tell the public about the problems they experienced after the dismissal of Nehawu members.

He alleged that hospital authorities had no respect for black lives, and the horrifying conditions did not exist in "white" hospitals.

A Baragwanath doctor said because of staff shortages doctors and nurses were forced to scrub floors.

She said that after waiting three weeks, an elderly woman cancer patient was discharged and told she would be called back once the theatres were "back to normal".

Operations which should have been performed on five children were cancelled, and some paediatric surgery patients were told to return in a month.

A radiographer at Thembisa Hospital said a patient died recently after she was discharged prematurely.

The crisis, she said, had forced the authorities to reduce the number of wards from 21 to 14.

TPA spokesman Jan Van Wyk said he would issue a statement later.

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its.

Soweto hospitals plunged into crisis

By THEMBA KHUMALO

98

HEALTH services in Soweto have been plunged into a serious crisis following the destruction of at least five clinics which were petrol-bombed over the past two weeks.

Health authorities fear the destruction of more health institutions in the area unless stricter security measures are taken to protect them.

The clinics in Dobsonville, Zola, Mofolo, Diepkloof and Orlando East have been closed temporarily in the wake of a spate of attacks since the beginning of September.

Their closure has forced patients to go to Baragwanath Hospital for treatment, leaving hospital authorities to grapple with the problem of overcrowding.

The surviving clinics are

Klipspruit, Chiawelo, Tladi, Orlando West and Meadowlands.

Although it is not known why clinics have been singled out for attacks, the SA Police said they suspected the incidents were linked to the three-month strike by members of the National Education and Health Workers Union (Nehawu).

This was denied by Nehawu's assistant general secretary Neal Thobejane, who said union members would not burn their own clinics which served the black community.

Transvaal administrator Danie Hough has expressed dismay at the attacks.

"The TPA assumes that the parties concerned are not directly responsible for the incidents, since they have already committed themselves in public to defusing the conflict," he said.

"I find it totally unacceptable that this tendency persists, espe-

cially since health institutions are regarded as an essential service and are normally not affected, even in the worst cases of international conflict."

Hough also condemned the killing of an employee outside Natalspruit Hospital on Tuesday afternoon.

On other strike-related incidents, Hough said a clerk at Kalafong Hospital in Atteridgeville and her husband were admitted to hospital for serious burns after their house was petrol-bombed.

Last week two clerks at Hillbrow Hospital were assaulted while on their way to a taxi rank. Another hospital employee was also admitted to hospital after being assaulted and stabbed, Hough said.

He said another hospital worker at HF Verwoerd Hospital was thrown from a train by three men.

"I learnt with dismay about the serious intimidation and assault of health workers and the damaging of their property," he said.

The crisis comes barely a week after health workers expressed concern at the deteriorating health standards at Baragwanath. They alleged that the crisis was caused by the absence of experienced general assistants who were dismissed last month for their part in the strike.

A doctor who did not want to be named said sometimes nurses and doctors had to scrub the floors in the wards because the new recruits were obstinate, not co-operative or not properly trained.

The doctor and three others have formed the Baragwanath Health Crisis Committee to bring the problems at the hospital to the attention of the public.

CPN 20/9/92

**Intimidation:
Four appear**

Staff Reporter

CT 22/1992

FOUR Nehawu members appeared in the Wynberg Magistrate's Court yesterday in connection with alleged intimidation during the hospital workers' strike. Mr Andrew Abrahams, 28, of Athlone, Mr Eugene Avontuur, 27, of Manenberg, Mr Peter Hartnick, 25, of Portlands and Ms Maureen Davids, 25, of Lentegour, were not asked to plead.

Medhold keeps position

BIDM
23/9/92 ANDREW KRUMM (98) (15)

AS STATE hospitals cut spending, medical supplies group Medhold saw turnover drop marginally to R16,5m for the year to end-June 1992 from R16,6m in the previous year.

Although earnings a share came in on forecast, rising slightly to 5,6c from 5,4c in 1991, dividends a share remained unchanged at 3c.

Financial director Jasper Simon said the group offset the effect of this lower public spending on turnover by actively seeking new markets and improving its margins.

"Medhold is also more broadly based as a result of four acquisitions in 1991, which reduced our reliance on the medical sector," he said. Income before tax rose 16% to R1,7m from R1,47m last year as the group cut staff costs and derived post-acquisition economies.

"We are leaner in terms of people and have completed rationalisation."

However, a higher tax bill eroded most of the pre-tax gains. After-tax earnings increased only 6,8% to R951 000, compared with R890 000 in 1991.

"Medhold has used up the majority of previous assessable losses."

"Provided the political scene sees steady progress, earnings a share in 1993 should be no less than 6c — with good growth coming from the manufacturing division," Simon said.

Mass threat over CPA cuts

UNILATERAL cutbacks in Cape Provincial Administration health spending would be met by mass action, the National Education, Health and Allied Workers' Union said yesterday.

98 OCT 23 1992
Nehawu regional chairman Mr Wilfred Alcock said the union demanded an immediate moratorium on unilateral restructuring. — Sapa

'Agreement' in hospital row

^{23/9/92}
PRETORIA. — Although agreement had been reached on a settlement of the strike-related dispute at Transvaal provincial hospitals, negotiations had not yet been finalised, the director-general of the Transvaal Provincial Administration, Mr Andre Cornelissen, said yesterday.

He appealed everyone involved to "remain calm". — Sapa 18 (5)

R2-m damage after bombings

By Lulama Luti

Sowetan 24/9/92 (98)
■ **SERIOUS PROBLEM** It will take many years before burnt clinic files are up to date:

CLOSE to R2 million damage was caused to the five clinics which were petrol-bombed in Soweto over the past two weeks, according to a Soweto council official. The hardest hit was the Orlando East clinic which was completely razed after it was petrol-bombed on Tuesday last week. The clinic is controlled by the Soweto City Council. The other clinics which were attacked are the Mofolo Central Health Centre, the Zola and Diepkloof clinics together

with the one in Dobsonville.

They are administered by the Baragwanath Hospital.

Soweto council spokesman Mr Mojalefa Moseki said damage to the Orlando East clinic was estimated at more than R200 000.

"Our most serious problem is that all our files went up in flames and it's going to take us at least five years to restore them," he said.

Moseki said most of the files lost belonged to families some of whom lived in backyards, children and pensioners.

Moseki said the clinic, which catered for more than 70 000 people, was completely destroyed and non-functional.

"The situation this morning was pathetic," he said yesterday, "Mothers and children still came only to find the clinic completely burnt."

Unidev receives a healthy boost from its hospital group Medicor

HOUSEHOLD products, health care and food group Unidev's attributable profit grew by 3,3% to R728 000 in the six months to end-June on the back of good results from health care group Medicor.

The group, which also has interests in household products company Prestige and food company Hyperette, increased its operating profit by 18,1% to R2,5m from R2,1m.

Joint MD Alan Chonowitz said the results reflected the performance of hospital group Medicor. Wholly owned Prestige had shown a significant improvement but had not made a profit in the current period. He expected it to make a meaningful contribution from financial 1993.

Finance costs of R1,4m were controlled at last year's level, resulting in a 46,6% increase in profit for the period to R1,1m from R747 000 previously.

However, preference dividends of R367 000 saw attributable profit grow by only 3,3% to R728 000 (R705 000).

Earnings dropped by 33,3% to 0,6c a share from 0,9c a share in the previous year, on a larger amount of shares in issue.

TE

By William Wells

B10am 24/9/92

MARCIA KLEIN

The dividend was passed. Chonowitz said that during the year the Southern Life Association had acquired a strategic stake in Medicor. The ordinary shares in Medicor held by Unidev had been exchanged for convertible debentures of equal value.

Delist

The deal would have no immediate effect on Unidev's earnings a share and NAV, but it enabled Medicor to achieve its potential and gave Unidev the opportunity "of participating in the broader interests of Southern".

Unidev referred to the cautionary announcement issued by 31%-held Hyperette. Hyperette had said that it would either restructure or dispose of all its assets, and delist from the JSE.

Jon Brett and Chonowitz bought control of the group in March 1991, after it had shown a R87m loss. Since then, Unidev has disposed of its interests in Rusfurn and Equikor Holdings.

98



Ms Mona Shour-Ed
Pictures: AP

Woodstock Hospital to close

98

CT 26/12/92

Staff Reporter

WOODSTOCK HOSPITAL was yesterday dealt a final death blow when it was announced that except for the casualty and out-patients sections, the hospital would be closed from January 1 next year.

A senior doctor who did not wish to be identified confirmed yesterday's announcement that the 180-bed hospital would be "mothballed" in an attempt to decentralise services and move them closer to the Cape Flats.

The doctor said staff had heard of the rumoured closure in March, but had been optimistic that the hospital would remain open as a chronic care unit in which present staff could retain their jobs.

"There is great disappointment among staff members as Woodstock Hospital was to have celebrated its centenary next year, and has a very stable staff situation with many workers having been here for more than 20 years," said the doctor.

A staff member last night said there were emotional scenes, with nursing sisters and the hospital's matron bursting into tears when the announcement was made.

"We were all called into a hall and told the hospital would close.

"This came as a terrible shock to all as we had not — as the superintendent says — been told of Woodstock's closure ... we would have tried to find other jobs by now.

"Instead we were told in March that the hospital would keep its present staff and become a geriatric hospital some time in the future."

Medical superintendent Dr Theo Dahms last night declined to confirm or comment on the situation, saying only that the casualty and out-patients sections of the hospital would keep operating.

Jobs again for 5 000 in Tvl

JOHANNESBURG.

About 5 000 dismissed hospital workers in the Transvaal will be re-employed in the near future following an agreement yesterday between the Transvaal Provincial Administration, the National Education, Health and Allied Workers' Union (Nehawu) and the Congress of SA Trade Unions (Cosatu).

The signing of the agreement took place here in the early hours of the morning after the Witwatersrand/Vaal Regional Dispute Resolution Committee brokered the accord.

This brings to an end the nearly four-month-old labour dispute which spread rapidly to several TPA institutions after a wildcat strike at Baragwanath Hospital in Soweto. — Sapa

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BLEEDING

DEATH

By FRED KHUMALO *men 27/9/92*

SA's health care system is bleeding to death.

And tomorrow, when Health and Population Development Minister Dr Rina Venter makes a final nationwide address on the implementation of the controversial 5 percent cuts in the health budget, she could deliver a fatal blow to the already besieged sector.

The first casualty could be Natal, which this week saw Newcastle and Mpangeni hospitals up for sale as a result of the financial squeeze.

Privatisation will save Newcastle from certain closure, said MP for the area Adriaan Blaas.

Now at stake in the province is the possible withdrawal of benefits flowing from a R39-million grant given two years ago by the State President to Durban's hospitals. King Edward VIII got the lion's share of the grant, an attempt to bail the hospital out of its downward financial spiral.

Withdrawal of this grant will mean the sacking of 5 000 hospital staff, many of whom are at King Edward. The measures will also signal the closure of 2 400 beds and the turning away of 500 000 patients a year.

King Edward, one of the most overcrowded hospitals in the country, had a foretaste of worse things to come when 340 beds were cut from the hospitals allowance at the beginning of the financial year.

The measures are in keeping with the budget proposals of Finance Minister Derek Keys, whose aim is to slash government spending.

To Natalians, the cost-cutting measures also mean:

- The termination of the air and ambulance wing of the Ambulance and Emergency medical services; and
- Termination of subsidies to State-aided hospitals such as McCords Zulu Hospital and St Mary's in Marianhill.

The proposed cuts have roused an animated debate within medical and political circles.

Democratic Party MP Carole Charlewood said she was "absolutely appalled".

"Natal has always been shortchanged compared to other provinces when it comes to the health allocation, and to take a 5 percent budgetary cut such as this means our health system is going to haemorrhage," she said.

Head of King Edward's paediatrics unit, Prof Jerry Coovadia, said: "For a province which boasts 25 percent of the country's population, we should have a far higher budget than other provinces."

Startling disclosures show that 90 percent of kidney failure patients referred to Durban's Addington Hospital renal unit are refused treatment for the life-threatening condition because of inadequate resources.

The hospital's renal unit services Natal and Kwa-Zulu, which constitutes a population of six million people.

ANC health affairs Dr Nkosazana Zuma has hit hard at the proposed budget cuts and the privatisation of hospitals.

"While they (the government) say they want to negotiate the future of the country, they are at the same time unilaterally taking such drastic decisions as privatising hospitals. No consultation whatsoever was exercised by them with any of the interested parties," she said.

She said the ANC had appealed to the government to halt the privatisation of hospitals as it was diminishing the number of people who can afford medical care.

Sick *(98)*
health
system
faces
more
cuts

D R I P S : 7 M O R E B A B I E S

S/Times 27/9/92 .

D I E

98

By JOCELYN MAKER

AN investigation has been launched into the deaths of seven newborn-babies who were given contaminated drips at three hospitals this week.

Four babies died of septicaemia at the JG Strijdom hospital in Johannesburg on Monday and Tuesday. Another two died at the Johannesburg hospital and one at the Park Lane Clinic.

Two more babies, who have also been on contaminated drips, are fighting for their lives in the Johannesburg hospital and the Park Lane Clinic this weekend.

Professor Hendrik Koornhof, a top microbiologist with the SA Institute for Medical Research, affirmed yesterday that clinics and hospitals had been alerted after the deaths, and said the drip solutions involved had been withdrawn.

He said an organism called serratia — first cousin to the klebsiella bacteria that killed 13 babies between February and September 1990 — was found in the blood of the babies and in the drips they had been given.

Isolated

"A post-mortem on one of the babies which died at the Johannesburg hospital this week did not turn up the organism, but it is highly probable that the child died of the same bacterial infection," he said.

"A third baby is desperately ill after being on the same drip solutions, but we still have to confirm if there has been contamination.

"We have isolated the serratia organism in the blood of some of the dead babies and have positively isolated the same bacteria in unopened drip bags from the same batch number.

"The outbreak of bacteria is in



HUG OF DEFEAT: Martina congratulates Jimmy

Connors triumphs in Battle of Sexes

Sunday Times Reporter: Las Vegas

JIMMY CONNORS beat Martina Navratilova in a tennis match billed the "Battle of the Sexes" winning 7-5, 6-2 before a sellout crowd of 13 800 outdoors at Caesar's Palace.

Both tennis stars came to play, not create an event, like Bobby Riggs's infamous battle with Billie Jean King at the Houston Astrodome 19 years ago.

There were few exchanges between the players and hardly any between the players and the fans during the battle for a prize of \$500 000 (R1,4-million).

Navratilova committed eight double faults. Connors, on the other hand, had only six double faults, although he was allowed just one serve. This meant if he faulted, it was automatically a double fault.



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"A third baby is desperately ill after being on the same drip solutions, but we still have to confirm if there has been contamination.

"We have isolated the serratia organism in the blood of some of the dead babies and have positively isolated the same bacteria in unopened drip bags from the same batch number.

"The outbreak of bacteria is indisputably linked to contaminated intravenous fluid, which usually leads to death once it enters the bloodstream," he said.

Professor Koornhof said the SAIMR had already contacted the Medical Research Council and the necessary precautions had been taken to prevent further deaths.

The drips tested by the SAIMR were supplied by Isotec Nutrition in Selby, Johannesburg. Isotec buys some of the ingredients for the admixtures it prepares from Sabax, the company that supplied drips given to the 13 babies who died in 1990.

Sabax chief executive Mr Ian Strachan, said yesterday he had been telephoned on Thursday by Park Lane manager Dr Gordon Cohen, who told him a newborn infant had died of septicaemia and that another baby was desperately ill.

"He said both infants had been given Isotec drips. I told him Isotec is an independent company, not a Sabax subsidiary, but that they bought bulk ingredients from us," said Mr Strachan.

He said Sabax stopped producing admixtures after the 13 babies died in 1990.

Bags

"We import empty bags from our parent company, Baxter, in the US, and supply these, plus a significant volume of parental nutritional products, which we purchase in bulk, to Isotec.

"The admixes are made up by Isotec according to prescriptions provided by doctors, and Isotec fills the bags and supplies them to the hospitals," said Mr Strachan.

"On Friday, Isotec sent us the batch numbers of two products that have been implicated in the most recent deaths, and in conjunction with the

□ To Page 3

Sunday Times Reporter: Las Vegas

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Probe into drips after babies die

S/Times 27/9/92

□ From Page 1

98

SAIMR and the SABS, we are conducting tests to see if any of the components we supplied to Isotec were in the contaminated drips," he said.

Yesterday, Professor Eric Rosen, head of paediatrics at JG Strijdom hospital, said the intensive care unit had been closed after the deaths of four babies.

"We will not be accepting babies from other hospitals or clinics for the time being. Only babies who are born here will be put into the unit if necessary.

Concerned

"We are extremely concerned and took cultures from all the equipment in the unit to try to establish what caused the deaths. We called in the SAIMR, which removed the drips for analysis.

"Four babies died within 48 hours, all from septicaemia, and all of them had been on Isotec and Sabax drips. Blood cultures taken from the first three babies and unopened drips in the same batches were found to contain the serratia organism," said Professor Rosen.

Johannesburg hospital superintendent Dr R Meyerowitz refused to comment on the situation, saying it was "being investigated".

Problems

Park Lane manager Dr Cohen said the clinic had been notified of "problems regarding a particular intravenous feeding product" and that an investigation was under way.

"This product has been removed from use at all hospitals in the Clinic Holdings group," he said.

Isotec was not available for comment last night.

In February, an inquest court found that no one was responsible for the deaths of 13 babies — who had all been on Sabax drips — from klebsiella.

The inquest court was told by Mr C Cohen, SC, for Sabax, that the most likely source of contamination in the drips used in 1990 had been base products which arrived at the laboratory in so-called sterile containers.

hands h talk

Minister Roelf Meyer and ANC secretary-general Cyril Ramaphosa, closed a package deal after three weeks of closed-door bargaining.

The three elements of the deal were an agreement to release remaining political prisoners, a ban on the carrying of dangerous weapons and the securing of hospitals.

Most of the haggling centred round the release of political prisoners.

The government initially insisted that all political prisoners, as defined in an earlier agreement with the ANC, had been released. Later, it backed down, but continued to refuse to free Magoo's bar bomber Robert McBride, and Mzonde-

□ To Page 2

PICK 6

TURFFONTEIN
One lucky punter received a payout of R1 290 001,50. Numbers: 5; 9; 10; 4; 6; 7; 8; 2.

GREYVILLE
Only 5 winners received R68 188,50 each. Selections: 3; 1; 9; 7; 2; 5.

KENILWORTH
There were no winning tickets. Dividend carried over. Combinations: 3; 4; 10; 2; 10; 11; 10.

A healthy run for charity

STETHOSCOPES and scalpels will be set aside and other sharp timing devices installed when medical practitioners line up for the Parke-Davis Medical 10 Kilometre Road Race on Saturday.

Proceeds from this annual event — which is only open to medical doctors — will go towards a "patient" that is desperately in need of "reconstruction and upgrading" — the Victoria Hospital Casualty Unit.

This 10 kilometre fun run for the medical profession and a three kilometre fun run for cardiac rehabilitation patients from the Heart Foundation of SA — better known as "Heart Throbs" — will start and finish at Parke-Davis' head office in Retreat.

Last year a record number of medical doctors, dentists and veterinary surgeons competed, with entrants coming from as far as Namibia.

Winner

Runners are handicapped 30 seconds a year of age from 40 upwards, with a floating trophy going to the fastest runner overall on actual time and gold medals for the fastest male and female on handicap.

The Heart Foundation of Southern Africa will nominate the winner of the Ian Taylor Memorial Award, which is presented annually to the most deserving

BY RENÉ DU PREEZ

cardiac rehabilitation patient.

A Metro helicopter, Pri-Med Ambulance and medical staff from Victoria Hospital will be on stand-by.

Paula Chapman, one of the organisers of the run, said that there was a desperate need for funds to upgrade the Casualty Unit at Victoria Hospital, which provided an important service to a large section of the Cape Peninsula.

"We want as many doctors as possible to enter as this fund, which was launched last year desperately needs to gain momentum," she said.

Any doctors wishing to take part should contact Mrs Buddy Raw at ☎ (021) 710-4111.

Doctors try to save special patient?

Stretcher Cape Metro 27/9/92.



CONFUSION? . . . although there was some confusion as to which way to go for their training run, doctors Andrew Van Den Heever, left, and Tobias Gretten have assured patients at Victoria Hospital that this kind of action does not take place in the operating theatres. The two doctors will join a large contingent of people in the medical profession taking part in the annual Parke-Davis Medical fundraising 10 Kilometre road race on Saturday. Picture: AMBROSE PETERS

Hospitals withdraw suspect drips

ALL stocks of an intravenous drip solution which apparently caused the deaths of seven premature babies in Johannesburg hospitals last week had been withdrawn, SA Institute for Medical Research microbiologist Prof Hendrik Koornhof said yesterday. Four babies died of septicaemia at the J G Strijdom Hospital on Monday and Tuesday. Another two died at the Johannesburg Hospital and one at the Park Lane Clinic.

ADRIAN HADLAND
and THEO RAWANA

98

The SA Medicines Control Council, the regulatory body for the distribution of medicines in SA, had also requested the drip manufacturers to submit the various individual components of the drips for testing, Koornhof said.

As the drips' components were mixed

To Page 2

Drips

together in stringently aseptic conditions, it was likely one of the ingredients had been contaminated, he said.

Koornhof said only a limited number of the drips had been prepared, on special request from paediatricians at the J G Strijdom Hospital, Johannesburg Hospital and Park Lane Clinic, so the task of recalling the batches had not been difficult.

The latest condition of three babies reportedly critical after use of the drips could not be divulged yesterday, hospital spokesmen said.

A Witwatersrand police spokesman said he could not say whether police were investigating the deaths. "But if they are unnatural deaths, then the police will in-

vestigate," he said.

Drip manufacturer Sabax said yesterday it had heard about the death of a baby and the illness of another late last week from the Park Lane Clinic. It was told both these babies had received an Isotech Infusion admixture from the same batch.

Sabax said the clinic had mistakenly assumed Sabax supplied this product. Sabax admixture units were closed in October 1990 and had not been reopened.

Sabax, a supplier of sealed and terminally sterilised products to Isotech, said while it did not believe intact products supplied to Isotech could be contaminated or defective, tests were being run on the products supplied.

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From Page 1

Deaths of 7 babies on drips no surprise — lawyer

STAR 28/9/92

98

By Julienne du Toit

The deaths of seven babies last week from allegedly contaminated drips came as no surprise to him, attorney Peter Soller, who represented families in an inquest into the deaths of 13 babies in 1990, said yesterday.

Mr Soller said he felt compelled to speak out "once and for all about the repeat of an incident so clearly reminiscent of one never properly investigated less than one year ago".

He called for the previous drip death inquest — which found no one responsible for the 13 deaths in 1990 — to be reopened in the interests of justice and for the Transvaal Attorney-General to move quickly in investigating the latest deaths.

Last week four newborn babies died of septicaemia at JG Strijdom Hospital, two

died at Johannesburg Hospital and one at Park Lane Clinic.

The babies were on drips supplied by Isotec — which buys bulk ingredients for its drips from Sabax — when they became ill.

Mr Soller said that after the previous drip death inquest, he had said: "It must never happen again."

The reason more babies had died under similar circumstances were complex, he said, and included the fact that at the inquest into the 13 deaths, scientists who were relevant to the case had not been called.

Mr Soller said experts and paediatricians had expressed willingness to testify, but were rejected in favour of evidence of "a third-hand or even a fourth-hand nature".

In addition, witnesses from Ga-Rankuwa Hospital in connection with possible

adult drip deaths were also not called to testify.

Mr Soller also reproached ANC president Nelson Mandela for not supporting him in investigating the Ga-Rankuwa deaths.

The deaths at Ga-Rankuwa Hospital were at the time blamed on negligence caused by strikes at the hospital.

He said his speaking out was not a case of sour grapes but "a case of anger and frustration at a system which was manipulated to ensure and secure that the truth was never to be known or, indeed, got at."

Sabax yesterday denied it had anything to do with the deaths.

It said in a statement that the admixture in question was prepared by Isotec, a company completely independent of Sabax which spe-

● To Page 3

'Deaths of 7 babies no surprise'

STAR 28/9/92
From Page 1

cialises in providing an admixture service to hospitals.

Sabax said its admixture units were closed in October 1990 and had not been reopened.

Tests conducted by Lancet Laboratories on the same batch of admixture prepared by Isotec had confirmed that there was contamination, Sabax said in a statement.

"Although Sabax has no reason to believe that intact products supplied to Isotec could be either contaminated or defective in any way, further testing on the products supplied was instituted immediately after the initial contact by the Park Lane Clinic.

"These tests are over and above the Medicines Control Council-approved testing procedures, which comply with international standards and which are conducted prior to the release of all Sabax-manufactured products.

"Preliminary results of these tests are expected from the South African Institute of Medical Research by Wednesday, September 30, with detailed results being available approximately one week thereafter from the SAIMR and the South African Bureau of Standards, when further statements will be issued."

'Killer' drips are withdrawn

(98)
CT 28/9/92

JOHANNESBURG. — All stocks have been withdrawn of the contaminated intravenous drip solution thought to have caused the deaths here of seven premature babies at three hospitals.

The SA Medicines Control Council, which regulates the distribution of medicines, has asked the drip manufacturers to submit individual components for testing.

As components were mixed in stringently aseptic conditions, it was likely only one ingredient had been contaminated.

There was no evidence of contamination in any drips other than those used for premature babies, said a control council spokesman.

Dr Ron Marshall, medical superintendent of Red Cross Children's Hospital in Cape Town, said yesterday the

hospital did use standard drips supplied by Isotech but there had been "no complications".

At Groote Schuur Hospital Isotech drips are not used but Sabax base ingredients are used in their own mixtures. Somerset Hospital has never used Isotech drips.

Park Lane Clinic matron Mrs Beverly Frieslich said yesterday: "There seemed to be a problem with one of the drips. They were all withdrawn very quickly and everything is well under control now."

The baby reportedly fighting for its life was "in a stable condition".

Yesterday, Sabax said the clinic had mistakenly thought the product had been supplied by Sabax.

Sabax admixture units were closed in October 1990. — Own Correspondent, Staff Reporter

Drip tests after ^{ET 29/9/92} death of babies ⁹⁸

JOHANNESBURG. — Samples of the components that made up the drip feed mixture believed to have caused the death of seven premature babies is being sent overseas for testing.

The step was being taken to ensure the safety of patients, Mr Ian Strachan, spokesman for the medical supplies company Sabax, said yesterday.

This was in addition to the testing being done by the South African Institute for Medical Research and the South African Bureau of Standards, he said.

"We are also taking the precautionary measure of requesting hospitals to put on hold batches of the terminally sterilised products used in the preparation of admixtures," Mr Strachan said.

Two babies are still in intensive care after being given drips believed to be contaminated. One is making "progress" while the other is "critical".

In Cape Town the Red Cross Children's Hospital had four children on intravenous drip feeding.

"We have not had any trouble," a spokesman said, adding that the drip solution was not the same as that used in Johannesburg. — Sapa, Staff Reporter

SAP, foreign labs drawn into drip probe

KATHRYN STRACHAN

98

INVESTIGATIONS involving police and international agencies into contamination of drips which allegedly caused the deaths of seven babies were announced yesterday.

SA Institute of Medical Research spokesman Prof Hendrik Koornhof said results of institute and Medicines Control Council analysis of the drip solutions would be available tomorrow.

Although the bacteria serratia had been identified in bags used in the infusions — supplied by Isotec Nutrition — researchers were still trying to find the exact cause of contamination.

Sabax CE Ian Strachan said last night samples of the product supplied to Isotec

were also being sent abroad for testing.

Isotec bought the ingredients for the admixtures from Sabax, which supplied drips given to 13 babies who died in 1990.

Isotec MD Iain Rosekilly — who during that period was responsible for Sabax's admixture unit — confirmed that intensive testing was being conducted on all components used to dispense the products.

SAP liaison officer Captain Eugene Opperman said police would begin investigating allegations once laboratory results were available.

2/11/92
BIDNEY

Anxious calls after drip deaths

By Monica Oosterbroek (98)

Pregnant women have inundated hospitals with queries following the tragic death of seven more babies from allegedly contaminated drips.

The women called despite assurances from suppliers Isotec Nutrition that the product would no longer be supplied and that all implicated batches had been withdrawn.

Four premature babies died of septicaemia at JG Strijdom Hospital, two at the Johannesburg Hospital and one at Park Lane Clinic after they were put on drips last week.

Two babies are still in intensive care units. A baby girl in the Johannesburg Hospital was in a "very critical condition" and a baby at

the Park Lane Clinic was in a stable condition, hospital spokesmen said.

At a press conference at the Park Lane Clinic yesterday, chief matron Beverley Frieslich said dozens of anxious pregnant women had phoned the clinic. Many had also been telephoning other clinics and hospitals.

Mrs Frieslich said all the babies who had died had been given intravenous drips because they were prematurely born. "I would like to reassure prospective parents or parents with newborn babies that our clinic has taken every precaution against similar occurrences," she said.

The quick and professional action of members of her neo-natal unit led to the first signs of the infection being

detected and the medical authorities being notified, she added.

The drip solution, Total Parenteral Nutrition, consists of sterile solutions including components bought from Sabax, the company that supplied drips given to 13 babies who died in 1990.

Isotec managing director Iain Rosekilly said the company, together with Sabax, Lancet Laboratories and the SA Institute of Medical Research, was conducting intensive tests on all components used in these products as well as the final product supplied to the hospitals. The results were expected in the next few days.

Sabax said last night it had sent intact samples of the products supplied to Isotec for testing overseas.

Isotec probe shows drip contamination

KATHRYN STRACHAN (98)

ISOTEC Nutrition yesterday admitted its investigations had found bacterial contamination in drips which allegedly caused the deaths of seven babies last week.

Isotec MD Iain Rosekilly said the results of independent laboratory testing, commissioned by the company, were released yesterday. Three intravenous solutions were contaminated, he said.

Investigations are being conducted by the SA Institute of Medical Research and the Medicines Control Council, as well as researchers abroad, to find the exact cause of the contamination. The preliminary results of these tests will be available today.

Isotec buys some of the ingredients for the solutions from Sabax, the company which supplied drips given to 13 babies who died in 1990.

Rosekilly said that due to the highly complex nature of the solutions, a sterilisation process of the final product could not be performed.

The components therefore had to be mixed in a totally isolated sterile environment and sealed prior to distribution, he said.

"This is not a generally prescribed intravenous solution," said Rosekilly. "They are in fact highly specialised solutions which are usually only prescribed and administered to patients who are already critically ill."

Meanwhile, two babies who were given intravenous feeding last week are still in intensive care. A Johannesburg General Hospital spokesman said 19-day-old Louise Bender was still in a critical condition, but the condition of the baby at Park Lane Clinic had improved.

35 hurt as police open fire on Ratanda march

B/DAM 30/9/92

AT LEAST 35 residents of Ratanda township near Heidelberg were injured — two seriously — when police opened fire on protesters at Ratanda police station yesterday, ANC PWV spokesman Ronnie Mamoepa said.

The residents marched to the police station to demand demolition of the Ratanda Hostel from which a grenade attack, in which one person was killed and others were injured, was allegedly launched on Monday.

Ten protesters were arrested during the demonstration, he said.

Ratanda Hostel is believed to be among 15 hostels targeted by government and ANC negotiators for fencing by mid-November.

The ANC called for urgent security measures to be implemented at the hostel "to prevent further flare-ups in the area".

But the call to fence hostels has elicited furious protests from Transvaal hostel residents, with one threatening "bloodshed" if such a move is attempted, reports THEO RAWANA.

President F W de Klerk and ANC president Nelson Mandela agreed at their meeting on violence that hostels would be "adequately fenced" and that there would be security patrols and a police presence outside the hostels.

But East Rand Hostel Residents' Association chairman Zakhele Mlambo said De Klerk and Mandela should first explain why hostels

RAY HARTLEY

should be fenced. "It is not acceptable, because government took a decision without the hostels' leadership. It is not going to happen — there will only be bloodshed if it is attempted," said Mlambo.

While Mandela said hostels were sources of violence, hostel dwellers saw Umkhonto we Sizwe at its root, he said.

Transvaal Hostel Residents' Association chairman Joe Kubheka said his organisation was surprised at the agreement on hostels. It would meet today to decide what to do.

"We are going to react strongly," he said. "Even National Housing Minister Leon Wesels recommended to the Goldstone commission that hostels should not be fenced."

Meanwhile, Sapa reports that four people were killed on Monday night at Chicken Farm squatter camp near Kliptown, Soweto.

Khabisi Mosunkuthu of the Soweto Civic Association said yesterday the four were shot and hacked in separate attacks.

"Residents managed to apprehend seven of the attackers, but three escaped later," he said. The suspects were handed over to police.

In Umlazi's G section, Durban, Gabriella Dlamini was found shot in the head late on Monday night. The body of an unidentified man was found in Umlazi's T section yesterday.

Hospital staff alarmed by murder of doctor

B/DAM 30/9/92

KATHRYN STRACHAN

STAFF at Baragwanath Hospital in Soweto were deeply shocked and upset at the killing of a German doctor on his way home from the hospital, sources at the hospital said.

Dr Stephan Walter, 29, was shot by unknown gunmen after leaving work on Monday evening. He was

found unconscious at the turnoff on the M1 North, close to Baragwanath, and was taken to hospital. He died without regaining consciousness.

Walter came to SA from Munich in January to work at Baragwanath.

Baragwanath Hospital spokesman Annette Clear said the killing had not only shocked those close to Walter, but had left a feeling of fear and uncertainty that could be sensed throughout the hospital.

It was also possible that the attack would turn away doctors and nurses who

might otherwise have applied for jobs at the hospital, she said.

"All staff members fear for their safety wherever they go," said Clear, adding that the attack had intensified that fear.

"This hospital has been through a trying time in the past few months with the strike and the violence, and this has only made it worse," she said.

Clear said Walter was shot on a road which many of the staff used as a shortcut through the township.

Hospital superintendent Chris van den Heever appealed to staff members yesterday not to go into areas about which they had any doubts.

Train boycott looms in PWV

RAY HARTLEY

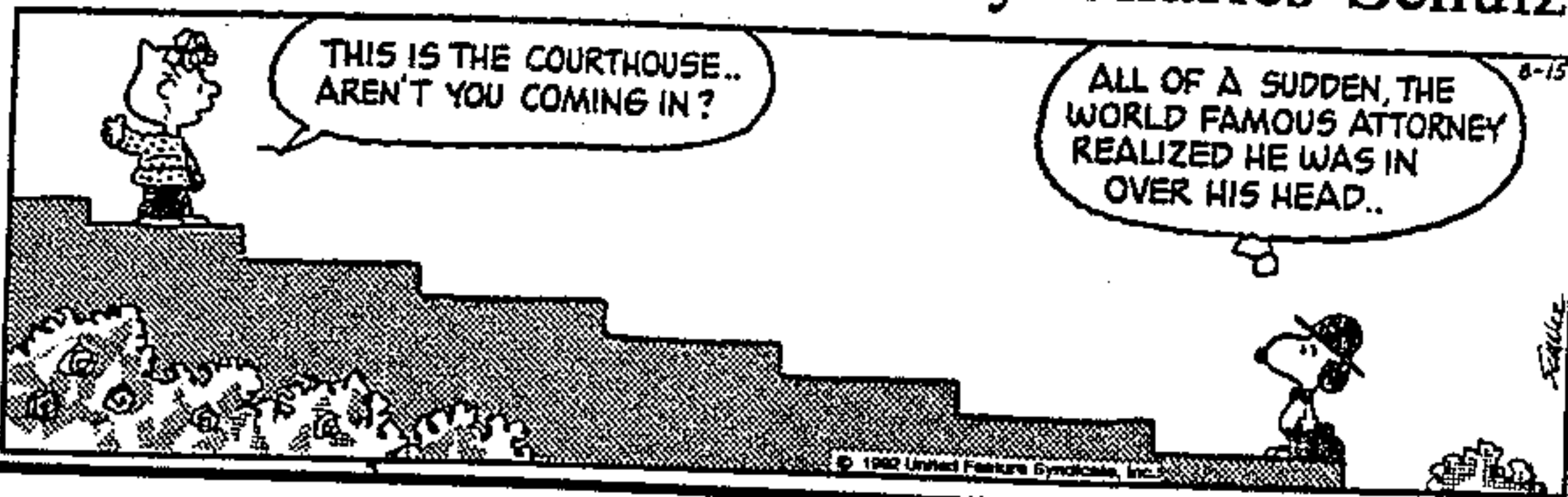
ANC-aligned organisations in the PWV have agreed in principle to boycott commuter trains because of the failure of police and SA Rail and Commuter Corporation to implement agreements.

The decision was taken at a PWV Action Council meeting which included representatives of Cosatu, the SACP and the ANC, but would have to be vetted by individual organisations before it was implemented, ANC PWV spokesman Ronnie Mamoepa said.

He said it was unacceptable that a new rail guard would only come into operation in April 1993 instead of the end of the year.

PEANUTS

By Charles Schulz



ducs was bearing fruit. A World Bank tender had been secured in the central African Republic of Burundi.

Turnover was up 5% to R478m (R453m) he said. The chemicals and the

HEALTH & DISEASES - HOSPITALS & CLINICS

1992

OCT. - DEC.

CPA 'optimistic' about using drips

Health Reporter

48
ARC 1/10/92

THE Cape Provincial Administration is "optimistic that no casualties due to infectious intravenous nutrition products" will occur in provincial hospitals.

This news follows the deaths of eight babies in the Transvaal believed to have been given infected drips.

The CPA said yesterday it had immediately ordered that the batch numbers of products implicated in the deaths be identified and withdrawn from circulation in all provincial hospitals until tests confirmed they were safe for human consumption.

40 lose jobs in hospital takeover

11/10/92

ANDREA WEISS
Health Reporter

ABOUT 40 workers at the Elizabeth Hospital in Buitenkant Street have lost their jobs after months of uncertainty over the hospital's future.

The hospital's licence and equipment has been sold to Clinfed (Pty) Ltd, an associate of Clinic Holdings — which owns the City Park Hospital — following the liquidation of the owner, Medigroup (Pty) Ltd.

Hospital staff said yesterday that the liquidators had asked them to stay as a going concern. But now it had been sold they had been told there was no work for them.

The hospital is still open but its future is uncertain as the companies that own the building — Advertising Centre (Pty) Ltd and Masterbond — are also under liquidation.

Mr Alan Matthews, of City Park Hospital, said there would be talks about the building but in the meantime the Elizabeth was admitting patients and operating theatres were open.

About six nurses have been kept on by the new owners. They will be assisted by City Park staff.

Mr Matthews expressed sympathy for the staff who had lost their jobs, saying he understood why they felt "abandoned".

He said the company was not able to offer them jobs because of the unresolved problem of the building and because City Park had enough staff to keep the Elizabeth going.

Sister Robyn Evans, who is staying on and will work for the City Park, said it was a "sad day for the Elizabeth".

She paid tribute to a "fantastic team of workers who put together that was so healing and peaceful that people wouldn't go home and chose to stay on a couple of extra days".

Theatre staff who have lost their jobs said they felt particularly hard done by, as they had kept the hospital ticking over. "We made this place and now management has sold us down the river," one said. Job prospects for the retrenched staff are gloomy, due to the Cape Provincial Administration's recruitment freeze. One sister said: "For the first time in nursing history there are no jobs for nurses."

Groote Schuur faces staff cuts

98
CT/110/92

Staff Reporter

AN offer of early retirement had been circulated to all Groote Schuur Hospital staff in an effort to reduce costs, according to chief superintendent Dr P J Mitchell.

While Groote Schuur had already made significant savings, it would try to assist the Cape Provincial Administration to reach new targets, he said.

The CPA, which has projected that between R100 million to R200 million on the health budget will have to be saved before the end of March 1993, has had orders from the cabinet to reduce its personnel by five percent.

The CPA met with hospital heads yesterday to discuss cuts to the health budget.

CPA spokesman Mr Krige Visser said after the meeting that there would be an increased commitment to primary health care.

The health officials attending the meeting had discussed the planning and execution by academic hospitals of the cabinet di-

Council investigates E European nurses

Staff Reporter

AN increase in applications from nurses in Eastern European countries had led to a "fact-finding visit" to check up on the quality of their qualifications, according to Mr Frank Germishuizen, registrar of the South African Nursing Council.

Mr Germishuizen said yesterday that council representatives had not been on a recruiting mission and he confirmed that there was no shortage of nurses in South Africa.

rective to reduce the CPA's personnel component, he said.

They had also discussed the impact of personnel reduction on the services being rendered by academic hospitals and the rationalisation of their activities, said Mr Visser.

Dr Mitchell said that some staff have indicated an interest in taking early retirement.

"Staff reductions will affect the numbers of patients that can be treated at the hospital. We hope, however, that many patients, especially those needing more basic levels of care, can be treated more appropriately and conveniently at their local day hospitals or clinics."

Groote Schuur does not intend cutting specialised hospital programmes "as yet", he said.

"But we will have to examine all of the services provided," he added.

Mr Visser said that a "strategic plan" that would be implemented by the CPA was based on the principle that patients should have access to health care as close to their homes as possible.

"Academic hospitals will not be used as walk-in facilities for primary health care."

● In Johannesburg the National Education, Health and Allied Workers' Union told Sapa in a statement it would map out a co-ordinated response to the Cape and Natal provincial administrations' decisions to re-trench workers.

Woodstock to close wards

APR 3/10/92
Health Reporter 98

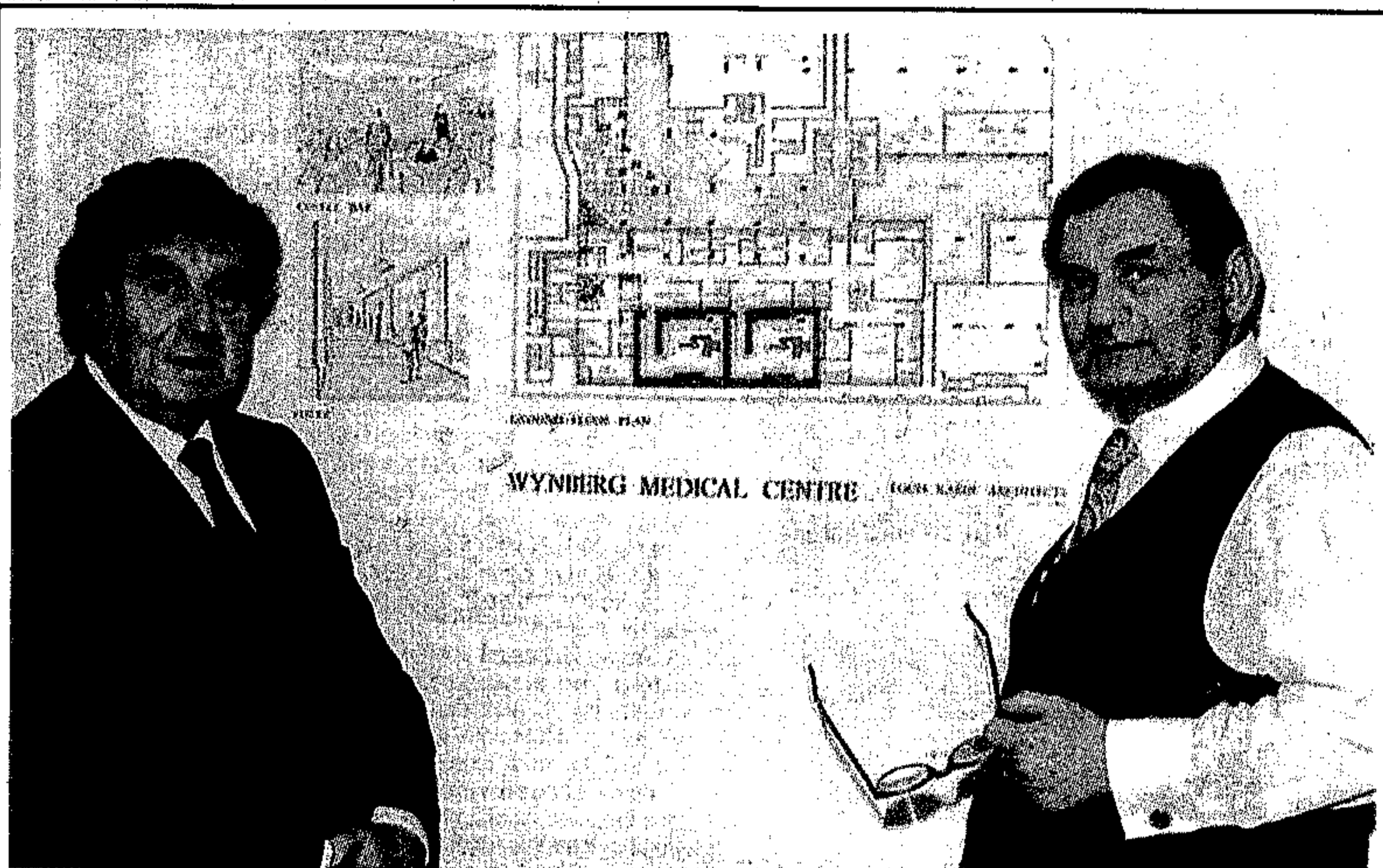
WOODSTOCK Hospital is to close its in-patients department from January 1 next year.

Surplus personnel will be transferred to clinics "to work in primary health care", the Cape Provincial Administration has announced.

Hospital services head Dr George Watermeyer said the out-patient and emergency departments would be retained for the Woodstock community and the remaining in-patients would be moved to Somerset Hospital.

The announcement is part of a strategic plan to provide patients access to health care as "close to their homes as possible."

Dr Watermeyer said the plan would also mean that academic hospitals would not be used as "walk-in facilities for primary health care."



Barney Hurwitz, chairman of Clinic Holdings and architect Louis Karol unveil the plans for the Wynberg Medical Centre to turn it into the country's first oncology hospital at a cost of about R40m.

(98) CT2/10/92

Wynberg gets R40m hospital

By MAGGIE ROWLEY
Property Editor

THE Wynberg Medical Centre is to be revamped into a new 108-bed hospital specialising in oncology at a cost of about R40m, according to chief executive of Clinic Holdings, Barney Hurwitz.

The building is to be completely gutted and rebuilt at a cost of R20m to provide six state of the art theatres, 22 doctors suites, top X-ray facilities and a pharmacy.

In addition the latest equipment to treat cancer patients unavailable elsewhere in SA, including a high energy type linear accelerator and a gamma knife are to be imported from the United States at a further cost of about R20m.

Hurwitz said while general hospital facilities would be provided, they expected the special-

ised treatment facilities to attract cancer patients from around the country.

The Wynberg Medical Centre was purchased six years ago but due to a long lease with existing tenants the building would only be vacated in March next year when the revamp would begin.

Before Clinic Holdings went public in 1987 the properties were taken out of the trading operations and are now owned by the Hurwitz family who also control Clinic Holdings through a 50,4% interest.

The Wynberg Medical Centre falls under a sister company, Federated but would possibly be absorbed into Clinic Holdings at a later stage, he said.

The group presently controls 18 hospitals, 12 of which are in the public company and further innovative developments, including one in Cape Town were

being pursued.

Architect Louis Karol said extensive refurbishing to bring the hospital up to Clinics' standards would begin in March with all construction work due to be completed by the end of 1993.

"Emphasis will be placed on opening the building through the use of atriums and other means to allow as much natural lighting as possible including in the operating rooms.

"Four lounges for patients will be provided on each floor as well as a coffee shop and relatives' lounge on the groundfloor."

The assets, including the license of the Elizabeth Hospital in Cape Town was acquired by Federated this week but Hurwitz pointed out that they had not been responsible for the dismissal of any of the staff who had worked for the previous owner.

US firm to test drip ingredients

By PAT SIDLEY

SOME of the basic components of the intravenous drips suspected of being implicated in the deaths of several newborn babies, were imported from the United States from the company which supplies Sabax with its technical know-how. *W/ Mail 2/10-8/10/92*

And Sabax has asked the US company, Baxter Health Care, to re-check for bacterial contamination the batches from which the components were exported to South Africa.

This raises the possibility that Baxter could become liable if the drips are found to be the cause of the deaths.

In the past two weeks eight newborn babies have died mysteriously. All were on drips, the contents of which had been mixed at a firm called Isotec with the components supplied by Sabax.

Two years ago several babies died under similar circumstances but an inquest court found that "nobody was to blame" for the deaths. At that stage a scapegoat was found in a worker at the pharmaceutical factory said to have had dirty cuffs on his sleeves.

A Baxter spokesman told *The Weekly Mail* his company had a "technology swapping" agreement with Sabax — not a licensing agreement — and that the company also supplied certain basic ingredients to Sabax. Asked whether any of these products were used in the batches of drips implicated two years ago and in the present batch of baby deaths, the spokesmans said: "This goes to liability, and the question should be asked of the South African company."

Sabax said "certain sterile empty bags and transfer sets" which emanated from Baxter were used in the batches of drips suspected of causing the problems two years ago and had also been supplied to Isotec, the company which mixed the "cocktails" in the present drip bags implicated in the recent deaths.

Sabax added: "Regular tests conducted on these products revealed no contamination."

However, responding to questions on why Baxter had been approached, Sabax said: "We have approached the Baxter plant supplying these components to re-check product from the same batches as those supplied to Isotec and used in the preparation of the admixtures under investigation."

If any of these batches were found to be contaminated, it would raise the possibility that the US company may have to shoulder some blame for the deaths.

This week the Transvaal Provincial Administration announced that it was inquiring into the deaths in its own hospitals. However, the Department of Health in the House of Assembly, which is the government department responsible for regulating the behaviour of private clinics (like the Park Lane) where babies have died, has not yet launched an inquiry.

Never-ending nightmare for lawyer Soller

STAR 3/10/92 (98)

THE drip deaths of two years ago have come back to haunt Johannesburg attorney Peter Soller.

He was approached this week by another set of parents regarding the recent spate of deaths, allegedly due to nutrition drips. He said he was not surprised that history had apparently repeated itself.

All his attempts to get to the bottom of the 1990/91 deaths came to nothing, he said.

Official indifference and deliberate stonewalling were just some of the obstacles he met at every turn.

He decided to take up the cudgels after being approached by scores of bereaved people in 1990.

An initial meeting was held with the families at the Old Edwardians Club in mid-1990, at which Kevin Attwell of the Attorney-General's office was present.

Appeal

At the same time, Soller wrote a letter to Minister of Health Dr Rina Venter, who failed to respond. He then appealed to Housing and Welfare Minister Sam de Beer, but again drew a blank.

In July 1990 Soller wrote a letter to the Brixton Murder and Robbery Squad, saying he could prove he had a faulty death certificate and attached the relevant post-mortem report. The letter was never answered.

On September 22 1990 he went in desperation to see ANC president Nelson Mandela, who promised to present Soller's brief to Atlanta mayor Andrew Young.

According to Soller, Mandela had been told the deaths involved only



PETER SOLLER: says he hit a wall of indifference.

white people — which was incorrect — and nothing came of the attempt.

"I then appealed to the Ministers and asked them to set up a commission of inquiry under the Commissions Act. Nothing came of that either," said Soller, who then wrote a letter to Minister of Justice Kobie Coetsee.

A member of Coetsee's office responded to Soller by specifically asking him not to speak to the press. He assured Soller that an inquest would be held into all the deaths and said the Inquest Act had recently been amended and that a mass inquest could be held with a judge presiding.

"They promised me they would tell me the next day when the inquest would take place, but I heard nothing.

"After a delay of about eight weeks, I was told I could not be given a firm date for an inquest because they could not find a suitable magistrate senior enough to handle the matter.

"Finally magistrate T le Grange was appointed and I was also told that the investigation was being passed on to Attorney-General Klaus von Lieres," he said.

However, when Soller approached Von Lieres, the Attorney-General

CAROLINE HURRY and BRENDAN TEMPLETON report on the heartache and horror surrounding the latest allegations that infected nutritional drips have caused a new spate of deaths in South African hospitals.

told him that "all would be done in the fullness of time after he had studied the documentation".

Soller wanted Von Lieres to hold an investigation himself. "I explained it was becoming impossible to handle the logistics of the case because I was inundated with crying people at my office saying nothing was being done," said Soller.

"Finally, around November 1991, I got a call from magistrate le Grange inviting all interested parties to come to his office. The Park Lane Clinic and the Morningside Group were ready to be at that inquest at any point in time, even offering to change their counsel if necessary.

"At the same meeting, Sabax, on the other hand, insisted that the inquest date be fixed at their convenience."

The inquest into some of the baby deaths began in January 1992.

At the time, the Attorney-General in Cape Town undertook to investigate the death of a Mr Castle, who died at Somerset Hospital due to drip contamination. That investigation is still going on.

Potential prominent witnesses, including professors, pathologists and microbiologists, were forbidden by the direc-

tor of hospital services at the Transvaal Provincial Administration to make any public statements.

In one instance, Professor Helen Crewe-Brown of Medunsa was asked by Le Grange to act as an assessor. She declined to do so because of her knowledge of large numbers of baby deaths at Ga-Rankuwa Hospital.

Then Crewe-Brown discovered the deaths were happening in other hospitals and offered to give evidence.

At the time, Crewe-Brown had the only facilities available in South Africa to DNA-type the strain of virus.

She and microbiologist Ebrahim Pochee conducted tests on unused Sabax drips and positively confirmed that these contained the same DNA-typing of the virus that was found in the deceased babies.

Evidence

She told Le Grange that she and members of her unit had vital evidence which could greatly assist the inquest, but Le Grange and the director of medical services would not allow her or her team to give evidence in court.

Crewe-Brown has since confirmed that she still has that evidence available. She also confirmed that she and others had been prohibited by the TPA's director of hospital services to make any public statements.

At the time, the Department of National Health and Welfare tried to blame the large number of baby deaths on the nurses' strike at Ga-Rankuwa Hospital. Pochee also confirmed that he had effectively been gagged by the TPA.

Baby drips:

ARG 3/10/92

60 may

98

have died

CAROLINE HURRY, Weekend Argus Reporter

INVESTIGATIONS indicate that at least 60 babies and adults may have died because of allegedly contaminated drips, some of them in Cape hospitals.

And Johannesburg attorney Mr Peter Soller, who is the attorney for the bereaved families, has described the previous inquest into the Sabax drip deaths as a "massive whitewash".

He claimed that prominent witnesses, including professors, pathologists and microbiologists, were forbidden by the Director of Hospital Services of the Transvaal Provincial Administration to make any public statements or give evidence in court, and Witwatersrand Attorney-General Mr Klaus von Lieres refused to investigate the other deaths.

The recent deaths of eight infants in Johannesburg hospitals came shortly after they were put on Isotec Nutrition drips. Isotec buys its bulk ingredients for its drips from Sabax.

In a statement yesterday Sabax said interim tests on its solutions showed no signs of contamination. Final results would be known next week.

"It is important to distinguish between the component solutions and the final admixed solutions. Adding the quality and sterility of the admixed solutions could be influenced by factors such as the techniques, procedures and controls used in the admixing process," the Sabax statement said.

A top paediatrician said that in April 1990 more than 10 babies died as a result of drip contamination at Park Lane Clinic, while Garankuwa Hospital lost several infants during the same period.

"The deaths were clinically distinctive because of the bags of bacteria that had been pumped into them," the paediatric professor said, adding that Sabax needed to review its standards of hygiene urgently and that its validated procedure was inadequate. "Sabax got away scot-free the first time. This must not be allowed to happen again."

An attempt to have the findings of the Sabax inquiry reviewed came to a dead-end this year when families could not raise the necessary legal funds.

Matron Beverley Frieslich, of Park Lane Clinic, confirmed the clinic had lost a lot of babies due to problems with Sabax drips. "Things were very drastic two years ago."

She added that after the recent spate of deaths

■ Turn to page 3

Drip contamination

■ From page 1

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the product had been withdrawn. "It was the swift work of the staff at Park Lane which prevented a similar disaster occurring," she said.

Mr Iain Rosekilly, managing director of Isotec, warned against "creating mass hysteria". He said: "Nosocomial infections — infections acquired in hospitals — are relatively common. At least 35 percent of hospital patients receive infections as a result of hospital procedures. The number of deaths may not be directly related to the drips."

"While I can't give you an assurance that this type of incident will not happen again, I can assure you that Sabax's facilities are highly specialised."

Some of the deaths which, according to Mr Soller, were "swept under the carpet" in 1990, occurred at the following hospitals: Johannesburg Hospital, Rosebank Clinic, Union Hospital in Alberton, Sandton Clinic, Garden City Clinic, Park Lane Clinic, Milpark Hospital, Morningside Clinic, Tembisa Hospital, Far East Rand Hospital, Klerksdorp Hospital, Addington Hospital in Durban and Somerset and Red Cross hospitals in Cape Town.

Documentary evidence shows that:

■ Mr Soller stated in a letter to the Minister of Justice, Mr Kobie Coetsee, that he had contacted the Brixton Murder and Robbery Squad with regard to the 60 known deaths in South Africa caused by contaminated Sabax drips, but due to alleged insufficient manpower, nothing was done about it. Mr Soller said in the letter the deaths "might well have been avoided had there been a proper reaction to the initial letter of complaint and referral to the SAP."

■ There were inexplicable and unnecessary delays in the completion of the proposed investigations into these deaths and proper procedures were not followed.

■ Inquest magistrate Mr T le Grange would not permit Mr

Soller to examine the internal procedure of Sabax Limited pertaining to the registration and investigation of adverse product reactions. According to Mr Soller, the copy of the Sabax adverse drug report protocol given to the inquiry did not relate to the deaths, "series of pages or updates" were missing and the documents were incomprehensible.

The inquiry closed without an order that the documentation be properly handed in.

■ The magistrate refused to hear the evidence of what Mr Soller considered to be vital witnesses, including doctors and nurses — although they were more than willing to testify in court.

■ The magistrate also refused to allow the documentation maintained internally by Sabax to be made available before the inquest was closed.

■ He refused to call as a witness Dr Steven Miller, a pathologist who could have contributed significantly to the cause of contamination at various hospitals where the deceased children were treated.

■ Mr Le Grange refused to accept that the circumstances surrounding survivors who became ill after the administration of the suspected contaminated product were relevant.

■ He initially ruled that evidence relating to many baby deaths at Garankuwa Hospital was relevant, but reversed his ruling the next day.

Commenting on accusations that he had refused to examine some of the drip deaths, Attorney-General Mr Von Lieres said that after the initial Sabax deaths in 1990 there was a Department of Health inquiry and the matter was referred to him.

"Soller came to see me a few times trying to dictate to me the pace at which he felt I should be proceeding with the matter. I did, in fact, appoint one of my senior advocates, Mrs T Rousseau, to investigate the matter."

Mandela hailed as 'hero' on his first visit to China

BEIJING - Nelson Mandela arrived on his first visit to China yesterday for talks with Chinese leaders.

"In China you are regarded as a hero," Chinese President Yang Shangkun told Mandela when he welcomed him at Beijing's Great Hall of the People. "We all know of your suffering and your long fight against apartheid," he said.

Mandela will meet Premier Li Peng and Chinese Communist Party general secretary Jiang Zemin.

Mandela said in Pakistan on Saturday that the ANC and government had made progress towards combating violence and preparing for full-scale constitutional talks.

"The foundation for further talks has been laid. We are facing the future with

confidence," Mandela said.

Mandela said that among the major issues still to be resolved was the release of about 500 political prisoners.

But earlier, in a lecture to government officials and diplomats at the Institute of Strategic Studies in Islamabad, Mandela said "we have made very solid progress" in the latest talks.

Earlier, Acting President Wasim Sajjad awarded Mandela Pakistan's highest civilian award.

Pakistan does not have diplomatic relations with SA. However, Pakistani government officials have said privately that the country's policy on SA is under review. — Sapa-Reuter-AP.



Snabed at the weekend during a
Picture: AP

Hospitals battle to make own drips

KATHRYN STRACHAN

SINCE Isotec drip solutions were withdrawn from all hospitals after the deaths of eight babies, allegedly due to contaminated drips, hospitals had been forced to prepare their own solutions, often in very unsuitable conditions, hospital sources said on Friday.

Johannesburg Hospital paediatrics department head Prof Alan Rothberg said the hospital had contracted Isotec to supply the drip solution because its own pharmacy could not maintain the necessary level of sterility. But with the withdrawal of all Isotec paediatric intravenous products, hospitals were again having to mix their own solutions.

Rothberg said Isotec had developed procedures, which were more stringent than the international standards followed by Sabax, when it took over the manufacture of the product, and it was impossible for the hospital to meet the same levels. Sabax stopped producing the solution after 13 babies died in 1990, and Isotec is the only company producing the solution locally.

Rothberg said that in 1990 and in the present cases, the babies were over the critical stage, but he emphasised that hos-

pitals in these cases were dealing with patients with a very high mortality rate.

Meanwhile, allegations that witnesses were forbidden to give evidence at the inquest after the Sabax drip deaths, have been described as "strange" by the TPA's communication services, reports Sapa.

It was alleged that prominent witnesses, including professors, pathologists and micro-biologists, were forbidden by the TPA Hospital Services director to make any public statements or give evidence in court.

In a statement issued in Pretoria on Saturday, the TPA said allegations that an official had banned prominent witnesses from making public statements or giving evidence in court, "sounds strange".

"It is common knowledge that when a person is subpoenaed by a court of law to give evidence, then nobody else can prevent him or her (from doing) so.

"Furthermore, it is common practice that when a case is sub judice, nobody is entitled to comment on that case."

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Ambulances 'urgently need help'

(98)
CT 6/10/92

Staff Reporter

ONLY the rapid implementation of the new hospital services "strategic plan" can save the embattled Cape ambulance and rescue service from running into a R1 million shortfall.

A report on the Ambulance and Rescue Service, passed by the Amenities and Health Committee yesterday, warned that there would be insufficient funds to cover costs under "current circumstances".

The report points to the "present unsatisfactory arrangement" with ambulances travelling mainly to Tygerberg and Grootte Schuur hospitals from remote areas in the Cape Flats.

Cape Provincial Administration spokesman Mr Krige Visser said the strategic plan was in the process of being implemented.

He said substantial savings could be made when day hospitals introduced

a 24-hour service. With extended services in these hospitals, there would be a reduction in overtime costs, longer vehicle life and a reduction in the costs of fuel, oil and vehicle repairs.

Deputy city administrator Mr Alan Dolby said the ambulance and rescue service run by the city council — which covers all 13 local authorities and includes the Metro service — had R3m more to spend than last year. "But we will be R1m overspent if we continue with resources and circumstances as they are now," he said.

While some ambulance response times have been almost in line with first-world guidelines, some are "substantially below the first-world international norms", according to the report. "But they are not alarming given the circumstances which prevail, particularly the number of assault and trauma cases."

The report also found that trauma cases were increasingly being transported to hospitals by minibus taxis.

Official concern at minibuses as 'ambulances'

Municipal Reporter

THE trend for injured people to be taken to hospitals in minibuses is cause for concern, according to a city council report.

About 65 percent of trauma cases went to hospital by minibus and about 35 percent by ambulance, the report said.

While ambulance and rescue services response times had improved in recent years, only more staff could aid further improvement. But provincial subsidy cuts made this impossible.

Heroic but hard-pressed, the ambulance and rescue service could face R1-million overspending this financial year. These were some of the findings in

a study of the likely impact on the ambulance and rescue services of the proposed provincial strategic plan for hospitals.

Deputy city administrator Mr Alan Dolby told the amenities and health committee that the service should be restructured parallel with the strategic plan for hospital services.

This restructuring should include the establishment of "sector stations", he said.

The report said there was a significant decrease in the number of cases handled in the past two years because of a province decision that ambulances should not respond to routine maternity cases.

Non-emergency transfers by ambulance between hospitals and the ser-

vice to and from outpatient departments had been stopped.

About 60 to 70 percent of emergency calls came from the Cape Flats, the report said.

Service to these areas had been improved by the establishment of "sector" ambulance stations at Mitchell's Plain, Retreat, Bellville, Khayelitsha and Atlantis.

Response times were negatively affected by poor communication to the control room, including language problems and insufficient information.

Supervision and management of the control room was inadequate, while it was overloaded with calls.

It was difficult for control room staff to decide on the priority of calls. Radio channels were overloaded, it

was difficult to find patients in undeveloped areas and long distances had to be travelled.

Solutions were being attempted by changing control room procedures, a vehicle tracking system was being tested, and there were plans to move the control room to Maitland.

Since 1988, 39 new posts had been created but 26 were for specialist duties such as helicopter rescues.

There were also problems with vehicles, repairs, rising fuel prices, overtime and insufficient money for uniforms.

The effect of the strategic plan would be to decentralise ambulance stations and ally them more closely to hospitals, the report said.

Tests on Sabax products find no contamination

BIDM 8/10/92 (98)

NO EVIDENCE of contamination has been found in tests conducted on Sabax component products, used as ingredients in Isotec intravenous drips which are believed to have caused the death of at least eight Johannesburg babies recently.

This was confirmed in a statement yesterday by the SABS and the SA Institute of Medical Research (SAIMR), which conducted the tests.

The tests, commissioned by Sabax, were conducted on component products taken from the same batches as those supplied to Isotec Nutrition for the preparation of drip admixtures, the statement said.

H van Rensburg of the SABS confirmed there was no contamination of Sabax component products tested. He stated the testing had been done according to internationally recognised British pharmacopeia methods.

Prof H Koornof of the SAIMR said: "No evidence of contamination was found on the testing of batches representing Sabax component products used as ingredients in the Isotec admixtures, which were supplied to us by Sabax."

Reacting to the results, Sabax CE Ian

Strachan said: "The results of these tests indicate that the Sabax component products are free from contamination and do not appear to be the cause of contamination of the admixtures."

He said all Sabax products were manufactured in accordance with exacting Medicines Control Council registration requirements.

The tests were called for after reports suggested the eight babies' deaths could have been caused by contaminated drips.

Earlier yesterday, Transvaal Provincial Administration director-general Andre Cornelissen appealed to people with information on babies who had died after impure intravenous feeding at hospitals to come forward.

Cornelissen said he urgently needed information so that a full investigation could be made.

He said all cases had been reported to the police for investigation and the findings could not be anticipated.

He said those with information should send it to the Director-General, Private Bag X64, 0001 Pretoria. — Sapa.

SABS finds baby drips not infected

98

ARG 8/10/92

The Argus Correspondent

JOHANNESBURG. — No evidence of contamination has been found in Sabax solutions used in Isotec drips which allegedly caused the death of at least eight newborn babies in Johannesburg hospitals last month.

Tests conducted by the SA Bureau of Standards and the SA Institute of Medical Research showed that the component products taken from the same batches as those supplied to Isotec Nutrition were completely sterile.

The premature babies, most of whom weighed under 1kg, died after being infected by bacteria contained in Isotec drips.

The drip solution was made up of various components of sterile solutions all exclusively bought from Sabax, the company that supplied drips given to the 13 babies who died in 1990.

In a statement released to the media yesterday, SA Bureau of Standards spokesman Dr H van Rensburg said the testing was done according to internationally recognised British Pharmacopeia methods.

Reacting to the results Sabax chief executive Mr Ian Strachan said: "These tests indicate that the Sabax component products are free from contamination and do not appear to be the cause of contamination of the admixtures".

He said all Sabax products were manufactured in accordance with exacting Medicines Control Council registration requirements.

Isotec Managing Director, Mr Iain Rosekilly, said last week that intensive microbiological tests had shown the drips to have bacterial contamination.

However, he was not available for comment on the latest test results.

The Transvaal Provincial Administration have launched an internal investigation into the baby deaths and yesterday appealed to anyone with information to write to him at The Director-General, Private Bag X64, Pretoria 0001.

Director General of the TPA, Mr André Cornelissen, said the TPA would be working closely with the police who were investigating the matter.

The Witwatersrand Child Protection Unit, under Captain Willie Botha, began careful detective work when an inquiry docket was opened two weeks ago.

Police reports will be forwarded to the Transvaal Attorney General who will decide whether the matter would go to court.

Police probe baby deaths

JOHANNESBURG. —
Police have begun investigating the deaths of at least eight babies who were apparently all given intravenous drips in hospitals here before they died. 18 OCT 10 1972

Manufacturer Sabax disclosed yesterday that no contamination had been found in tests conducted on its component products, used as ingredients in the intravenous drips. — Sapa

R50-m

boost to

health

care

STAR 9/10/92

By Philip Zoio

The Department of National Health and Population Development yesterday unveiled a R50 million-a-year plan to improve primary health care (PHC) in South Africa.

The department's director-general, Dr Coen Slabber, told a press conference in Johannesburg that 151 clinics were being built around the country in a "concerted effort to expand our PHC services".

Although South Africa's hospital services were good, its health services were only average and significantly poorer than those of developed countries.

He said there was a marked difference in life expectancies and infant mortality rates between South Africa's population groups.

In the PHC programme, the department is to address the eight "critical" elements of PHC identified by the World Health Organisation.

These elements deal with nutrition, sanitation, disease control and family planning, and provision of information, medication and medical treatment.

Kimberley baby deaths 'not linked' to others

THE deaths of eight babies in Kimberley Hospital at the weekend were not related to the spate of baby deaths in Johannesburg last month, early diagnoses have indicated.

Health Department director-general Coen Slabber said the exact cause of the deaths of the eight babies would not be known until the Kimberley district surgeon's investigation was completed in three weeks' time.

"At this stage we don't believe it's related to the Johannesburg cases," said Slabber, adding it was difficult to make

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KATHRYN STRACHAN 98

diagnoses in very small babies.

He said the babies in Kimberley Hospital were not given the same drip solutions as those in the Transvaal.

Scientists are still trying to fathom the source of contamination in Isotec drips which allegedly caused the deaths of the babies in Johannesburg.

Investigations by the SA Institute of Medical Research and the SA Bureau of Standards found no contamination in Sabax ingredients used in Isotec drips in

Johannesburg Hospital and the Park Lane Clinic.

Institute spokesman Prof Hendrik Koornhof said it was highly unlikely the two cases were connected. Sabax had alerted all hospitals after the deaths, and all Sabax paediatric intravenous products had been withdrawn, he said.

Sabax has been assured by Kimberley Hospital superintendent Dr Chris Engelbrecht its products were not implicated.

Isotec MD Iain Rosekilly said last night his company had never supplied Kimberley Hospital with any products.

New baby deaths:

parents may sue

MELANIE ANN FERIS
Weekend Argus Correspondent

KIMBERLEY. — Parents of the babies who died in the hospital over the past few days are considering legal action against the hospital.

According to a statement released by the Cape Provincial Administration, these deaths could possibly be related to intravenous nutrition products administered during treatment. However, it has been estab-

lished that there is no link between the deaths of the six babies last month in Johannesburg, as Kimberley Hospital does not make use of the same products which were the alleged cause of the problem.

Three Kimberley babies, Twins Lucky-Boy Seleke and Lucky Seleke (six days old) as well as one of another set of twins, Thabiso Tshite (14 days old) were buried in the city

yesterday after the completion of their post mortems in Bloemfontein.

According to the father twins, Mr Paul Seleke, both babies were born on schedule, but put on drips on Tuesday.

The South African Police have now been called in to investigate the deaths, but it is expected that the initial investigation could take more than three weeks to establish the cause of the infants' death.

AKK 10/10/92

CF 10/16/92
**Army only at
city hospital**

Staff Reporter **92**

THE military hospital in Wynberg will not be open to civilians, although civilians will be admitted in the event of a major disaster.

General T A Dippenaar, a spokesman for the South African Medical Service, the medical arm of the SADF, said that although bed occupancy levels had declined recently with the halving of national service, this had also meant a halving of the personnel.

If the hospital were to open to civilians it could not cope with the sudden influx, he said. Current planning meant the hospital would soon be fully occupied again.

Possible clue to babies' deaths

(98) CT 10/10/92

By GLYNNIS UNDERHILL

AN "accidental mixture of chemicals" in the drips prepared at a Cape Provincial Administration laboratory is being investigated as a possible cause of the deaths of eight babies at the Kimberley Hospital.

This was confirmed yesterday by the chairman of the Medicines Control Council, Professor Peter Folb.

Two six-day-old twin babies were among the eight premature babies to die at the hospital since last weekend.

A police spokesman said that the twins, Lucky Boy Seleke and his sister, also named Lucky, died at Kimberley Hospital. A third baby, 14-day-old Thabiso Tshite, has been positively identified by his parents.

The names of the other babies could only be released with the

Accidental mixture in drips?

permission of their parents, he said.

The chief district surgeon for the Cape, Dr Trompie Els, who is involved in the investigation into the deaths, said he had completed seven autopsies but had found no conclusive evidence.

The eighth baby has already been buried and it would not help the investigation to exhume the body, he said.

A diagnosis would have to be sought chemically or by means of microscopy as the post-mortems had been "non-specific".

This could take up to two to

three weeks, Dr Els said.

CPA spokesman Mr Krige Visser said he could not confirm that an "accidental mixture of chemicals" was being investigated.

But Professor Folb said it had been reported to him that there was a chemical problem in the drip mixture used at the Kimberley Hospital.

"The explanation that the deaths could have resulted from an accidental mixture of chemicals in the drips is being fully investigated," said Professor Folb.

Letters have been sent to the parents of the babies who died at Kimberley Hospital to inform them that an investigation was under way, said Dr Engelbrecht.

All parties concerned — including the manufacturers, hospital authorities and laboratory experts — would meet next week as soon as the results were available, said Professor Folb.

Soweto to get nine new clinics

STAR 12/10/92.

(98)

By Stan Hlophle

The Department of National Health and Population Development has allocated about R2,4 million to the Soweto City Council to build nine satellite clinics in the township.

A spokesman for the department said these clinics would complement and form part of

the existing health network and would act as referral points.

They would also provide an integrated primary health care service, the spokesman said.

The clinics would be built at Mofolo North, Orlando East, Dube, Kliptown, Jabulani, Naledi, Naledi Extension, Protea South and Mapeta.

The construction would start in mid-November and

was expected to be completed in March. Provision would be made for additional staff, to be determined by the needs of each community.

The spokesman said local building contractors would be given first preference in the contracts as that would help to alleviate the high unemployment rate in the township.

Community leaders, non-government and governmental health organisations, the

Transvaal Provincial Administration and the Soweto Council had been involved in planning the new clinics.

The council has appointed Buchanan Project Management to oversee the project.

The announcement follows last week's unveiling of a massive plan to improve primary health care in the country.

The Department of National Health's director-general, Dr

Coen Slabber, said 151 clinics were being built around the country.

In the primary health care programme, the department is to address the eight "critical" elements of primary health care identified by the World Health Organisation. These elements deal with nutrition, sanitation, disease control, family planning, provision of information, medication, and medical treatment.

Top CPA ⁽⁹⁸⁾_{CT12/10/92} probe into baby deaths

SENIOR medical advisers from the Cape Provincial Administration's hospitals branch are in Kimberley to investigate recent deaths of babies at the city's hospital, CPA chief director of hospital and health services Dr Alan MacMahon said.

"In view of the complexity of the situation, a firm conclusion will only be possible when all the facts are known," he said.

Dr MacMahon said the matter had also been referred to the police.

Some parents of eight premature babies who died at the Kimberley Hospital will sue the CPA if it is proved that an accidental mixture of chemicals prepared at a CPA laboratory was the cause of their deaths.

Chief district surgeon of the Cape, Dr Trompie Els, said he had completed seven autopsies and had found no conclusive evidence that an accidental mixture of chemicals had caused their deaths.

"A chemical and tissue analysis will have to be conducted by means of microscopy of the drips the babies received as the post-mortems were not specific and the investigation could take up to two weeks," he said.

Professor Peter Folb, chairman of the Medicines Control Council, said it had been reported to him that there was a chemical problem in the drip mixture used at the Kimberley Hospital and it was being investigated. — Staff Reporter and Sapa

Cuts, not ⁽⁹⁸⁾
collapse for
city hospital

Staff Reporter

TYGERBERG Hospital was not in the process of collapse but, like other provincial hospitals, was being forced to curb spending, senior superintendent Dr J G Strauss said yesterday.

Dr Strauss was responding to press reports that the Tygerberg Hospital annual report for 1991/92 had indicated that it was "facing the most serious crisis in its existence".

The annual report states that 8,82% of the posts at the hospital have been frozen.

Dr Strauss said that this was in keeping with the Cape Provincial Administration's drive to curb spending and freeze posts, adding that of the 8 000 staff at the hospital, only 250 had applied for early retirement.

Mums' hospital opens

(98) CT-15/10/92

Staff Reporter

THE Mowbray Maternity Hospital, closed last year for renovations, was reopened by the Administrator of the Cape, Mr Kobus Meiring, yesterday.

A matron, Mrs Maureen Vermeulen, said the hospital could now accommodate 120 adults and 82 infants compared with 108 adults and 48 babies previously.

In his address, Mr Meiring said the country was labouring to give birth to a democratic South Africa, and sacrifices would have to be made.

These sacrifices might be perceived as a lack of control and proper planning, but the process of change demanded that the heavily burdened economy and an increase in primary health-care facilities receive urgent attention.

Mr Meiring said the CPA's rationalisation programme to boost primary health-care facilities had caused an outrage. However, the availability of primary health care would save money, as this would lessen the load on expensive academic hospitals.

...bearing early this week. ...mulated.

Control body accepts drips' contamination

(98) CT 17/10/92

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THE Medicines Control Council said yesterday it accepted that babies had died after they received admixed intravenous feeding solutions contaminated with the micro-organism, Serratia.

The council was also investigating the possibility that two adults may have been affected.

The council held a meeting this week to consider the babies' deaths.

The council said the deaths had been attributed to the administration of intravenous feeding solutions.

It said the Serratia organism had

also been found in the Isotec admixing area.

This had happened, it said, notwithstanding the sophisticated methods used in compounding these admixtures, and the previous consistent record of safety of the responsible company, Isotec.

All units from the contaminated batches of intravenous feeding solutions had been accounted for.

● The deaths of babies at the Kimberley Hospital are not connected with the above-mentioned problem. The CPA is investigating the deaths of the eight babies. — Sapa, Staff Reporter

News in Brief

Angry workers

All-in peace of mind

S/Times 8455 18/10/92
CLINIC Holdings, one of the country's largest private health care groups, has introduced a no-deposit, no account, no shortfall hospital plan called Clini+Sure.

It aims to combine the best features of medical aid and of medical insurance, allows full interchangeability between medical aid societies and furnishes peace-of-mind, in that there will be no hidden costs or shortfalls to be met if one is treated at any Clinic Holdings hospital.

The contribution for a member plus three dependants is R322 a month, no matter what

population group, age or income. An optional recovery benefit can be bought for a further R25 a month.

For this sum the following are covered:

- The full cost of hospitalisation and all related costs for surgery, doctors, specialists, medicines, X-rays, dental surgery, etc, at any of Clinic's 16 hospitals or any of its associated hospitals located in centres not served by Clinics;
- Emergency medical transportation;
- Treatment at any one of Clinic's casualty departments for minor accidents not requiring admittance;

- Additional benefits for the GP, dentist, specialist and pharmacist if you are not hospitalised;

- No deposit is required. The member merely signs an account on discharge, leaving no outstanding liabilities;

- Accommodation is provided in a general ward and members can elect private or semi-private accommodation by paying for the difference;

- If you are admitted to a hospital other than a Clinics or associated one, benefits will be paid according to scale of benefits only. Wherever possible, Clinics will arrange your transfer to one of its own hospitals at no charge;

- If you use a Clinics 24-hour casualty centre, the cost for treatment, X-rays, minor surgery, dressings, bandages and so on, is covered, but normal diagnostic examinations and treatments for minor illnesses are excluded.

LIMITS

To help you in self-insuring against costs for doctors, dentists and pharmacists, Clini+Sure membership offers additional benefits for non-hospitalisation.

Visits to general practitioners and homeopaths are paid to 100% of the scale of benefits, subject to an annual limit of R125 a family a year. The same applies to specialists. The limit for prescribed medicines and materials for injections, infusions and vaccinations is R350 a family a year.

Dental services are subjected to R1 000 a year maximum and medication for a chronic disease is R5 000.

The serious illness recovery benefit for a member or spouse is R4 000 a month for a period of 12 consecutive months, and for children R2 000.

Clini+Sure offers value-for-money cover against the kind of incident most of us fear.

There is a list of exclusions and limitations which itemises the kind of exceptions you would expect to see — slimming pills, cosmetic surgery, infertility and on disorders such as AIDS, alcoholism, drug addiction, spectacles and nose jobs.

Private health plans slated

PLANS by the private health care community to introduce managed health care organisations have been condemned by the SA Dispensing Practitioners' Association. Addressing the association's conference at the weekend, committee member Dr Rashid Saloojee said medical aid schemes, in collusion with clinic groups, planned to entrench their dominance over all aspects of the private health care market.

Saloojee said while medical scheme administrators claimed managed health care organisations would do away with the abuse of medical aid schemes by patients and doctors, they would serve only vested interests and not the needs of the people. The concept originated in the US and could not simply be transplanted into SA.

Account of Webster murder claim denied

A FORMER member of 32 Battalion, called to testify at the inquest into the murder of academic David Webster yesterday, denied former CCB freelance operative Ferdi Barnard had told him "we did Webster".

Kevin Treisman, who was subpoenaed to testify by lawyers acting for the Webster family, said he had never discussed the Webster murder with Barnard whom he described as an acquaintance.

When Treisman took the witness stand, counsel for the Webster family, E Bertelsmann SC, asked him if it was correct he had told instructing attorney Greg Nott earlier yesterday that he had been pressured and was not prepared to testify.

"I didn't say I was scared," Treisman said. "I said I had nothing to say." He denied telling Nott yesterday that certain people and the police were all involved and/or a colonel from Bramley had said he should keep his mouth shut.

"Did you say you were prepared to spend 90

SUSAN RUSSELL

days in Diepkloof rather than answer questions," Bertelsmann asked him. "No sir," he replied.

He agreed that an explosive device thrown into his garden some months ago could be regarded as a threat. "I would take it as a threat, but it could be for many things," Treisman said.

Questioned by Bertelsmann, he agreed that Nott and Weekly Mail journalists, Drew Forrest and Eddie Koch, had visited him at his Corlett drive home in May this year. Treisman said he had not discussed his relationship with Ferdi Barnard with them.

He also denied telling them that he had discussed the Webster murder with Barnard or that Barnard had said "we did Webster". He said when Nott called at his home in September he told him he had nothing to say. Bertelsmann told Treisman that he would ask his instructing attorneys to arrange "that circumstances be created in which you may reconsider the evidence which you have given".

Finance director conference of 13% to

ANT



Bold new primary health care plan for Cape

S/Times [C/metro] 4/10/92.

(98)

A RATIONALISATION programme drawn up by the Cape Provincial Administration — affecting at least 11 Cape hospitals and costing some R11 million — will begin shortly with the closure of the in-patient section of Woodstock Hospital.

The objectives of the programme include using existing facilities "maximally... ensuring appropriate levels of care at appropriate institutions" thus reducing the load on the "expensive" academic hospitals.

The plan will boost primary health care facilities in the communities where they are most needed and provide secondary referral hospitals to act as "buffers".

Guguletu, Crossroads and Nolungile Day Hospitals will intensify their normal operations and render extended-hour service.

Woodstock Hospital is to close early next year as part of the CPA's new strategic hospital plan.

The hospital's out-patient and emergency departments will be retained to serve Woodstock and surrounding areas, while all in-patients will be transferred to Somerset Hospital in Green Point.

Personnel currently employed at the hospital will be transferred to clinics and day hospitals "nearer" to the Cape Flats, a CPA Health Services spokesman said this week.

By JESSICA BEZUIDENHOUT

He also gave an undertaking that no personnel would be retrenched as a result of the moves.

The aim is to use existing facilities "maximally" and also to ensure that "appropriate levels of care are provided by appropriate institutions".

In this way the CPA hopes to reduce the "inappropriate load" on "expensive" academic institutions and provide properly sited secondary referral hospitals.

The new plan will enable the CPA to "give substance to its commitment to primary health care", said CPA spokesman Mr Krige Visser.

The service will be structured around five general hospitals, identified as "the heart of the service", each of which will serve a particular area of the Western Cape and the West Coast. They are:

● Victoria Hospital in Wynberg, which will serve as a referral hospital for primary health centres in the southern suburbs of Cape Town;

● The G F Jooste hospital in Mannenberg, which will serve trauma and medical emergencies for southern suburbs;

● Somerset hospital in Green Point, which will also serve as a secondary referral hospital for the west coast;

● The Karl Bremer hospital in Bellville which will serve the Cape Peninsula and

Cape Town's northern areas and also handle referrals from the Boland and the Hex River Valley.

This will "boost" the training of primary care physicians and is seen as a first step in encouraging medical faculties to produce primary orientated medical graduates.

Karl Bremer will be converted to a secondary referral hospital and some departments from Conradie and Tygerberg hospitals will be moved there.

● The Hottentots Holland Hospital in Somerset West, which will serve as secondary referral centre for hospitals in the Cape Peninsula, as well as the south coast up to Caledon.

Future

The 45-bed post-tracheotomy unit at City Hospital, Green Point, will be "mothballed" until another use can be found for it and its paediatric patients accommodated at Somerset Hospital.

The shift of resources from curative institutions to primary health care centres was welcomed by Dr Olive Shisana of the Medical Research Centre. But restructuring had to be done in consultation with the people affected, she said.

Dr Shisana appealed to the CPA to consult with other parties and organisations on future developments. She "hoped" the money saved would be "ploughed" into primary health care.

Mr Visser said the decisions had been taken to make primary health care accessible to people "as close to home as possible".

Money would be saved in the long run, he said.

Concerned officials fear over-spending could top R160 million

Cape Health Services Critic

98 MAY 23/10/92

CLIVE SAWYER
Municipal Reporter

PROVINCIAL health and hospital services are expected to run R160 million over budget this year — and the crisis could deepen with central government plans for further cuts to the provincial health budget.

Health services make up half the R4 billion provincial budget.

In an exclusive interview with The Argus, Administrator Mr KobMeiring and CPA director-general Mr Herbert Beukes said a new system of financial management, started in April, enabled top management to get up-to-date warnings of impending overspending.

But while other areas could be kept under control, urbanisation and inflation were pushing health services spending into overdrive.

"It is our policy that no one should be turned away from a hospital door because of inability to pay," Mr Meiring said.

But about 90 percent of patients treated at provincial hospitals could not, or did not pay. Mr Meiring said he was satisfied provincial financial planning and discipline was good.

"However, it is extremely difficult to budget for certain items and keep to it," he said.

Problem areas were hospital and health services, black old age pensions and inter-governmental transfers to black local authorities — now R188 million.

Staying inside the roads and traffic budget would mean no new roads.

Mr Beukes said there were "teething problems" with the new financial management system, but measures were being taken to put all departments on the leash.

Strategies

Mr Meiring said strategies to cut spending included:

- Monthly meetings where department heads gave updates on spending;
- Budget priority meetings;
- Not filling vacant posts;
- Appeals at all levels to rationalise services; and
- Periodic pep-talks to senior staff to "inculcate a culture of savings".

The cure for problems in health services was in implementing the strategic plan for the Western Cape, which included sweeping changes to the type of treatment given at various levels, while trying to bring primary health care "closer to the people".

There was little hope of coping better with the crisis, because it was too late in the financial year to implement far-reaching solutions.

Even with the aid from province, black local authorities in the Cape were expected to show a R70 million deficit this year, mainly because of non-payment of service charges and rents.

Commenting on a report which listed several local authorities as having financial statements outstanding or too incoherent to be approved, Mr Beukes said numbers had been drastically cut.

Measures to bring the books of defaulters — mainly small town councils — up to date included sending in auditors, hiring a retired town treasurer on a contractual basis, and asking neighbouring large town councils and regional services councils to help.

"It is unfair to hold the provincial administration responsible for the books of those local authorities if we have no statutory authority over them, apart from moral persuasion," Mr Beukes said.

● See Page 5.

No more tea and coffee — hospital morale down

ARG 23/10/92

98

ANDREA WEISS Health Reporter

STAFF tea and coffee are the latest casualties in the cost-cutting drive at provincial hospitals.

Tygerberg hospital staff were informed recently that they would no longer get free tea, coffee, milk or sugar while on duty, according to the Registrar's Society which has about 200 members.

This seemingly minor development has dealt a blow to staff morale, particularly among those who work in operating theatres.

Because theatre staff have to stay inside the sterile area while they are working, they cannot pop out to find themselves refreshments and they do not have special facilities there to brew their own.

The Registrar's Society has questioned whether the "small economic savings" made by abolishing free tea and coffee is worth the cost in staff morale.

Said one registrar: "They are trying to get people to stay at state hospitals and then they do this."

Dr Kolie Strauss, chief superintendent of Tygerberg Hospital, said the hospital had continued providing tea even though last year there had been a directive to stop doing so.

But now, the instruction was from head office and he was compelled to carry it out.

However, he said the hospital would still provide hot water and even make the beverages if staff just brought their own tea, coffee and milk.

The directive does not appear to have hit Groote Schuur Hospital yet where registrars are still entitled to free tea in the cafeterias. Theatre staff also still get free tea, a hospital spokesman confirmed.



RUNNING DRY: Disgruntled doctors at Tygerberg Hospital contemplate their empty tea cups following a CPA directive to stop free tea to save money. They are, from left, registrars Dr Elizabeth Reyneke, Dr Ernst Laubscher, Dr Charles Treurnicht, Dr Gerald Knight, Dr Johan Greeff and Dr Charl van Bontie.

Picture:
WILLIE de KLERK
The Argus

Strikers to return

JOHANNESBURG. — An estimated 5 000 Transvaal hospital workers return to their posts on Monday after a bloody four-month strike over union recognition.

Some 2 700 strikers lost their jobs in the deal which ended the stoppage marked by petrol-bomb and gun attacks.

Initially 7 700 workers were dismissed by the provincial authorities. — Sapa

APG 24/10/92

Patients 'at risk' as cuts hit hospitals

JOHANNESBURG. — Doctors are in the "intolerable situation" of being forced to compromise the care of their patients due to increasing workloads and deteriorating facilities at most state hospitals, medical groups have warned.

They were reacting to revelations of shocking conditions at Johannesburg's J G Strijdom Hospital which has been described as "a catastrophe in the making".

Dr Johann Scholtz, chairman of the Junior Doctors' Association (Judasa), said that the situation at J G Strijdom Hospital was symptomatic of conditions doctors had to work under at most state hospitals.

The Medical Association of South Africa (Masa) federal council chairman, Dr Bernard Mandell, said it was evident public health services were under severe pressure.

"For many years Masa has been warning that timeous steps must be taken to make provision for the growing demand for health services.

"Unemployment and violence have exacerbated the growing pressure on health services. Budgetary cutbacks and the freezing of posts have resulted in fewer people having to cope with increasing workloads and deteriorating facilities.

"Doctors now find them-

■ Urgent calls are being made for a moratorium on further government cuts in hospital expenditure as overworked staff, particularly interns, find their workloads preclude sufficient care of patients.

PAULA FRAY, Weekend Argus Correspondent

selves in an intolerable situation where they are being forced to compromise patient care because of circumstances beyond their control," said Dr Mandell.

"There is a real fear that the government's intention to reduce staff and related expenditure by five percent during the present financial year will impact negatively and heavily on health care," he added.

Masa and 10 other organisations have called for a moratorium on further cuts until consultation with employee organisations.

Asked if the funds for J G Strijdom had run dry, the Transvaal Provincial Administration (TPA) said health costs at provincial hospitals throughout the province had escalated.

"There are problems to stay within the budget. An inquiry is now being done to see how it is possible to stay within budget," said TPA spokesman Elsabe Ferreira.

The TPA allocated R50 million to J G Strijdom, which is a high-care hospital, and R60,2 million to Coronation

Hospital, which is a low-care facility. The two hospitals were recently merged.

Yesterday the TPA told a reporter: "It is common knowledge that a shortage of funds and interns exists throughout the country."

A senior doctor backed claims by other doctors that patients were being sent home with "nauseating repetition" — not only because there was not enough time on the operation lists but also because of a shortage of ICU beds.

According to Dr Scholtz, Judasa has taken up the J G Strijdom issue by referring representations by its interns to the Internship Committee of the South African Medical and Dental Council.

A doctor added that while all interns were called on to work long hours, interns at J G Strijdom were faced with added pressures and stress because of the hospital's uncertain future.

"Patients are getting a raw deal and the staff are frustrated and unhappy... from the porter to the professor."

(18) ARG 24/10/92

3 in court on hospital scam charge

Staff Reporter (98) 21/10/92

TWO Groote Schuur Hospital clinical technicians and a medical supplies company director have appeared briefly in the Cape Town Regional Court on charges of fraud and corruption involving more than R1,5 million.

During yesterday's appearance, no charges were put to Mr Willem van Dalen, 39, of Bellville, and Mr Kevin Neil Abrahams, 35, of Belhar, both employed in the hospital's kidney unit, and Mr Marius Petrus Kruger, 55, of Hout Bay, director of Servamed CC.

The State alleges that Mr Van Dalen received R20 500 and Mr Abrahams R16 295 after they fraudulently ordered and received 32 175 units of F B Series Dializers worth R1 450 000 from Servamed CC, on behalf of Groote Schuur Hospital.

Hospital: Govt ponders future

Staff Reporter (98)

A QUESTION has arisen over the future of the Volks Hospital in Oranjezicht, as the state "is studying various options for the future disposal of the hospital".

A spokesman from the office of Dr M P Janse van Rensburg, chief director of Health Services (House of Assembly administration), said yesterday the hospital would definitely not be closed down. But negotiations on its future were taking place. CT 29/10/92

CT 28/10/92
Dismissals

unfair — CP

PRETORIA. — The dismissal of workers who provided services at hospitals while National Health and Allied Workers' Union members were on strike was a kick in their teeth, the Conservative Party's National Health spokesman, Dr E H Rauw, said yesterday.

The government had once again proved it constantly capitulated after threatening strong action, he said. — Sapa

Hospital cuts 'threatening lives'

By GLYNNIS UNDERHILL

(98)

CT 30/10/92

TOP specialist doctors at Groote Schuur Hospital have issued a chilling warning that patients could die unless conditions improve at this internationally-recognised academic institution.

Several doctors, who asked not to be identified, claimed that patients' lives were at risk because of deteriorating conditions brought on by staff shortages and cash cuts at the hospital.

Many nursing jobs and some registrar posts are being frozen at Groote Schuur.

A hospital spokesman yesterday confirmed doc-

tors' fears that up to 30 senior nurses had asked for early retirement being offered by the Cape Provincial Administration.

While some doctors felt the conditions at Groote Schuur Hospital had not yet reached the crisis proportions described by others, several painted a gloomy picture.

An overflow of patients who should be placed in the intensive care unit were now being put in general wards owing to a shortage of nurses and a closure of beds, said a doctor.

"This definitely increases the risk of mortality for the patient," he said.

In the top-rated trauma unit, medical staff have been halved and only 30 of the 60 beds are open because of the lack of nurses.

A Groote Schuur spokesman said: "Of necessity cases are prioritised for treatment. As a result some cases have to wait but their conditions are constantly monitored." One doctor told of how convalescing patients were sent home early owing to lack of staff.

As a way of easing the cash-crisis, one doctor said he would like to see the fees paid by private patients on medical schemes being channelled directly back into the hospital and not into government coffers.

Bara trying to get better

By MONWABISI NOMADLO

IT is a sad reflection on SA society that Baragwanath Hospital is now the place to visit if you are among the world's rich, famous and powerful.

Even SA's own elite visit the place in an effort to pick up some "street cred".

"Bara's" visitors' book reads like a who's who - former British PM Margaret Thatcher; New York mayor David Dinkins; Dr Louis Sullivan, secretary of the powerful US Department of Health and Human Resources; England's Queen Elizabeth II (then Princess Elizabeth); and former British PM Harold MacMillan (he of the famous "Winds of Change" speech).

Then there's Knight Rider TV series heartthrob David Hasselhoff and Lord Carrington, the driving force behind the Lancaster talks which gave birth to Zimbabwe. Even President FW de Klerk and Nelson Mandela have visited the place.

The biggest hospital in the southern hemisphere and the largest in Africa celebrates its 50th anniversary this week at the World Trade Centre.

Talk Bara and you're talking about Chris van den Heever, the chief superintendent since 1980.

In fact, 52-year-old Dr Van den Heever - nicknamed "Bara-Boetie" - says Bara is the biggest general hospital in the world.

Something which approaches Bara's size (3 372 beds) is a 3 000-bed psychiatric hospital in Germany, says

98

Van den Heever, but it's a psychiatric not a general hospital. *City Press 1/11/92*

So Bara is the biggest, but is it the best?

"Since I started practising medicine and travelling abroad extensively, I've never come across a single general hospital with a such a capacity," a visibly proud Van den Heever said at a recent ceremony launching its Golden Anniversary.

No wonder he is expansive in suggesting that Bara easily deserves a place in the Guinness Book of Records.

To celebrate the event, various projects have been planned for the year by Bara's 12 satellite clinics throughout Soweto.

ENOIGMOUS

The festivities will culminate in an international multi-disciplinary congress to be held later this year.

Yet, the birth of Bara is an irony of history.

It was conceived in 1948 when the Nationalists came to power and apartheid became a terrible political reality.

Just after the Second World War, on April 1 1948, the black section of the Johannesburg Hospital was moved to Bara, then a 480-bed military hospital.

According to the Baragwanath Hospital Yearbook 1990/1991, the hospital has grown by leaps and bounds since those days to become a respected civilian hospital.

Over the years Bara has also been the largest teaching hospital for the Wits University Medical School.

Today senior matron Elsie Khumalo proudly says many of the nursing students at the hospital's nursing college have been attracted from neighbouring countries.

"They come from as far as Malawi and Zaire," said Khumalo, who has notched up 37 years' service at the hospital where she started as a general nurse.

Bara today boasts some notable achievements. Such as when it shot to world fame with the separation of the Mathibela siamese twins, Mpho and Mphonyane, in 1988 under the guidance of respected neurologist Professor Robert "Lippy" Lipschitz.

And when a man's genitals were sewn back this year in a surgical breakthrough after they were completely cut off during an attack by thugs in Carletonville, western Transvaal.

"We have pioneered a lot of things, especially in the fields of cardiology and neurology," said Van den Heever.

He said Bara was unique in that it was a model to other Third World countries in providing a health services to a rapidly growing population.

Strangely enough, Bara is also famous for song. The Bara choir, under the baton of founder Pauline Molei, has made its mark in music festivals and concerts all over the world.



FIFTY YEARS ON... Bara super Dr Chris van den Heever and matron Mrs Elsie Khumalo celebrate.

PHOTO: EVANS BROWEN

Did you know?

City Press 1/11/92

BARAGWANATH Hospital hit the headlines when a team of doctors pioneered the separation operation of the Mathibela Siamese twins. The world watched in awe as celebrated neurologist Professor Robert "Lippy" Lipschitz succeeded in separating Mpho and Mphonyane, who were joined at the head.

The hospital receives a State subsidy and the budget for 1989/1990, including that of its satellite clinics, amounted to R240-million.

The hospital covers an area of 677 819 square metres. An area of 254 440 square metres must be cleaned daily.

If all the hospital corridors were joined, they would stretch for 10 km.

A Bara superintendent said that with 12 000 employees, the hospital was the single biggest employer in Soweto which houses an estimated 2,5 million people.

The new Burn Unit facility, officially opened last year, is the first of its kind in SA. There are 1 500 nursing students in training each year, just as well, as there are 22 000 babies born at the hospital every year.

Over 4 000 nurses and 620 doctors are employed at Baragwanath Hospital. More than 800 000 X-rays taken annually - an average of 700 a day.

More than 4 000 units of blood are administered annually.

Operations exceed 44 000 a year in Bara's 27 operating theatres. The multi-disciplinary Intensive Care Unit has 36 beds, making it the biggest in the country.

Humble beginnings

City Press 1/11/92

THE history of the Baragwanath Hospital is detailed in the Baragwanath Hospital Yearbook 1990/91.

The story of Bara started soon after the discovery of gold on the Witwatersrand at the end of the last century. A young Cornish lad, John Albert Baragwanath (1844-1932), arrived on the gold fields to make his fortune.

His surname, Baragwanath, was derived from the Welsh word bara, which means bread and gwanath meaning wheat.

The immigranters in Cairo. Both the SA and the British governments agreed that medical infrastructure to carry a large military hospital would be best situated to Johannesburg where transport was accessible and where trained manpower was on hand from Wits Medical School and other health services.

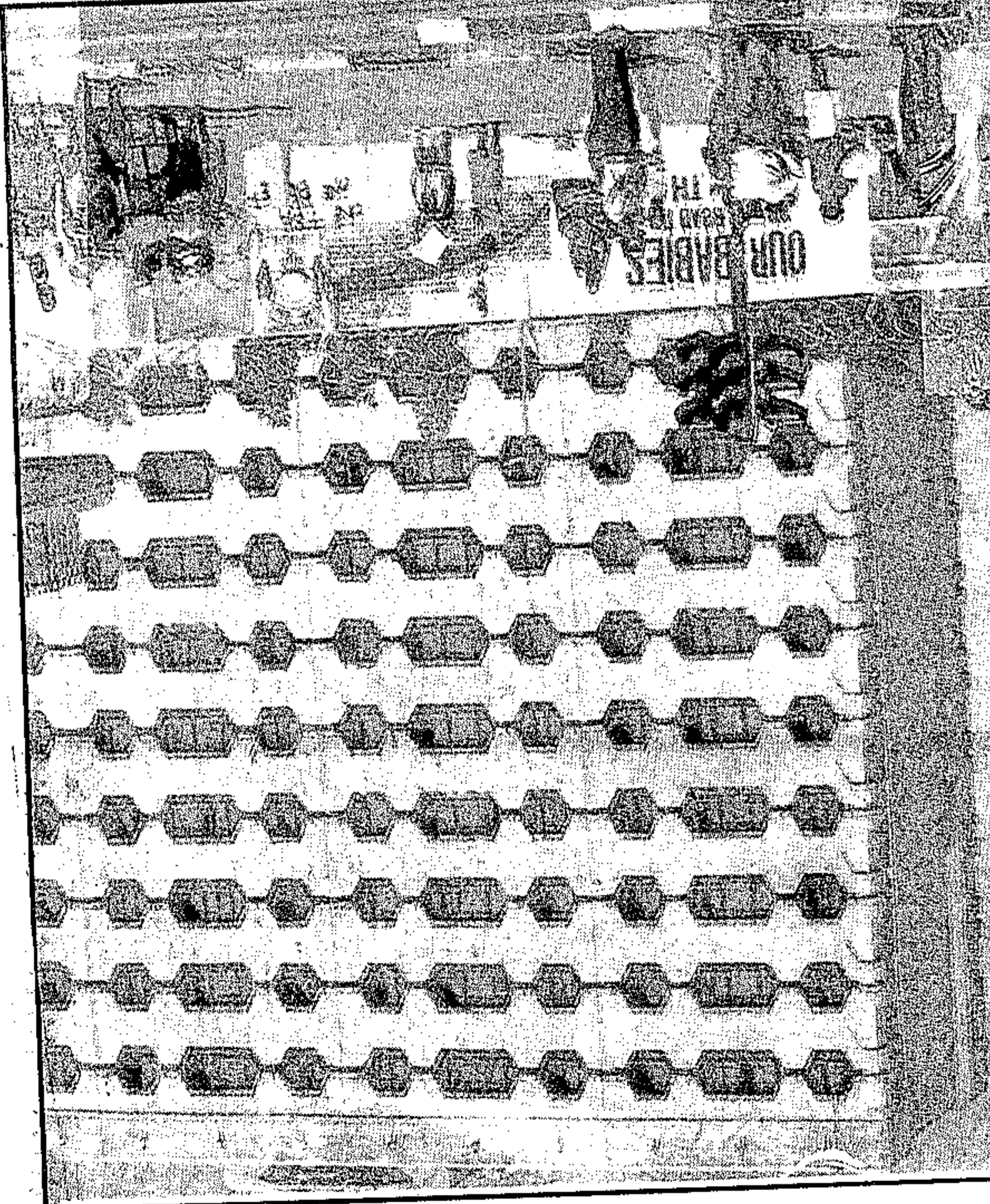
The hospital was built in great haste some 4 km from the airfield.

World War broke out coupled to it.

Baragwanath was nearby and the name aerodrome was built in later years an Vereeniging.

joined the road from at the point where the road to Kimberley started soon after the post and a small hostel started a refreshment (Baragwanath) had The immigranters in Cairo. Both the SA and the British governments agreed that medical infrastructure to carry a large military hospital would be best situated to Johannesburg where transport was accessible and where trained manpower was on hand from Wits Medical School and other health services.

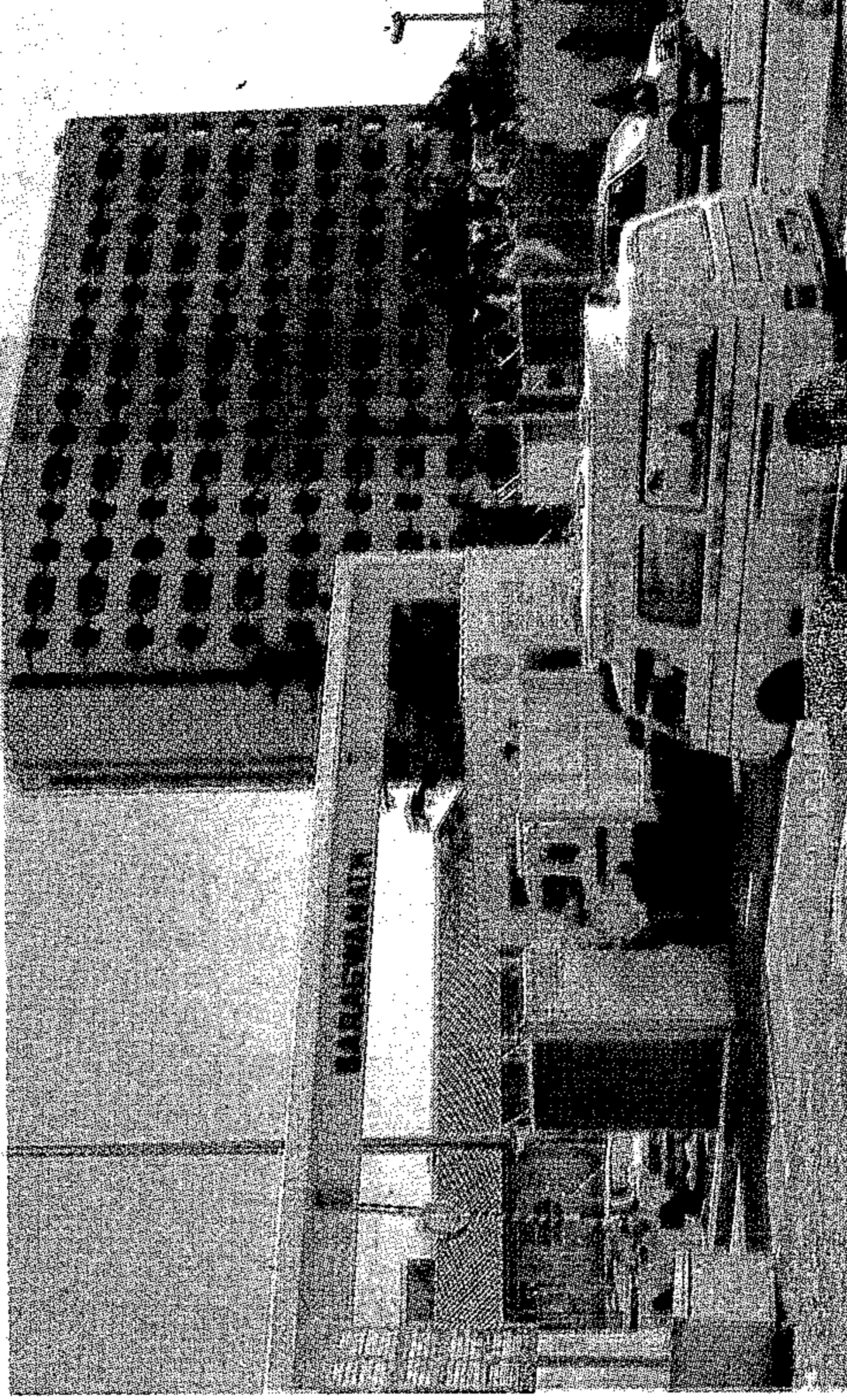
CHRONIC LEGACY... Once born of apartheid, Bara now serves the people.



Sunday Times SURVEY

Baragwanath celebrates its 50th anniversary this month. To commemorate the event, the hospital is hosting an international medical congress. LUCILLE PARKER reports on the congress, the anniversary and the achievements of this huge medical complex

BARA



UNIMPOSING ... the entrance to Baragwanath with its mesh gates, graffiti and litter

Congress 'first' to mark 50 years

THE administration of Baragwanath Hospital has decided to hold a "first of its kind" medical congress to mark the hospital's 50th anniversary.

The dual aim of the congress is to update doctors and health workers on the latest international developments and establish a trust fund which will provide "comforts" for patients.

The congress is scheduled to take place at the World Trade Centre from Tuesday to Saturday next week.

About 500 delegates are expected to attend the congress which will be ad-

Consul

He said that to his knowledge it was the first time a hospital in South Africa had arranged a large, multi-disciplinary congress to mark an anniversary.

The congress will be officially opened by the British Consul General to South Africa.

Celebrating the past, looking to the future

AFRICA's biggest hospital, Baragwanath, sprawls across a 160ha site on the outskirts of Soweto.

With its 3 300 beds, Baragwanath is already three times larger than what experts consider to be ideal for a hospital.

The hospital is also short of facilities, and often faces labour unrest. It is seen as a bastion of "separate development" by much of the population it serves, and is constantly criticised by the media.

Nevertheless, this massive institution is celebrating its 50th anniversary this year, and its future, says superintendent Dr Chris van den Heever, depends on the political future of the country.

"Bara is a microcosm of the country, representing the turmoil in South Africa at the moment. The future depends on political leaders finding a solution to our problems and stabilising the economy," he said on a recent radio programme.

While the hospital may face a turbulent future, it has certainly survived a colourful past.

Professor Don Moyes, head of anaesthetics, who is organising the anniversary celebrations, has researched Bara's history.

The hospital site was originally part of a farm owned by one John Albert Baragwanath (the name is of Welsh origin and not African, as many believe).

The farmer sold the site to the British government to build the Allied Forces Hospital, which was opened by General Jan Smuts — he was not yet a field marshal — on September 23 1942.

Community

The hospital was used mainly for soldiers with tuberculosis. They were shipped from North Africa and Burma in the hope of a cure in the rarefied Highveld air.

In 1947, shortly after a visit by King George VI, the hospital was sold to Smuts's government for £1-million. It was then designated a black hospital to

serve the burgeoning community of Soweto.

It did not take long for Wits University's medical school to realise Bara's value as a teaching hospital with its vast range of medical problems, and growth has been steady ever since.

Professor Moyes says the hospital now deals with about 150 000 admissions a year and controls 11 clinics in Soweto, with about two million patients being treated every year.

Care for everyone

BARAGWANATH has an open admission policy and is not "blacks only" as many people believe.

Even in the darkest days of apartheid, an average of 200 whites were treated each year, usually emergency cases admitted after car accidents in the vicinity.

Nowadays the number is far higher, and cases are often referred to Bara for special treatment, particularly at intensive care level.

Haven for mothers with difficult births

EVERY patient admitted to the maternity wing at Baragwanath Hospital has experienced complications with her pregnancy, but this is no indictment on the hard-pressed staff who manage to bring about 24 000 babies into the world each year.

Dr James McIntyre, a senior specialist in gynaecology and obstetrics at Bara, explains that Soweto women who have "normal" pregnancies give birth at one of 11 community health centres, and that only those who develop problems are referred to Bara's 350-bed obstetrics ward.

Spectre

"We can certainly boast an entire textbook of complications — that is why we play host to a lot of students from overseas, as well as offering unrivalled experience to University of the Witwatersrand Medical School students," says Dr McIntyre.

He has worked at the hospital for eight years because "it is rewarding to have the opportunity to change things and face plenty of challenges".

However, he warns: "Baragwanath is not for the faint-hearted".

The spectre of AIDS has

cast an unwelcome shadow over the maternity wing, necessitating the fairly recent institution of an HIV clinic as part of its operations.

This is a particular concern for Dr McIntyre, who says that since the hospital began dealing with cases of HIV-positive pregnant women in 1987, the incidence has risen from three cases in 1 000 pregnancies to the current rate of four in 100, "and this is doubling every nine to 12 months".

The maternity wing and gynaecology department play a valuable role in research, too, particularly in the field of hypertension in pregnancy.

According to Dr McIntyre, the Soweto population has shown a "racial predisposition to suffering high blood pressure in pregnancy". It also appears that twins are more common among the black population.

Daily drama in trauma

THE trauma centre is renowned for its involvement in incidents such as the Dube train disaster, when hundreds were injured, and the 1976 riots.

On an average working day, the centre sees five gunshot wounds. A senior medical staffer says the influx from a major bus acci-

dent would be remarked on as merely "a bit busier than usual".

The hospital is also a valuable source of research, publishing an average of 120 papers in international journals each year — 20 percent of all research published by the South African medical community.

whole page

(98)

SA 'sliding towards third-rate medicine'

SI Times [Cape Metro]

1/11/92

98

IF academic medicine was not salvaged urgently "from its terminal illness", South Africa could face a future of not just Third World but also third-rate medicine.

This was said by Professor John Terblanche, president of the South African College of Medicine, at the college's admission ceremony in Cape Town on Friday night.

Prof Terblanche said that in the private sector about 50 percent of the medical manpower provided care for about 20 percent of the population.

There were serious problems in this sector.

Inadequate

"Medical aid societies and insurance companies are spending more on medical services than they can afford or than can be construed as reasonable.

"There are more than 200 medical insurance companies. Clearly this has to change."

Prof Terblanche predicted that these would be reduced "to a very small number", which would promote the rational use of resources.

Private hospitals had an excess of beds and facilities,

By EVE VOSLOO

ties, but many of these were being over-used "to the detriment of good patient care".

"Unless the medical profession controls these excesses, this or a future government will be forced to do so. I urge the medical profession and the medical association to take on this role as a matter of urgency."

In the public sector, 50 percent of available medical manpower provided care for 80 percent of the population "with inadequate resources and facilities", especially in the rural areas.

"Despite promises from the state, we remain with many of the serious legacies of the apartheid system, including 14 ministries of health. Clearly this is ridiculous and needs to be rectified with great urgency."

Prof Terblanche believed the government had the political will to rectify this problem, but it "must ensure that the groundwork for a unitary health-care system is laid soundly at this time and that this is achieved on the basis of extensive consultation with all medical and political groups".

State plans included the provision of primary health care at the local

level, secondary health care in nine proposed regions that would replace the provinces and tertiary care in the teaching hospitals, which would become autonomous academic complexes in April 1993.

"All this would sound fine and should be easy to implement were it not for South Africa's being in serious financial difficulties," Prof Terblanche said.

"Superimposed on these

problems are an increasing demand for health-care services, a frightening increase in trauma load and the potential of Aids' aggravating the situation.

"Expenditure on health care is rising dramatically while the financial allocation for health is being cut back continually. In addition there is a gross maldistribution of human resources."

A "cure" required greater acknowledgement of the crisis by the state and alternative political

groups.
"There has to be the political will to institute changes."

"Additional funds, which must be dedicated to health care, can be obtained by an immediate and significant raise in the tax on alcohol and tobacco."

However, this alone would not provide enough money.

"The only other method that can be instituted with minimal problems and which can generate major funds is a lottery."

Tygerberg to be 'user-friendly'

98 CT 4/11/92

Staff Reporter

TYGERBERG HOSPITAL will need at least R5 million a year from the public to maintain professional standards.

To win public support the teaching hospital's board has launched a long-term campaign to build its image and raise funds.

Initially the funds raised will be used to upgrade the hospital's decor, furnishings, lift, air-conditioning system and generally make the hospital more user-friendly.

The chairman of the board, Professor

Frans Taljaard, said yesterday that the hospital was experiencing "severe and increasing budget problems which had serious implications for the quality of patient care and the rendering of other services to the community".

The hospital's 1992/93 budget was overspent by about R260m.

The campaign has the support of the hospital management and has been christened the Can Plan under the motto: "Help us and we'll help you".

Dr Nulda Beyers, a hospital consultant on internal medicine, said in the paedia-

tric overnight ward mothers were forced to spend up to six nights sleeping on plastic chairs beside their children's beds before the children were fully admitted.

Professor Taljaard said the plan hinged on "more enthusiastic" patient care through bolstering the sagging staff morale.

One of the priorities of the Can Plan will be to invite problem-solving suggestions from staff and so give them a say in the way the hospital meets the "stringent dictates of their budget".

A frail care clinic planned for False ⁽⁹⁸⁾ Bay residents

ETS/11/92

By CLAUDIA CAVANAGH

THE FALSE BAY Hospital Board has entered into negotiations with the authorities to use facilities on the hospital grounds for a frail care centre.

The board began investigating the viability of the project after it became apparent that there was an urgent need for additional frail care facilities on the southern Peninsula.

Said one member, Dr Rob Laing: "We've conducted a viability study and investigated the financial implications of the proposal and will not be able to run it for less than R100 per night even if done on a non-profit basis."

Subsidies

"The centre will provide 15 beds and a full time professional nursing staff with at least one sister and two nurses providing 24-hour care."

Patients will be responsible for costs incurred.

Tied into the project is a proposal to open a day care facility where senile or frail elderly people can be cared for during the day at a cost of about R50.

Public support

If the necessary public support is obtained, the board hopes to see the centre opening by April or May next year.

Said Dr Laing: "If we establish that the community wants the facility, we'll have to approach them for an initial amount to refurbish, repaint and redecorate the building."

If you have a family member or friend who has a need for this facility, write to Frail Care, Box 22455, FISH HOEK 7975 or call Dr Laing at (021) 782-2282.

'Can plan' to doctor hospital (98) morale

ANDREA WEISS ARG 3/11/92
Health Reporter

TYGERBERG Hospital has launched an ambitious plan to boost flagging morale, upgrade its image and raise funds following stringent budget curbs on spending at academic hospitals.

The "Can Plan", as the project has been dubbed, is aimed at motivating staff, patients and their families as well as community leaders to support Tygerberg.

Staff are to be "empowered" and encouraged to find solutions to problems created by the spending cuts.

Plans are also afoot to raise R5 million towards upgrading the hospital's physical appearance and facilities.

Among the ideas mooted for the project are a "complaints hotline" for hospital users, an open day at a shopping centre, audiovisual programmes for people being admitted to the hospital and questionnaires to assess staff and patient opinion.

Professor J J F Taljaard, chairman of the Teaching Hospital Board, said the declining budget and fall in morale had prompted the decision to launch the plan — the first phase of which is an image-building project among staff.

Apart from cutbacks in staff and ageing equipment, one of the problems dogging the giant hospital is upkeep of the large 1970s facebrick building.

According to a fact sheet handed out at a Press conference, the hospital would need at least R90 million to replace equipment and modernise.

Just to wash the floors, walls and windows of the whole complex would cost R500 000. The hospital has about 40km of passages.

Tygerberg employs about 8 000 staff and pays about R243 million in salaries a year. Expenditure is about R26 million a month.

The hospital serves the whole northern Peninsula, the north-west Cape and the Western Cape — handling an average of 329 trauma cases, 2 204 out-patients and 1 507 in-patients a day.

It also trains a yearly average of 284 doctors, 220 specialists and 64 interns.

Staff Reporter

DESPITE efforts to make drastic savings, the budget for the Groote Schuur Hospital Region was overspent by almost R11 million at the end of the 1991/92 financial year, said the annual report released yesterday.

The budget was almost R337m — of which 72% was made up of personnel expenses.

The Groote Schuur Hospital Region incorporates Groote Schuur Hospital, Peninsula and Mowbray maternity hospitals, Valkenberg Hospital, William Slater Hospital and the Avalon Treatment Centre.

The Peninsula Maternity Hospital closed in January this year — after 70 years.

In the report Dr Jocelyn Kane-Berman, chief medical superintendent of Groote Schuur, said a fair balance between "reasonable rewards" for health care work and affordability must be found without delay.

Health care workers' expectations of "unrealistically high remuneration" could jeopardise plans for future health care delivery, she said.

"Conversely, diminishing rewards and status will

Groote Schuur overspends by almost R11m

inevitably relegate the health care professions to unacceptably low standing in the eyes of prospective students and the community at large," said Dr Kane-Berman. This could lead to reduced enrolment of students both in number and quality.

Nursing staff shortages continued to be "problematic" — particularly in the Peninsula maternal and neonatal services and the intensive care units, said Dr Kane-Berman.

"The increasing trauma load has again placed a heavy burden on nursing staff in the trauma unit and led to a high turnover of staff," she said.

Major efforts were made to cut costs in the region, said Dr Kane-Berman. Freezing of posts resulted in an average vacancy rate that exceeded 10% overall.

As a result of "determined efforts", both in- and out-patient numbers declined during the year, she said.

Mrs A van der Walt, deputy director in the department of nursing, said that after the severe financial cut-backs "a limit has now been reached beyond which no further measures can be implemented without severely jeopardising standards of care".

Presmed

26% ^{SI Times} up ^{BUS}

811192
PRESMED, provider of private health care, raised attributable earnings by 26% to R2,1-million in the six months to August on a 22% increase in turnover to R42,4-million.

Managing director Carl Grillenberger says the current economic climate has heightened awareness of cost-effective surgery and day-clinic occupancy is improving from a satisfactory level.

PresMed is negotiating a management agreement and option to buy a controlling interest in Midrand's Carstenhof Hospital. It opened Birchmed day clinic in Kempton Park in September. The Palm Day Clinic in Witbank will open early next year.

COMPANIES

Rising medical costs prove good news for PresMed

B/DAY 9/11/92

PETER DELMAR

PRESIDENT Medical Investments (PresMed) lifted attributable earnings in the six months to August by 26%, confirming that the growing medical costs crisis was good news for the company.

Turnover rose 22% to R42,5m, compared with R34,9m in the same six months the previous year and attributable profit was posted at R2,1m (R1,67m).

Earnings per share was fixed at 11,4c — an improvement on 9,1c, after an effective share split of 1,6 shares for every one share held, implemented in August.

Finance costs rose from R712 000 to R1,1m — largely the result of a R7,5m debenture issue in January.

According to the interim report, the economic climate had highlighted the importance of cost-effective surgery, which was a positive development for PresMed's day clinic operations.

"PresMed has in the past six months entrenched its reputation in the trade as the most cost-effective hospital group by renewed efforts to have day clinics utilised for short-procedure surgery and by motivating surgeons to admit overnight patients to its contracted-in hospitals."

No interim dividend was declared, as it is group poli-

cy to declare a single dividend at the end of the financial year.

The report said the Birchmed Day Clinic in Kempton Park, which opened in September, was expected to contribute to profit in the 1994 financial year while the Palm Day clinic in Witbank was scheduled to open within three months.

Negotiations were at an advanced stage regarding the conclusion of a management agreement with an option to purchase a controlling interest in the Carstenhof Hospital in Midrand.

Investment analyst Robin Pegler commented that SA had a similar potential to the US to perform up to half of operations at day clinics.

With this in mind, PresMed was concentrating its main development thrust in the direction of day clinics, which it believed would show the best growth in the long term.

With a return on capital of 43,8% in the 1992 year, PresMed was able to expand more rapidly with less risk. Pegler noted that new PresMed hospitals became profitable within two years, an advantage over more upmarket hospitals which could take up to five years to show a profit.

Murder doesn't halt drivers

Staff Reporter

(98) CT10/11/92

ST JOHN AMBULANCE drivers are determined to continue their service in the townships following the seemingly senseless murder of a senior staff member in Guguletu on Friday night.

Mr Kenneth Thandabantu Nxu, 54, who had lived in Guguletu for about 10 years, was found in his ambulance outside the Ikapa Town Council offices in Lansdowne Road with two bullet wounds in his back.

During the 1986 Crossroads riots Mr Nxu manned a 24-hour ambulance service in the township and for this dedi-

cation was awarded the silver lifesaving medal of the Order of St John. He was the first South African to be awarded the medal.

St John Ambulance assistant commissioner Mr Paul Kaplan said yesterday that no driver had expressed any reservations about servicing the townships after Mr Nxu's death.

He was convinced the attack on Mr Nxu was not politically motivated.

"Mr Nxu was a senior lecturer who had been with us for nine years. He was well respected by the Guguletu community. If people were injured they would go to his door."

Baragwanath turns fifty

A LEADING medic has paid a glowing tribute to the Baragwanath Hospital at a conference marking the institution's 50th anniversary.

Professor DG Moyes, who is chief anaesthetist at the Baragwanath Hospital and academic head of the department of anaesthetics at the University of the Witwatersrand, said very few hospitals in the world would have coped with such a heavy load on their shoulders.

Baragwanath is the biggest hospital in the Southern Hemisphere.

In an interview at the World Trade Centre, where a five-day multi-discipli-

Soweto 12/11/92
■ The hospital cares for over 4 million people despite a myriad of problems: 98

nary conference was taking place, Moyes said Bara was caring for more than four million Soweto residents.

While acknowledging Bara's problems, Moyes said the hospital had contributed immensely to the field of medical research.

On the problems Bara faced, he said the hospital was way behind with facilities. Bara also needed more money to improve patient care.

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ARG 21/11/92 (98)

CPA explains hospital closure

THE closure of Woodstock Hospital would release staff to areas where their skills were urgently needed such as Mitchell's Plain and Khayelitsha, the Cape Provincial Administration (CPA) said yesterday.

In a statement CPA spokesman Mr Krige-Visser said the closure of the hospital's inpatient division was in line with the CPA's strategic plan to shift its services to primary health care.

He was reacting to warnings by the Woodstock Hospital Action Committee of stepped-up protest action — including pickets, petitions and an occupation — to stop the hospital from being closed.

When deciding how to reorganise its resources the CPA took into account that hospital had had a 54 percent bed occupancy over the past year, while 280 beds were vacant at Somerset Hospital in Green Point, Mr Visser said.

Also taken into account was the urgent need for health-care personnel and services on the Cape Flats.

"As there is a diminished need for an acute general hospital serving the Woodstock area, the CPA has mothballed the Woodstock Hospital," he said.

"Should developments in the inner city demand a comprehensive health-care service, it can be re-opened immediately."

Residents were fortunate to have Groote Schuur and Somerset hospitals nearby. "The same cannot be said of the residents of Khayelitsha and Mitchell's Plain."

The inpatient division at Woodstock Hospital would close from January 1 and patients would be gradually referred to Somerset Hospital.

The outpatient and emergency departments would still serve Woodstock, Mr Visser said. — Sapa.

Protests over hospital closure

THE Woodstock Hospital Action Committee has promised to step up protests to stop the December 15 closure of the hospital.

98 OCT 21 11 192
The first picket will be held from 11am today in Victoria Road.

The closure of the hospital, part of the Cape Provincial Administration's cost-cutting measures, would release staff to areas where their skills were urgently needed such as Khayelitsha, the CPA said yesterday. — Sapa

A true man of the people

CP/pen 22/11/92

(98)

HIS working life is as old as the history of the hospital. In fact, by his own admission he is the "oldest citizen" of Baragwanath Hospital.

Internationally acclaimed Prof Roberts "Lippy" Lipschitz, 69, is a household name at Bara. He has seen it all — from the institution's inception to date.

Before joining Bara he worked at "the non-european section" of the Johannesburg Hospital and subsequently became a founder of the hospital when the black section was moved to Soweto.

The renowned neurologist started the first full-time unit in neurosurgery at the hospital in 1954, 12 years after the hospital was officially opened. Today the unit is recognised as being among the 10 best in the world.

He is probably best remembered for leading the historic separation of the famous Mathibela twins, Mpho and Mphonyane. The marathon operation, which touched millions of hearts across the globe, generated a lot of publicity for the hospital.

However, Lipschitz attributes the success of Bara to teamwork, material resources and a missionary spirit.

He believes the hospital is a "microcosm of a future SA". "There is only one colour that we see at Bara and that is red; blood and not politics," he said.

Lipschitz, a collector of vintage cars, regards himself as a man of the people. "I have never gone into private practice, but served all the years of my profession in public service," he said, adding "Bara is my home".

He seems fascinated by the experiences at Bara which have enriched his professional life, especially the extensive papers he wrote on stabbings when gangsterism took its toll in the 50s. However, today he is concerned



VETERAN ... Prof "Lippy" Lipschitz reckons the best approach to medicine is maintaining a patient's dignity. ■ Pic: EVANS MBOWENI

about the increasing number of patients with bullet wounds and victims of car accidents entering the hospital.

Lipschitz has turned down many job invitations from Canada, Britain and Australia.

Talking about the hospital in the next century, he said even though the future was unpredictable, it was important that the hospital continues as an academic teaching hospital. The academic status enabled it to equip itself with the necessary staff members from young trainees to the skilled.

Though he was pensioned four years ago, Lipschitz refused to retire to his garden to grow vegetables and flowers. He admits that if forced to grow roses, he would "cut his throat".

"I get great satisfaction from helping people," he chuckled. "You know, work is my hobby." He said that maintaining a patient's dignity was the best approach to medicine.

In his career as a medical teacher he produced six heads of departments in SA (all professors), two heads of departments and four sub-heads in Britain, six heads of departments and many specialists in neurology and neurosurgery in Australia and two heads of departments in Portugal.

History behind the name

The only colour we see is the colour of blood, says its "oldest citizen". Indeed, the hospital that survived the bleakest apartheid years is today seen as a microcosm of a future SA. **MONWABISI NOMADOLO** looks at the phenomenon that is Baragwanath.

BARA (78)
CP/Pres
WAS 22/11/92.
22/11/92.
built

to treat
WW2
troops

The military hospital was to be known as King George VI Military Hospital, but by the time the hospital was officially opened on September 22, 1942, it was already known as Baragwanath Hospital.

Snuts was the guest of honour at the opening ceremony.

At the end of his speech, Snuts made a statement that at the end of the war Baragwanath would be important for the people of Orlando and Pinville.

Rapid industrialisation and urbanisation occurred during the war as SA had to reduce dependence on imported goods.

When the war ended in 1945 with the defeat of Germany and its allies, post-war plans were underway and the SA government bought the hospital.

The helmet device in the hospital's crest is a phoenix in black rising out of the flames. The significance of this is derived from the fact that Bara was originally a military hospital which "died" at the end of the war.

THE history of the hospital is succinctly detailed in the Baragwanath Hospital Yearbook 1990/91. According to the yearbook, the story of Bara started soon after the discovery of gold on the Witwatersrand at the end of the last century. A young Cornish lad, John Albert Baragwanath (1844-1932), arrived on the goldfields to make his fortune.

His surname Baragwanath was derived from the Welsh word bara, which means bread and gwanath meaning wheat. Baragwanath had started a refreshment post and a small hostel at the point where the road to Kimberley joined the road from Vereeniging.

The post was called the Wayside Inn, but transport drivers who frequented the inn dubbed it Baragwanath's place or just Baragwanath.

In later years a flying club was established in Johannesburg and an aerodrome was built nearby. The name Baragwanath was coupled with it.

SA under Field Marshal Jan Smuts joined the war in 1939 against German forces.

SA troops left for Kenya early in 1940 and were placed under the Middle East command with their headquarters in Cairo. Logistically it was diffi-



GOLDEN ANNIVERSARY ... Dr Chris van den Heever and nursing manager Eisie Khumalo celebrate Bara's 50th birthday.

Serving millions across Africa

CP/Pres 22/11/92
FROM 1942 when Baragwanath Hospital was formally opened, until today, millions of patients have passed through its departments and wards, wrote Dr Chris van den Heever in the 1992/93 Hospital Yearbook.

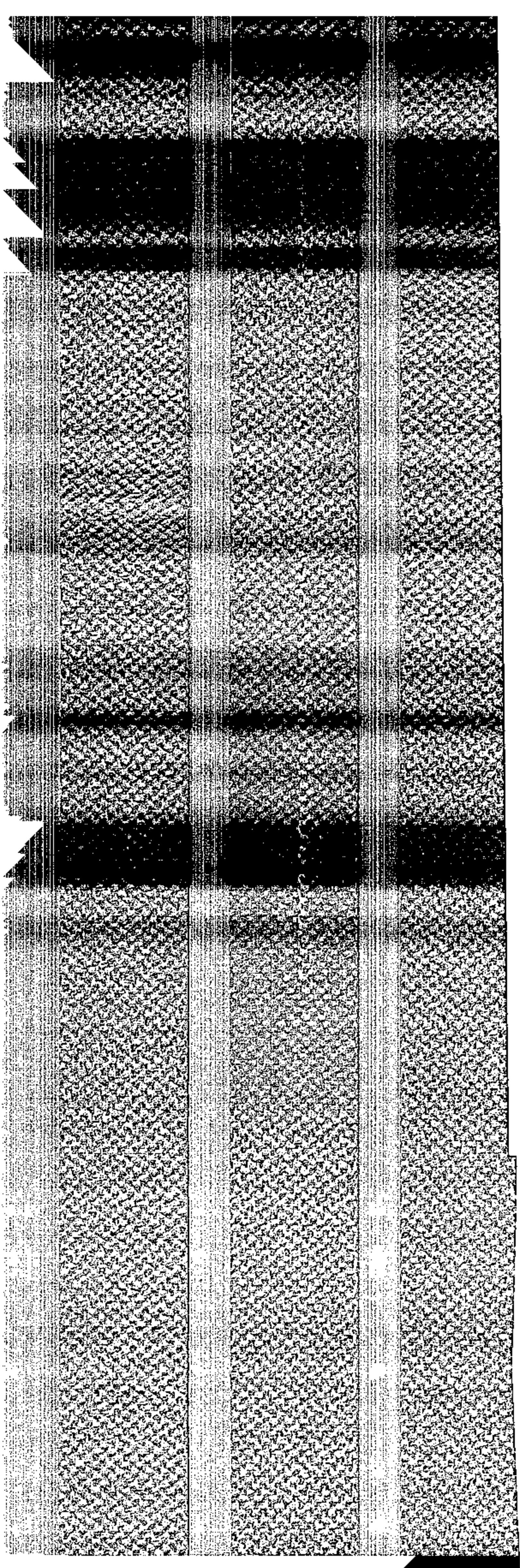
"Thousands of students have received a thorough foundation in health care principles," he said. For many, working at Baragwanath has become a way of life.

"After five decades of continuous service, Baragwanath is not just the health care facility of Soweto, it has become a community service resource for southern Africa," Van den Heever said proudly.

The superintendent said that with a staff corps drawn from a diverse SA background and supplemented by many professionals from overseas, a cosmopolitan atmosphere had developed over the years.

He added that the hospital was becoming greatly significant, not just because of its facilities, but because of its staff.

"SA can be assured that if the country is to respond like Baragwanath, then the future will be bright - difficult at times, but bright," he concluded.





HEALING HANDS ... Burn Unit chief nurse Collette Mashigo tends to patient Michael Stevens who suffered severe electrocution injuries. ■ Pic: THULANI SITHOLE

Mashigo part of winning team

HAVING co-pioneered Baragwanath's Hospital Burn Unit, the first of its kind in SA and one of the best internationally, is a significant milestone for Collette Mashigo.

Flashing a wide smile, the 54-year-old chief nurse of the unit perceives herself as part of the winning team that founded the successful unit.

The Hospital Burn Unit became operative in 1990, according to Mashigo.

"At the time, we compiled statistics about burns case," she said.

"It is estimated that some 500 burn victims, half of whom are

children, are admitted to the hospital yearly.

The unit is designed to provide specialised care to selected patients with serious and complicated burns.

It also facilitates research in the treatment of burns and acts as a training facility for Wits University's undergraduate and postgraduate students.

The master-mind behind the unit is Prof Demetri Demetriades. Caring for burn victims has become a way of life for Mashigo.

She said there were problems when burn victims were brought to

normal general wards. (98)

"Such patients had to wait to be taken to theatres while cases like accident victims received priority," she said.

"I look forward to the day when we will admit babies, right now, we only admit from the age of ten."

After matriculating in 1958, she trained in general nursing at St Mary Marionville in Pinetown, Natal.

At the beginning of 1964, she was transferred to Baragwanath Hospital where she has since been involved in cardiology, surgery and nursing head of the renal unit.

Medi-Clinic slightly better

PRIVATE hospital group Medi-Clinic Corporation nominally improved attributable earnings to R13,5m for the six months ended September 30 from R13m in the same period last year. (98)

The group said results had come under pressure from the poor economic climate and an overall decline in the total occupancy of its seven hospitals during the period under review.

The decline in occupancy could also be attributed to the opening of more day surgery facilities. Imbalances in the medical scheme tariff structure made these facilities inexpensive to set up and the most profitable, it said.

Operating income increased from R19,1m to R20,7m. B/DAY

An interim dividend of 2,2c (2c) a share was declared. 24/11/92

Medi-Clinic said the expected growth in earnings for the rest of the year would remain under pressure. — Sapa.

R30 m hospital to be built in Durbanville

CT 27/11/92 (98)

Staff Reporter

A HOSPITAL with surgical facilities and 200 beds is to be constructed at a cost of R30 m in Durbanville early next year.

The hospital, outfitted with the latest medical technology, will have an intensive care, paediatric and trauma units as well as eight operating theatres.

To be known as Hospiplan, the hospital will provide for "the needs of towns situated north of the Tygerberg and in the West Coast area," said a spokesman for Hospiplan.

The aim had not been to build a hospital offering the ultimate in luxury but to provide an affordable service to the public, he added.

Casualty

Durbanville mayor Mr Vincent Cannone said the council had given approval for a hospital on a

site between Wellington and Hibiscus streets.

The hospital would create jobs and stimulate development, according to a council report.

From next year casualty and out-patient services will be available at Karl Bremer Hospital.

The new services are part of a plan to rationalise services by preventing duplication and ensuring the maximum use of existing services, said Dr George Watermeyer, deputy director-general of health services.

"Karl Bremer will become a secondary reference hospital for early 1993, with patients coming from the northern areas as far as Hex River and from the Cape Flats," he said.

Infectious

Rationalisation would enable Tygerberg Hospital to "get on with what it's supposed to do"

while other cases would be referred to Karl Bremer.

The hospitium unit at Karl Bremer would be moved to Conradie Hospital while the rehabilitation unit will be moved to Tygerberg.

Meanwhile, a new intensive care unit with an isolation section for patients with infectious diseases has been established at Louis Leipoldt Hospital in Bellville.

The unit, built at a cost of R750 000, is equipped with apparatus such as a centrally connected monitoring system which will enable medical personnel to obtain information on each patient at a central monitoring point.

The most costly feature of the new unit was the specialised air conditioning unit which is separate from the hospital's air conditioning system to prevent the spread of infectious diseases.

**Health workers
CT 26/11/92 (98)
protest firings**

BLOEMFONTEIN. — National Education, Health and Allied Workers' Union members marched through central Bloemfontein yesterday to call on the Free State Provincial Administration to reinstate or re-employ dismissed health workers.

An estimated 1 000 demonstrators participated in the peaceful march, demanding the reinstatement of 1 647 workers dismissed after industrial action in June. — Sapa

Doctors fight on for Woodstock Hospital to stay

SHARON SOROUR Labour Reporter

DOCTORS have joined the fight by the Woodstock Hospital Action Committee to save the hospital — which was to celebrate its centenary next year — from closure.

Daily pickets are being held in Woodstock and Salt River in a bid to stop the Cape Provincial Administration (CPA) from closing the hospital next year.

The committee accused the CPA of “grossly distorted logic” in its decision leave open only the casualty and out-patients sections from January 1.

One of the hospital's doctors, who asked not to be named, said the CPA's decision to downgrade the hospital was “short sighted and a severe blow to the community”.

Last week CPA spokesman Mr Krige Visser said the hospital's closure would release staff to areas where their skills were more urgently needed.

The action committee dismissed Mr Visser's claim that the CPA was re-allocating resources because Woodstock Hospital was under-utilised and had a claimed 54 percent bed occupancy over the past year.

“This is incorrect. Statistics can be manipulated to suit any purpose,” committee spokesman Mr Petersen said.

Attendance figures at Woodstock Hospital were increasing all the time and Groote Schuur was largely a “referral” hospital and overcrowded.

Sit-in, petition planned over hospital closure

98
ARG 1/12/72

HENRIËTTE GELDENHUYS, Staff Reporter

UPSET Woodstock hospital staff, church leaders and members of the community have decided to occupy hospital buildings and hand over a petition of more than 2 500 signatures to the CPA in a desperate attempt to avoid the hospital's imminent closure.

Last night, a meeting in the Salt River community hall resolved to hand over the petition on Thursday and occupy hospital buildings on Saturday morning.

Urgent action was needed as admissions could be stopped as early as Monday and theatres empty by Wednesday, said Woodstock Hospital Action Committee spokesman Mr Seeraj Mohamed.

Some staff members had been promised jobs at clinics in Khayelitsha and Mitchell's Plain, but health workers believed this was only a temporary measure that would soon lead to retrenchment, Mr Mohamed said.

Imam Abduraghman Harris of the William Street Mosque, who suggested the occupation of the hospital, said he would ask his followers to support it.

Health Workers Union spokesman Dr Norman Maharaj said there could be no justification for closing a health-care facility. More hospitals and facilities should be built to accommodate the sick and poor.

"If their experiment succeeds with Woodstock, they'll try it again and again. Conradie Hospital and Karl Bremer are next."

Instead of closing hospitals and cutting down services, the government should abolish 14 different health departments to save money.

"Get rid of the fat cats who have legally and behind counters stolen our money. We are paying the servants of apartheid, the servants of the tricameral system," he said.

"We are calling for a single health department with equal expenditure on every individual," said Dr Maharaj.

Half of the health budget was spent on private health care, catering for only 20 percent of the population.

Time takes toll of two legends

STAR 2/12/92.

TIME has damaged the man and the hospital that pioneered the human heart transplant 25 years ago and made Cape Town the mecca of cardiac surgery.

Chris Barnard's 70-year-old hands are swollen with the arthritis that forced him to cut short his surgical career. Dye imperfectly hides the grey in his hair.

Shortage of funds has slashed both the research and the transplant programmes of his once-renowned Groote Schuur Hospital cardiac unit, which is largely State funded.

"It's a great tragedy that this hospital is being allowed to run down like this," said Barnard.

"This hospital has been a great advertisement for South Africa. We used to take in people from all over the world. Now we have to turn them away.

"When the cardiac unit needs a new heart-lung machine, the Government throws up its hands and says there is no money," he said. "But I never heard them say there was no money when the army wanted to go and kill people in Angola."

Nicky Germishuys, who received a new heart from Barnard's successor Professor John Odell in March 1990, said the hospital could perform at least double the 30 transplants a year if it had the money.

At a tea party in Groote Schuur's new wing last week, Germishuys handed Barnard a certificate of appreciation from South Africa's 94 surviving transplant patients.

Chris Barnard and Groote Schuur Hospital are showing wear and tear, says BRENDAN BOYLE.

Fifty-eight of them, including a man whose new heart was only 16 days old, were at the party. The youngest was 13-year-old Nombuyiselo Mabula, who received her new heart at 10.

Also present was 67-year-old Dirk van Zyl, the world's longest-surviving transplant patient. Barnard gave him his new heart in May 1971.

Van Zyl recalls that his white community was outraged that the donor was a coloured man. His children were shunned at school because "their father had the heart of a black man inside him".

The third-floor theatre where Barnard made medical history is now just a shell strewn with the rubble of demolition.

This is where Barnard and a 30-strong team took the heart from 25-year-old Denise Darvall, killed in a road accident, and implanted it in Louis Washkansky (55) on December 3 1967. Washkansky lived for 18 days after the five-hour operation.

"We are going to rebuild it (the theatre) as a museum with all the equipment that was actually used for the first operation," said hospital spokeswoman Elke Schutte.

"We wanted to have it ready for the anniversary but there is no money to finish the job,



Barnard ... hands swollen.

and I don't know when there will be."

Instead, Barnard was to mark the anniversary today by unveiling a commemorative plaque in the corridor.

The latest victim of the cost clamp is Barnard's successor, Odell. He leaves in March to take up a job in the US.

Asked if he was leaving because of the financial curbs, he said: "Yes, that's a part of it, but I don't want to talk about that too much."

Odell confirmed, however, that a local women's club had to raise funds last year to replace a R350 000 heart-lung machine.

Groote Schuur's transplant programme has been widely criticised as inappropriate in a country unable to offer even primary care to many of its citizens.

But Odell said modern techniques and the anti-rejection drug cyclosporin had cut the cost of a transplant to about R35 000, well below the cost of many procedures.

Barnard remains active as a consultant to researchers in the US. — Sapa-Reuter. □

Groote Schuur in cash crisis

98

CT3/12/92

Staff Reporter

PROFESSOR Chris Barnard says it is unlikely he would have been the first surgeon in the world to perform a human heart transplant had Groote Schuur Hospital had its present acute financial difficulties 25 years ago.

Interviewed at the start of a major conference on heart transplants at the hospital, organised to coincide with the 25th anniversary of the first operation Prof Barnard said there had been a marked deterioration in health services.

"It is a sad situation. Times are very hard at Groote Schuur.

'Goodwill'

"The hospital relies greatly on the goodwill of the private sector. There are even objections when teams want to perform heart transplants that there are not enough nurses."

Groote Schuur confirmed yesterday that it could almost double the number of heart

I couldn't
make heart
history now
— Barnard



SAD ... Prof Barnard

transplants performed annually if funds, intensive care unit staff and donors were available.

At present 30 heart transplants are performed each year.

In the past 25 years, 258 heart transplants have been performed at the hospital. Of this number, 94 recipients are still alive.

This success rate compares well with the best hospitals in the world but the continued existence of the Groote Schuur heart

unit is under annual review by the hospital superintendent.

"The future of South African medicine is being hamstrung by the economy but so much money is being wasted on unproductive things like the Defence Force," Prof Barnard said.

"The government needs to get its priorities right.

"If you neglect to spend money on health, the long-term consequences can be disastrous."

Call for brand new health care system

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BIDAY 3/12/92
FIVE children die every hour in SA of malnutrition-related diseases, and 12 die every day of tuberculosis, spokesmen for health organisations said yesterday, calling for a fundamental restructuring of the country's health care system.

Speaking at a news conference, National Progressive Primary Health Care Network chairman Prakash Vallabh said latest figures from the Department of Health and the SA National Tuberculosis Association showed the desperate need for transformation of health care service.

"The unfair allocation of health resources in our country has led to widescale death and suffering. What we need is a fundamental restructuring of the health care system."

The network, together with the SA Health and Social Services Organisation, the two largest NGOs in the health sector, said they would hold a conference next week to formulate a health policy to guide SA through its transition phase.

The conference would be addressed by medical experts from 10 developing countries which had important lessons for SA.

Speaking at yesterday's meeting, Cuban doctor Leonardo Mejias said that through the development of a

KATHRYN STRACHAN

strong primary health programme, his country had almost eradicated diseases such as measles, which plagued SA. Cuba had also achieved a low incidence of malnutrition and tuberculosis.

SA Health and Social Services Organisation spokesman Aslam Dasoo said the conference would focus on the most serious needs of SA communities, especially in rural areas and squatter camps where lack of water, sanitation and refuse removal systems had contributed greatly to poor health conditions.

The conference would also discuss ways of making the private health care industry — which Dasoo said was "running rampant" — more involved in community health.

Conference spokesman Max Price emphasised that a focus on primary health would not mean tertiary and specialised care would be disregarded. But, there would have to be "a reallocation of resources".

Specialised care had an important role to play, especially in keeping medical experts and academics in the country, maintaining high standards and giving citizens a sense of security, said Price.

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Rent summonses spark Vosloorus stayaway call

WILSON ZWANE
THE Vosloorus Civic Association has called for a stayaway in the East Rand township today to protest against summonses served on rent defaulters.

Civic association official Ali Maziya said yesterday the stayaway had been called to coincide with the appearance of some residents in the Boksburg Magistrates' Court in connection with non-payment of services.

Vosloorus town clerk George Prinsloo said dwindling revenue from residents had forced the council to take steps against rent defaulters.

These included severe water restrictions. Prinsloo said less than 10% of the residents were paying their accounts. As a result, the town council had been forced to cut the water supply to residents for 15 hours every second day.

The measure came into effect on Sunday, and according to Prinsloo, it — as well as power cuts and legal actions against rent defaulters — had been taken after a deadlock in negotiations on the payment of services between the council and the Vosloorus Civic Association.

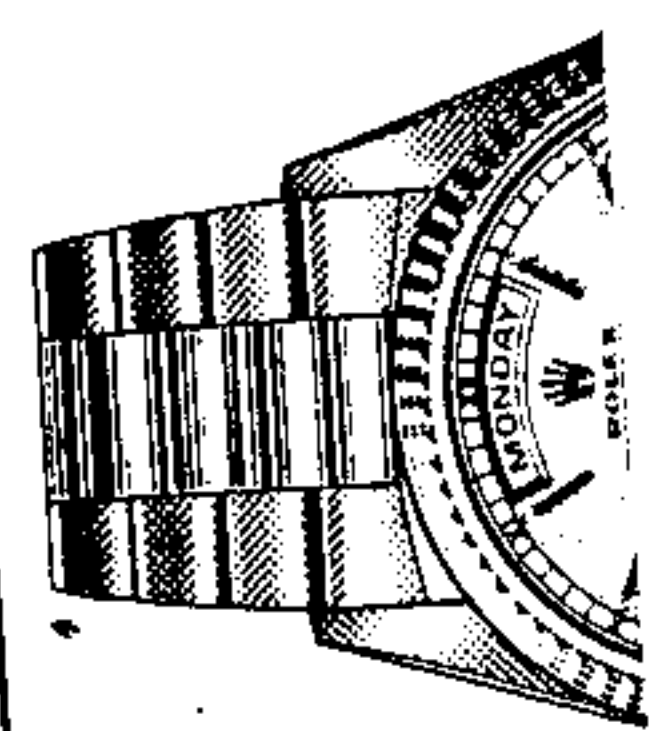
Meanwhile a boycott of Boksburg's businesses by residents from Vosloorus, Villa Lisa, Reiger Park and Palm Ridge entered its second day yesterday.

The boycott, called by the East Rand Civic Association, was aimed at putting pressure on the Boksburg City Council to stop the Vosloorus municipality from attaching properties belonging to rent defaulters.

Boksburg acting town clerk Robert van der Merwe has said his municipality would not tell Vosloorus — an "autonomous" municipality — what to do.

However, Boksburg's management committee was prepared to meet the East Rand Civic Association to discuss their grievances, Van der Merwe said.

Boksburg Chamber of Commerce and Industries vice-president Sandra Morris said a snap survey of 30 businesses had shown that the boycott was in force.



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Demand for bet

Star 4/12/92

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(98)

THE parting exchange could have been scripted for the New South Africa. "Thank you for organising the demonstration so well ... for the good discipline," said the government representative. "We will thank you when our demands are met," responded the community leader.

As they left the sturdy brick clinic, to face a crowd of placard-bearing women waiting expectantly in the burning noon sun, civic leaders and officials alike surely knew that, in spite of the courtesy, it would be an uphill struggle to get adequate health care in the western Transvaal settlement of Hartebeesfontein.

The demands set out by the community's women, who took to the streets in protest this week under the banner of the Rural Women's Movement, reflected the state of dire underdevelopment of health services by the Transvaal Provincial Administration in some rural areas.

Firstly, the women said, they wanted a doctor at the clinic every day — not just once a week.

Secondly, they wanted the clinic to operate 24 hours a day, instead of closing at 4 pm and functioning only five days a week. If an after-hours emergency developed, they said, the nearest help was some 40 km away in Rustenburg.

In addition, the women insisted, they needed a 24-hour ambulance service operating from the Hartebeesfontein clinic. At present, they said, an ambulance had to be called from Rustenburg after hours. Usually residents had to bother the police to make the emergency call.

Women in labour had become quite predictable victims of this makeshift system. "It's not a proper situation at all to have

Women of Hartebeesfontein this week highlighted how poor rural health facilities are — and not only in the homelands. JO-ANNE COLLINGE was there when they faced the authorities.

your baby in front of the police station," said Ellen Ntsolengoe — but this was what happened from time to time.

"You can have a person furiously bleeding. By the time the ambulance arrives he has already lost consciousness," said civic association chairman Nathaniel Mmusa. Some people had died en route to hospital.

Dr Lourens du Toit, the TPA's regional health director for the western Transvaal, was sympathetic to the demands. He said the authorities would try to introduce a 24-hour service in the coming year. But as for having a doctor in attendance each day, "we are never going to get near that in the next year or two".

While some immediate administrative changes were agreed, a problem which could not be easily resolved was that of tariffs.

Not only did residents demand free care for recipients of State old age and disability pensions, but they urged a reduction of the present clinic tariff of R4 a visit. Hartebeesfontein comprised many unemployed and poorly paid farm workers, it was pointed out.

"If we come here to the clinic and we have no money, they will do nothing for us," one woman said.

Du Toit said Hartebeesfontein's problems were not unique. "The need is extensive across the whole western Transvaal. It's a mushrooming thing and the problem is that the population is so dispersed. Sometimes all we can provide is a mobile clinic."

When health planners speak of the maldistribution of resources, comparison is commonly drawn between whites and blacks or between the homelands and "white" South Africa. But health indicators compiled by Wits University's Centre for Health Policy show that in the non-homeland areas of Transvaal the average number of people served by a clinic was 19 133 in 1988, about double the number recommended by the World Health Organisation. Of the 10 homelands, only Kwa-zulu had a less favourable ratio.

Furthermore, researchers Laetitia Rispel and Graham Behr point out: "The homeland clinics attempt to provide comprehensive care whereas the non-homeland clinics provide preventive or curative care only." Hartebeesfontein's clinic has a preventive focus.

Rispel and Behr make the point that while the provinces have a considerably higher per capita health expenditure than the homelands — a gap of R170,54 in 1988 — this was largely accounted for by the bias towards curative hospital services outside the homelands.

Residents of Hartebeesfontein feel that, having been dumped in the bush away from any established town, they are bottom of the service heap. And the figures suggest they may be right. It is a situation they refuse to accept.

You have to provide, civic chairman Mmusa told the provincial delegation — "You are the people who brought us here." □

ter medical care

Most Woodstock nurses plan to refuse transfers

SI Times (Cape metro)

6/12/92 (98) (95)

By JESSICA BEZUIDENHOUT

MOST of the nursing staff at Woodstock Hospital will refuse to be transferred to other areas, a well-placed source has said.

In terms of the new plan, Woodstock Hospital is to become a day hospital and many of its posts transferred to areas where they are needed.

A senior doctor at Woodstock Hospital — who asked to remain anonymous — said only four of the 54 professional nursing sisters at the hospital intended to accept transfers to Mitchells Plain. None was prepared to move to Khayelitsha.

Of 110 nurses, only 13 would agree to go to Mitchells Plain because they lived in the area.

Of the nine doctors at Woodstock hospital, only four would remain. The rest had chosen early retirement or emigration.

"How can the downgrading of the hospital and the loss of skilled medical personnel benefit the community at large?" the doctor said.

The deputy director-general of health services, Dr George Watermeyer, said the CPA had been sensitive to the position of staff.

The CPA gave an undertaking this week that no staff would be made to move to areas to which they did not want to go.

Dr Watermeyer said 342 posts at Woodstock Hospital would be allocated as follows:

- Seventy-one posts would remain at Woodstock Hospital, with its out-patient and casualty divisions, 27 posts would be moved to Somerset hospital with the burns unit and 20 to Princess Alice Hospital with the orthopaedic unit.

- Thirty-three posts would be transferred to Mitchells Plain, 34 to Gu-

gulethu and 34 to Elsies River, where night duties would be introduced in addition to the office hours-only service now offered.

- Eighteen would be transferred to three new day clinics in Khayelitsha, Mitchells Plain and Belhar which would provide primary health care.

A day hospital's management structure would be created at Woodstock Hospital with most of the remaining 96 posts.

Of the medical posts, two would be transferred to George Hospital, two others to the Hottentots Holland Hospital in Somerset West and one to Victoria Hospital.

NEWS Msinga fights have cost 20 000 lives

Peace plan mooted

FACTION fights in Natal could be a thing of the past with the formation of Ubumbano Lwase Msinga, a formal structure for the unification of the different tribes in Msinga, outside Dundee.

A meeting of chiefs and residents of Msinga to "map out" plans and forge unity is scheduled for December 27 in Pomeroy, Dundee, said the organisation's chairman, Mr Derrick Mgaga.

Senior member Mr Ephraim Ximba said the idea of forming the organisation was conceived in 1987 in Msinga.

"We only managed to formally come out with the structure this year in Johannesburg."

"Wars in Msinga were such that you could not hold a meeting without being attacked," said Ximba.

According to Mgaga, the organisation has already managed to rally together all the different Msinga tribes on the Reef.

Ximba and Mgaga are among the many appointees of various tribal chiefs in Msinga.

Some of their duties are to see to the welfare of the Msinga people living in hostels.

Msinga men have a strategy to put an end to internecine killings:

Ximba and Mgaga expressed their fears of the faction fights which have been "exported" to places of work.

"People have had to abandon their jobs for fear of being attacked," they said.

In explaining the causes of these fights which have claimed "more than 20 000 lives since 1965", Ximba and Mgaga said:

"This is an age-old war when tribes were only fighting for land, stock-farming and supremacy. Only males would fight and the fighting took place outside on the battlefields.

"But now fights have taken a sinister turn. Tribes are fighting among themselves, homes are attacked and everyone - mother, father, granny, brother, even cats and dogs - are killed.

"That is not what the Zulu nation can be proud of."

In order to end the fights, the organisations will approach relevant authorities in the area with the aim of finding employment and more schools for local people. - Sapa.

Azapo looks at health care

By Mokgadi Pela

THE Azanian People's Organisation is to discuss the overhauling of the present health care system at its next national council.

Dr Nchaupe Mokoape, a former deputy president of Azapo, said the current health care system was designed to benefit the whites while blacks had been given a "rickety programme".

He said Azapo wanted to create a social and political environment which would be conducive to good physical and psychological health. Azapo yearned for a preventive health care system.

It also maintained that the responsibility of health care

Politicians will discuss system which caters largely for whites:

lay with the State.

"Our health care system has been poorly financed and it has been worsened by recession, privatisation and overcrowding. It's in keeping with the philosophy of oppression," Mokoape said.

He said the long working hours and unacceptable working conditions of doctors were part and parcel of the system that denied blacks medical training.

Mokoape said whereas whites had five medical schools in the country, blacks had only two, namely Medunsa and Wentworth.

Sewage pollutes Liesbeeck

SP/12/92
CT 11/12/92
98

Staff Reporter

VAST amounts of sewage have polluted the Liesbeeck River, causing a health risk to people and animals after two Valkenberg Hospital sewerage pumps broke down last week.

Although the situation had cleared by yesterday, acting Medical Officer of Health Dr J van Rensburg warned the public not to swim or fish in the river.

The Liesbeeck flows into the Black River near Maitland and becomes the Salt River before flowing into the sea.

City council public relations officer Mr Ted Doman said the council acted last week when the sewage, which had

caused a massive stink, could clearly be seen.

He said a notice board warning the public not to swim or fish in the water had been vandalised and Dr Van Rensburg ordered a new one to be erected.

Dr Van Rensburg said he was concerned at the dumping of sewage into the river and had given instructions that water samples be taken for analysis this week.

A spokesman for Grootte Schuur Hospital, which controls Valkenberg, said the council was called in on Thursday to clear and clean the pump stations while hospital workers hosed down the river banks.

Hotel owner 'no racist'

Patient was 'dumped'⁽⁹⁸⁾ on sidewalk CT 15/12/92

Staff Reporter

GROOTE Schuur Hospital staff "dumped" an elderly patient from her wheelchair in Main Road, leaving her sprawled on the sidewalk, a witness said.

The incident on Sunday was seen by a passing motorist, who declined to be named, and who stopped to help the woman.

He said two baton-wielding security officers pulled the wheelchair from under the Manenberg woman, who was accompanied by a youth.

The woman had left the hospital and was on her way to the bus stop.

The motorist said the woman had been unable to move on the pavement and seemed to be in a great deal of pain.

A spokeswoman for Groote Schuur Hospital said they were aware of the incident and had started a departmental investigation.

Protecting hospital property "in itself is not wrong but the way in which they allegedly acted is not acceptable", the spokeswoman said.

She asked the patient involved to write a letter of complaint to the hospital authorities.

Valkenberg to prevent sewage flows into river

Municipal Reporter

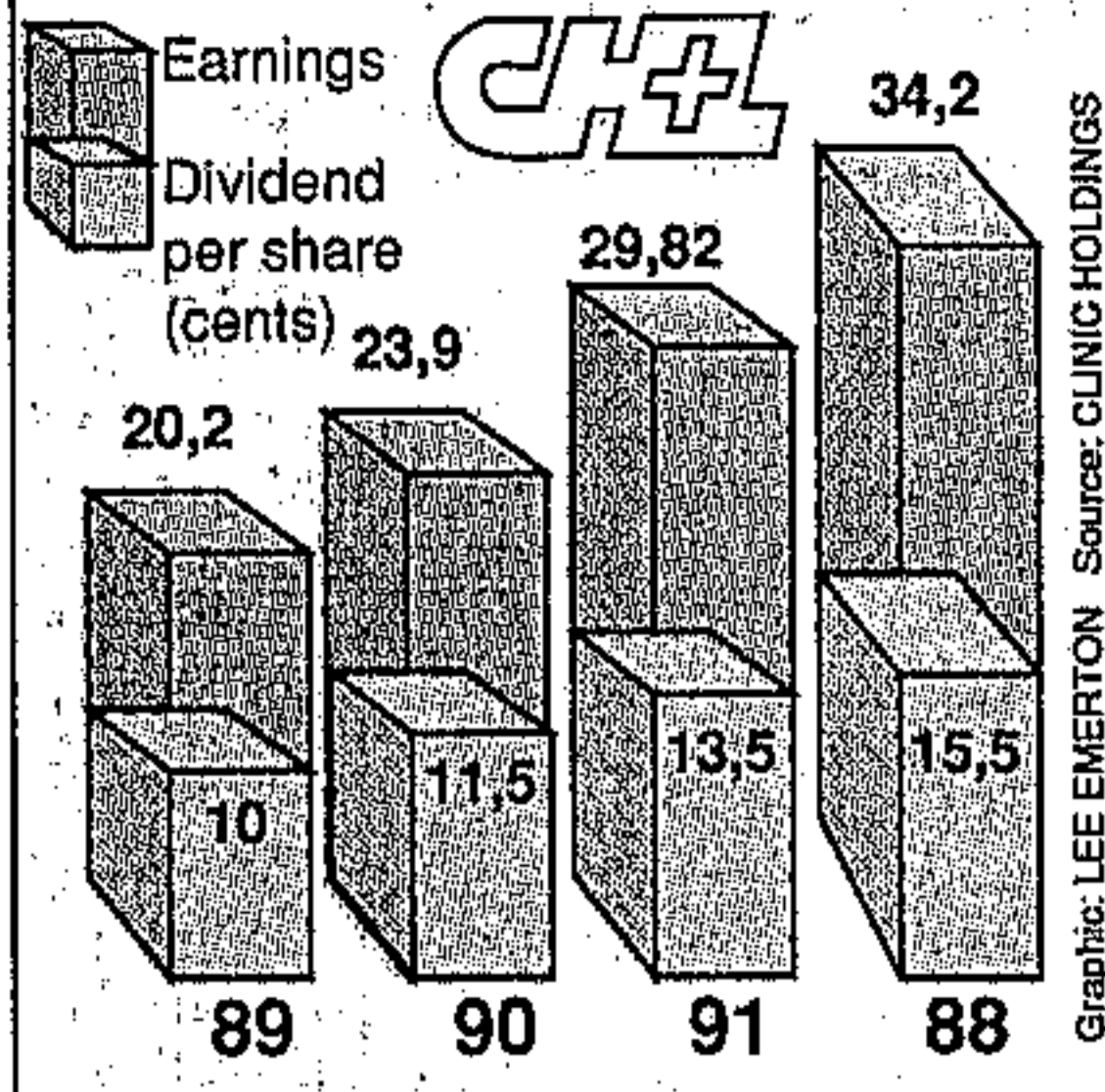
CT 16/12/92
18
VALKENBERG HOSPITAL's acting superintendent Dr Tuviah Zabow said yesterday that steps were being taken to ensure that the hospital's sewage does not again overflow into the Liesbeek River after last week's incident.

"The problem has been repaired. It may have been that the overflow went into the river while repairs were being done."

Dr Zabow said he had not previously heard of a sewage overflow into the river.

Cape Town's Medical Officer of Health Dr Michael Popkiss also said yesterday that he did not know of any previous occasions when the hospital's sewage system malfunctioned and polluted the river.

Clinic Holdings



Clinics lives up to interim forecast

MARCIA KLEIN

PRIVATE hospital group Clinic Holdings (Clinics) has lived up to its interim forecasts by reporting a 15% rise in attributable profit to R33,8m (R29,5m) in the 12 months to end-September. *BIDM*

The group, whose 12 hospitals include the Garden City, Rand, Rosebank, Milpark and Park Lane clinics, does not publish actual turnover figures. *22/12/92*

Executive chairman Barney Hurwitz said the 23% rise in turnover (based on an index) reflected the group's expansion programme, which was completed last year.

Clinics had embarked on a major capex programme, which included new medical technology and renovations and additional facilities in various hospitals.

He said the group's strategy of providing state-of-the-art technology in full service hospitals was "reaping rewards, given the increasing pressure on SA's health care infrastructure".

Operating profit improved by 14% to R66,1m from R57,8m previously. Finance costs were contained at R1,9m, bringing pre-tax profit up by 15% to R64,2m from R55,9m in financial 1991.

Earnings rose by 15% to 34,19c (29,82c) a share. A final dividend of 9,5c a share was declared, bringing the full-year dividend up by 15% to 15,5c (13,5c) a share.

Hurwitz said that despite a difficult operating environment, the results were in line with expectations published at the interim stage.

To Page 2

Clinics *BIDM 22/12/92*

He said a satisfactory level of profitability was achieved despite the fact that this was the fifth year that price increases had been below the inflation rate.

But he added that it was becoming increasingly difficult to provide good health care at an affordable cost.

Hurwitz said since listing on the JSE in 1987, Clinics had proved its resilience and, therefore, was cautiously optimistic that earnings and dividends would increase in

the coming year.

This would be due largely to "enhanced management efficiency and the on-going cost containment programme".

Details of Clinic Holdings' proposed restructuring, which would see it merge its trading operations with its landlords' property owning interests, would be announced early in 1993. But Hurwitz warned that the restructuring could entail the issue of debentures, which would result in a reduction in fully diluted earnings a share.

From Page 1

Clinic makes healthy progress ⁽⁹⁸⁾

STAR 22/12/92

Clinic Holdings has reported a 15 percent increase in profit after tax to R33,8 million for the year ended September 30, 1992.

One of the country's largest private hospital groups, Clinic also gained a healthy 15 percent in earnings a share and total dividends a share.

Earnings a share for the period under review were 34,19c while a final dividend was declared of 9,5c bringing the total to 15,5c a share.

Turnover increased by 23 percent due to the group's expansion programme which was completed last year.

Clinic Holdings executive

chairman Barney Hurwitz said the results were in line with expectations but earnings a share next year would be reduced.

This was because of the group's restructuring which is likely to entail the issue of compulsorily convertible debentures and consequently there will be a reduction in earnings a share calculated on a full diluted basis.

Mr Hurwitz expects the group to show satisfactory growth next year but said it was difficult to continue providing world-class health care at affordable costs.— Sapa.

Baragwanath may cut staff, patient intakes

Wjwmd 23/12 - 29/12/92

By BAFANA KHUMALO
BARAGWANATH HOSPITAL is embarking on a huge cost-cutting exercise which could force it to turn away sick people.

Circulars sent out to hospital staff this month stated that the in-patient population will have to be reduced to "1 800 per day maximum" — a drop from the current average, estimated variously between 2 100 and 3 000.

The circulars, signed by hospital superintendent Dr C van den Heever, explain that these cost-cutting moves are in line with rationalisation exercises in other government departments. "Economists right across the political

spectrum agree that one of the key problems is government spending. To this end the many government departments have been subjected to re-organisation and rationalisation — the South African Police, the South African Defence Force and the various education departments spring to mind."

A doctor, who refused to be named for fear of victimisation from the hospital, said this rationalisation is going to compromise patient care and "it is despicable that they should compare health to defence spending". He said: "Doctors have been told that they have to screen patients and those who are able to walk are told to go to other

community clinics around Soweto."

There have been reports that some patients have collapsed on the way out of the hospital, he added. It was his estimate that the hospital in-patient population is about 3 000 a day.

A spokesman for the Transvaal Provincial Administration, Elisabe Ferreira, said the TPA did not see health spending as being on a par with defence spending, but these departments were quoted as examples where re-organisation and rationalisation took place. Ferreira put the number of in-patients at 2 100 a day.

Asked where these patients were expected to go, Ferreira said the

department was "putting more emphasis on preventive rather than curative health care".

As from January next year, the hospital is cutting down on meals usually sent to living-out staff at the various community clinics in Soweto. The doctor said this would result in workers losing their jobs at the hospital and the clinics.

In response, Ferreira said the TPA had been ordered by the cabinet to make a five percent cut in staff members by March 31 next year. But she said she did not know if, or to what extent, the staff cut would affect the hospital.